

Roy Cloud Girls Flag Football (6th-8th Grade)

Redwood City Parks, Recreation & Community Services | www.teamsideline.com/redwoodcity

PLEASE COMPLETE AND RETURN TO RED MORTON COMMUNITY CENTER - 1120 ROOSEVELT AVE, REDWOOD CITY

REGISTRATION DEADLINE: Wednesday, February 26, 2025. | CONTACT: Mike Smith 780.7254 msmith@redwoodcity.org

REGISTRATION FEE: \$110

\$20 LATE FEE FOR ANY REGISTRATION TURNED IN AFTER DEADLINE. (NON REFUNDABLE)

INFORMATION: After March 4th, families will be contacted by a coach and receive a practice schedule. Practices will be after school, on campus, based on the coaches availability. Preseason practices: 3/10-3/21/25. League season: 3/28-6/3/25. Games will be played once a week at McKinley on Tuesdays at 4, 5, or 6pm. Cleats are recommended. A jersey will be assigned and must be returned at the last game of the season. See uniform return policy on website/receipt.

REFUND POLICY: A check/credit card refund will be issued if the participant withdraws at least 2 weeks prior to the start of league games, less a \$5 processing fee. (There is no processing fee if team is canceled.) No refund will be given if participant withdraws within 2 weeks prior to the start of league games/races/meets. Late fees are non-refundable, regardless if class/team is canceled.

ACTIVITY REGISTRATION						
PARTICIPANT'S NAME First & Last	BIRTHDAT (mm/dd/yy	_	SCHOOL	GENDER (circle)	PROGRAM #	FEE
				M/F/NB/O	46.114	\$110
		<u> </u>	•	Tota	Fees \$	
Are you interested in coaching? I		I wish to do	nate to the Youth	Scholarship F	und + \$	
Permission to walk home alone?	If yes, check the box.		Less	Credit on Acco	ount - \$	
				7	TOTAL \$	
PRIMARY CONTACT (Adult)			COMPLET	E ENTIRE FO	DRM	
Name		Birthdat	e/	Gender — (Circle one)	M F Non Binar	y Othe
Street Address						
City	ZipEı	mail Address_			Check box to re promotional er	aceive nails
Primary Phone ()	Secondary Phone ()	Ce	ll Phone ()	
Cell Phone Carrier (if you wish to rece	ive important text alerts- ATT,	Verizon, etc.)	:	_Emergency C	Contact	
Relationship to participant	Emergency Daytime Ph	:()	Emerg	ency Evening F	Ph:()	
LIABILITY WAIVER & PHOTO	RELEASE (Adult)					
LIABILITY WAIVER (all classes require in the following programs, including assis given for me and/or child as named be the City of Redwood City, its agents, its arising from or connected with these proof my child's and/or my participation in the responsible for ensuring my child's and/or Teams, etc.) is done at our own risk. I significant of the proof of	sociated travel sponsored by the elow. In consideration of partici employees and volunteers work ograms. I assume all risk for any the program. To the extent I and or my environment is safe/free from of my own free will. Sign Bel	e City of Redwipation in thes ing for the City injuries, incluiced on obstruction ow	ood City Parks, Re e programs, I here y, from any and al ding the risk of ex re participants of ns and that any us	ecreation & Coreby indemnify of liability for injustree to combite virtual recreation of third-party	mmunity Services L and hold harmless ury suffered by me municable diseases on classes, I acknov applications (Zoon	Departme and releas or my chi s as a resu wledge I a n, Microso
Waiver Signature	Photo Release	Initial	\neg			
Print Name	Date					
PAYMENT VISA MasterCard	TERICAN DISCOVER					
CREDIT CARD			curity Code or 4 digit #)	Pay	CHECK vable to: CITY OF F	₹WC
Signature X				_ \$15	returned check fe	<u>e</u>
Name on Card (print)				_	CASH	



CODES OF CONDUCT



PLAYERS

- I will be a good sport (win or lose); Be honest, fair and always show good sportsmanship to all coaches, players, officials, parents, and fans at every game and practice.
- I will learn the value of commitment to the team. I will attend every practice and game that I can, and will notify my coach if I cannot.
- I will show courtesy and respect to teammates, opponents, officials, and coaches.
- I realize that athletic contests, including practice sessions, are educational experiences and opportunities.
- I will not engage in unsportsmanlike conduct or inappropriate behavior.
- I will treat everyone, including coaches, parents, players, and officials, with respect, regardless of race, creed, color, nationality, or gender.

