



Roy Cloud 4th/5th Grade Basketball



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, October 30, 2024. | CONTACT: Mike Smith 780.7254 msmith@redwoodcity.org

REGISTRATION FEE: \$110 \$20 LATE FEE FOR ANY REGISTRATION TURNED IN AFTER DEADLINE. (NON REFUNDABLE)

PROGRAM #: Boys--46.452 Girls--46.453

INFORMATION: Developmental league (no standings or playoffs). After November 5th, families will be contacted by a coach and receive a practice schedule. Preseason practices: 11/12-11/26 (Tuesdays/Thursdays - 4, 5, or 6pm at Red Morton or Armory.) League season: 12/5-2/13/25. Games will be played once a week at Red Morton, Armory, MIT/NS, Kennedy, or Hoover on Thursdays at 4, 5, or 6pm. Practices will be held on Tuesdays during league season. 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. Late fees are non-refundable, regardless if class/team is canceled.

ACTIVITY REGISTRATION

PARTICIPANT'S NAME First & Last	BIRTHDATE (mm/dd/yy)	GRADE	SCHOOL	GENDER (circle)	PROGRAM #	FEE
				M / F / NB / O		\$110

Are you interested in coaching? If yes, check the box. Total Fees \$ _____

Permission to walk home alone? If yes, check the box. I wish to donate to the Youth Scholarship Fund + \$ _____

Less Credit on Account - \$ _____

TOTAL \$ _____

PRIMARY CONTACT (Adult)

COMPLETE ENTIRE FORM

Name _____ Birthdate ____/____/____ Gender (Circle one) M F Non Binary Other

Street Address _____

City _____ Zip _____ Email Address _____ Check box to receive promotional emails

Primary Phone (____) _____ Secondary Phone (____) _____ Cell Phone (____) _____

Cell Phone Carrier (if you wish to receive important text alerts- ATT, Verizon, etc.): _____ Emergency Contact _____

Relationship to participant _____ Emergency Daytime Ph:(____) _____ Emergency Evening Ph:(____) _____

LIABILITY WAIVER & PHOTO RELEASE (Adult)

LIABILITY WAIVER (all classes require the signature of each Registering Adult or the Parent or Guardian of any Minor(s). Permission to participate in the following programs, including associated travel sponsored by the City of Redwood City Parks, Recreation & Community Services Department is given for me and/or child as named below. In consideration of participation in these programs, I hereby indemnify and hold harmless and release the City of Redwood City, its agents, its employees and volunteers working for the City, from any and all liability for injury suffered by me or my child arising from or connected with these programs. I assume all risk for any injuries, including the risk of exposure to communicable diseases as a result of my child's and/or my participation in the program. To the extent I and/or my child are participants of virtual recreation classes, I acknowledge I am responsible for ensuring my child's and/or my environment is safe/free from obstructions and that any use of third-party applications (Zoom, Microsoft Teams, etc.) is done at our own risk. I sign of my own free will. **Sign Below**

PHOTO RELEASE: I/we agree to allow use of my/our photograph in program publicity. I have read and fully understand these policies. Initial Below

Waiver Signature	Photo Release Initial
Print Name	Date

PAYMENT



CREDIT CARD

Card # _____ Exp. Date _____ Security Code (3 or 4 digit #) _____

Signature X _____

Name on Card (print) _____

CHECK

Payable to: CITY OF RWC

\$15 returned check fee

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 not 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:

- | | |
|--|---|
| <ul style="list-style-type: none"> • 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 | <ul style="list-style-type: none"> • 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.

Athlete Printed Name Signature Date

Sport: _____

Parent/Guardian Printed Name Signature Date