



Where families live and play by the bay!

Bay County Summer Recreation Program
Program Participants Ages 5-14
Child Information Record 2023

Dear Parent/Guardian,

DATE: _____

We welcome your child's application for the Summer Recreation Program. This program is intended for children who are between the ages of 5-14 as of June 12th, 2023. A birth certificate is required for proof of age. No child older than 12 years of age will be admitted into the program.

Program Details:

June 12, 2023 – August 3, 2023. Monday – Thursday 8am – 12:30 pm Breakfast and Sack lunch provided each day. Activities Include: Educational Activities, Sports Clinics.

You may register at the Community Center beginning May 8, 2023, Fee: \$120.00.

Last: _____ First: _____ Middle: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

School Attending: _____ Grade: _____

Age: _____ Birth Date: _____ Number of persons in your family: _____

Father's Legal Guardian's Name

Mother's Legal Guardian's Name

Home Address (If different than child's)

Home Address (If different than child's)

City/State/Zip

City/State/Zip

Home/Cell#: _____

Home/Cell#: _____

Email: _____

Email: _____

Employer/School Name

Employer/School Name

City/State/Zip

City/State/Zip

Employer/School Phone: _____

Employer/School Phone: _____

EMERGENCY CONTACTS

Name: _____ Relation to Child: _____ Phone: _____

Name: _____ Relation to Child: _____ Phone: _____

Name(s) of person other than parent or legal guardian to whom the child may be released:

Name: _____ Phone: _____

Name: _____ Phone: _____

My Child has permission to walk home from the program: YES _____ NO _____

My Child _____ is in good health and free from communicable diseases: YES _____ NO _____

If no, please explain any medical/physical problems or activity restrictions: _____

Signature of Parent or Guardian

Date

Please initial one:

_____ **I do give** permission to **Bay County Recreation Program** to secure emergency medical and/or emergency surgical treatment to the above named minor child while in care.

_____ **I do not give** permission to **Bay County Recreation Program** to secure emergency medical and/or emergency surgical treatment to the above named minor child while in care.

Signature of Parent or Guardian

Date

Child's Physician or Health Clinic Name: _____ Phone: _____

Address: _____ City: _____ Zip: _____

Hospital Preferred for Emergency Treatment: _____

Health Insurance Policy Name and Number: _____

Allergies, if any _____ Date of last Tetanus shot _____

I hereby give my permission to the Bay County Recreation Program for my child to be transported in a vehicle and/or participate in field trips.

Signature of Parent or Guardian

Date

I hereby give my permission to the Bay County Recreation Program for my child to participate in swimming/pool activities.

Signature of Parent or Guardian

Date

Waiver and Release of Liability

In consideration of my child/ward being allowed to participate in any way in the Bay County Summer Recreation Program (BCSRP) programs and activities, the undersigned acknowledges and agrees that:

1) There is risk of injury to my child from participating in the activities involved in the BCSRP including but not limited to his or her participation in sports, swimming, and general free play, and that risk may be significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce this risk, those risks do still exist; and,

2) For myself, spouse, and child, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF BAY COUNTY and its respective administrators, commissioners, elected officials, directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees") or others, and assume full responsibility for my child's participation; and,

3) I willingly agree to comply with the program's stated and customary terms and conditions for participation in its activities. If I have any concern regarding my child's readiness for participation in the activities, I will discontinue my child's participation in the activity. If at any time I believe conditions to be unsafe, I will immediately remove my child from participation in the activity and bring such conditions to the attention of the nearest BCSRP employee immediately; and,

3) I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS THE RELEASEES with respect to any and all injury, disability, death, loss or damage to person or property incident to my child's involvement or participation in this program, whether arising from the negligence of the Releasees or otherwise, to the fullest extent permitted by law; and

4) I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS THE RELEASEES from any and all liabilities incident to my or my child's involvement or participation in this program, even if arising from their negligence, to the fullest extent permitted by law; and

5) I have received a copy of the "Concussion Information Sheet;" and

6) I grant BCSRP permission to take photographs and films including pictures of me, my child or ward. I consent and authorize Bay County to use and reproduce photographs and films. With respect to the foregoing, no inducements or promises have been made to me to secure my signature to this release other than the intention of Bay County to use such photographs or films for the purpose of promoting and aiding Bay County in their work.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Date: _____

Participant Name

Parent Name

Parent Signature

PARENT & ATHLETE CONCUSSION INFORMATION SHEET



WHAT IS A CONCUSSION?

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 quickly 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 CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SYMPTOMS REPORTED BY ATHLETE:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- 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
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

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 s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

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

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

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 still healing, s/he is 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. They can even be fatal.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

JOIN THE CONVERSATION  www.facebook.com/CDCHeadsUp



HEADS UP

TO LEARN MORE GO TO >> [WWW.CDC.GOV/CONCUSSION](https://www.cdc.gov/concussion)

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