By signing this document, I acknowledge that I have read and agree to comply with this Code of Conduct and understand that if I violate this agreement I could be subject to suspension or removal from my team.

Participant Name	_Participant Signature

PARENTS AND SPECTATORS

By registering my child in the Redwood City After School Sports Program, I agree to learn the rules of the game and the league and to comply with the following Parent Code of Conduct:

- I understand that my role as a parent is to support all players and coaches and to enjoy my child's opportunity to experience the benefits of participating in sports.
- I will help my child to learn the right lessons from winning and losing and from individual accomplishment and mistakes. I understand that performance is more important than winning.
- I will <u>not</u> attempt to coach from the sideline and I will show respect and courtesy to all game officials, players, coaches, and other spectators.
- I will engage in positive encouragement of all players at all times. I will refrain from making negative or abusive remarks to any player, coach, official, or other spectators.
- I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game. I will take time to speak with coaches at an agreed upon time and place.
- I will ensure that my child will attend all games and practices possible. When it's not possible, I agree to inform the coach in advance.

I understand that if I fail to comply with this Code of Conduct, I will be subject to sanctions by the Redwood City After School Sports Program. These sanctions include, but are not limited to being prohibited from attending any scheduled match or game.

By signing this document, I acknowledge that I have read and agree to comply with this Code of Conduct.

Parent Name	Parent Signature



CONCUSSION WAIVER



PARENT/ATHLETE CONCUSSION AWARENESS INFORMATION

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a "ding", "getting your bell rung" or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs and symptoms of a concussion can show up right after the injury or may appear days or weeks after the injury. If an athlete reports one or more symptoms of concussions listed below after a bump, blow or jolt to the head or body, they should be kept out of play the day of the injury and until a health care professional, experienced in evaluating concussions, says they are symptom-free and they are OK to return to play.

SIGNS OBSERVED BY COACH/STAFF

Appears dazed or stunned
Is confused about position or assignment
Forgets an instruction
Is unsure of game score or opponent
Moves clumsily
Answers questions slowly
Loses consciousness (even briefly)
Shows mood, behavior or personality changes
Cannot recall events prior to hit or fall
Cannot recall events after hit or fall

SYMPTOMS REPORTED BY ATHLETE

Headaches or "pressure" in the head
Nausea or vomiting
Balance problems or dizziness
Double or blurry vision
Sensitivity to noise
Feeling sluggish, hazy, foggy or groggy
Concentration or memory problems
Confusion
Just not "feeling right" or "feeling down"

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow or jolt to the head or body they exhibit any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse or slurred speech
- Weakness, numbness or decreased coordination

- Convulsions, seizures or unusual behavior
- Cannot recognize people or places
- Becomes increasingly confused or agitated
- Loses consciousness for any amount of time

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is healing, they are much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. It can even be fatal.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove them from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play until a medical professional says they are symptom free and are OK to return to play. Rest is the key to help an athlete recover. Exercising or activities that involve a lot of concentration (studying, computers, video games) may cause concussion symptoms to reappear or worsen. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

I(we), hereby acknowledge having received education about the signs, symptoms and risks of sport related concussion as provided in the information above. I also acknowledge my responsibility to report to my coaches, parent(s) / guardian(s) any signs or symptoms of a concussion.

			Sport:
Athlete Printed Name	Signature	Date	
Parent/Guardian Printed Name	Signature	Date	