



Hollywood Police Athletic League

2311 N. 23rd Avenue
Hollywood, FL, 33020
954-921-3401

Website: www.hollywoodpal.com

REGISTRATION FORM

This form may not be duplicated. Use one registration form for each participant. Please note that there are a maximum number of participants for each team. Full payment is due at the time of registration.

Participant's Name _____ Male Female

Street Address _____

City _____ State _____ Zip _____

Participant's Birth Date _____ Age _____ Grade _____ Name of School _____

Home Phone (_____) _____ Parent's Cell Phone (_____) _____

Parent's Name (if participant is 18 years and under) _____

Email Address _____

Emergency Contact Name _____ Phone Number _____

*Check with your physician before beginning any exercise program.

SPORT: BASKETBALL FOOTBALL CHEERLEADING TRACK & FIELD OTHER: _____

CHECKS PAYABLE TO THE: "HOLLYWOOD PAL"

Please provide your child's uniform size:

Circle correct size:

	<u>YOUTH</u>			<u>ADULT</u>				
Shirt:	S	M	L	S	M	L	XL	XXL
Pant/Short:	S	M	L	S	M	L	XL	XXL

PARENTS WE NEED YOUR HELP!

We need coaches, assistants and team parents.
Sponsors are also needed for our teams.
Please check below how you can help us:

Coach Asst. Coach Team Mom Sponsor

Please indicate any medical conditions (including pregnancy) that the Hollywood PAL, Instructor or Coach should be aware of:

Physician's Name _____ Phone Number _____

Insurance Company Name _____ Policy Number _____

*Participant signature required below. *Parent signature required below for all participants 18 years and under.

The undersigned individual (parent or guardian if 18 and under) represents that the registrant is in good health and can participate and has my permission to participate in the above listed activity and with prior knowledge of the physical nature of the above listed activity hereby indemnifies, holds harmless and releases the City of Hollywood, Hollywood PAL, the Broward County School District and officers, directors, agents, or employees from any and all responsibility or liability for injury to the participant through negligence or otherwise while he/she is participating in the above listed activity. Any and all medical coverage for injury to the participant shall be the responsibility of the participant's parent, guardian, or participant (if over the age of 18).

The undersigned individual also hereby gives permission to the City of Hollywood, Hollywood PAL and the Broward County School District to use photographs of the participant for the promotion of the Hollywood PAL events and programs

*Participant's and/or Parents Signature _____

Date _____

FOR OFFICIAL USE ONLY:

Proof of Grades: _____ YES _____ NO _____ COACH: _____ DIVISION: _____ TEAM: _____



Code of Conduct / Statement of Understanding

Please **initial** each item to indicate you have read it.

- _____ I UNDERSTAND THAT THE HOLLYWOOD P.A.L. EAGLE'S PLAY IN A COMPETITIVE LEAGUE. THERE IS MINIMUM PLAYING TIME RULES. EVEN AFTER BEING CHOSEN FOR A TEAM, MY CHILD IS GUARANTEED PLAYING TIME. PLAYING TIME AND POSITION IS DETERMINED BY THE COACHING STAFF, WHOSE DECISION IS FINAL. IF I HAVE A CONCERN ABOUT THE LEVEL OF MY CHILD'S PARTICIPATION, I WILL SPEAK DIRECTLY TO HIS OR HER COACH PRIVATELY AND IN A CONSTRUCTIVE MANNER.
- _____ I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game and practice.
- _____ My child and I will treat other players, coaches, fans, and officials with respect regardless of race, sex or creed.
- _____ I will place the emotional and physical well-being of my child ahead of a personal desire to win.
- _____ I will support coaches and officials working with my child in order to encourage a positive and enjoyable experience for everyone.
- _____ I will demand a sports environment that is free from drugs, alcohol, and tobacco, and will refrain from their use at all youth sports events.
- _____ I will observe my child's practices and games from the area league officials designate for spectators. Only Hollywood PAL & League -certified coaches and team managers are allowed on the sidelines during games.
- _____ My child and I will make sure he/she has all of his/her equipment for practice and games, and know that if he/she does not have all the necessary equipment, he/she will not be able to participate. If my child loses a piece of equipment, I am responsible for the replacement cost.
- _____ To the best of my ability, I will arrange to have my child at all team practices and games, knowing that attendance affects game participation. I will make sure my child arrives at practices and games on time, and is taken home immediately after the event concludes.
- _____ I understand that the Hollywood P.A.L Eagle's govern with a no tolerance policy, and if I violate a league or team rule I and/or my child may be suspended, placed on probation or expelled by Hollywood P.A.L. A player or cheerleader expelled from a team may not be eligible to participate the following season.

I have read all of the above Parent/Guardian Code of Conduct items and agree to abide by all of them.

Child's Name: _____

Parent/Guardian's Name (Print)

Signature

Date

CONCUSSION & HEAT RELATED ILLNESSES INFORMATION RELEASE FORM

This form must be signed by all athletes and parent/guardians before the athlete participates in any athletic or spirit practice or contest each season. It is highly recommended that all athletes over the age of 10 have pre concussion screenings.

CONCUSSION INFORMATION

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one (second impact syndrome). This can lead to prolonged recovery, or even to severe brain swelling with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear without written medical clearance from a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO). Close observation of the athlete should continue for several hours. You should also inform your child's coach if you think that your child may have a concussion. Remember it is better to miss one game than miss the whole season. **When in doubt, the athlete sits out!**

Return to Practice and Competition

The AYFL has adopted the Florida High School Athletic Association policy as to returning to practice and competition. The Florida High School Athletic Association Concussion Policy provides that if an athlete suffers, or is suspected of having suffered, a concussion or head injury during a competition or practice, the athlete must be immediately removed from the competition or practice and cannot return to practice or competition until a Health Care Professional has evaluated the athlete and provided a written authorization to return to practice and competition. The FHSAA recommends that an athlete not return to practice or competition the same day the athlete suffers or is suspected of suffering a concussion. The FHSAA also recommends that an athlete's return to practice and competition should follow a graduated protocol under the supervision of the health care provider (MD or DO).

For current and up-to-date information on concussions you can go to:
<http://www.cdc.gov/concussion/HeadsUp/youth.html>

HEAT RELATED ILLNESSES INFORMATION

People suffer heat-related illness when their bodies cannot properly cool themselves by sweating. Sweating is the body's natural air conditioning, but when a person's body temperature rises rapidly, sweating just isn't enough. Heat-related illnesses can be serious and life threatening. Very high body temperatures may damage the brain or other vital organs, and can cause disability and even death. Heat-related illnesses and deaths are preventable.

Heat stroke is the most serious heat-related illness. It happens when the body's temperature rises quickly and the body cannot cool down. Heat Stroke can cause permanent disability and death.

Heat exhaustion is a milder type of heat-related illness. It usually develops after a number of days in high temperature weather and not drinking enough fluids.

Heat cramps usually affect people who sweat a lot during demanding activity. Sweating reduces the body's salt and moisture and can cause painful cramps, usually in the abdomen, arms or legs. Heat cramps may also be a symptom of heat exhaustion.

Who's at Risk?

Those at highest risk include the elderly, the very young, people with mental illness and people with chronic diseases. However, even young and healthy individuals can succumb to heat if they participate in demanding physical activities during hot weather. Other conditions that can increase your risk for heat-related illness include obesity, fever, dehydration, poor circulation, sunburn, and prescription drug or alcohol use.

By signing this agreement, the undersigned acknowledges that the information on page 1 and page 2 have been read and understood.

Student-athlete Name Printed

Student-Athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date