SON LEAGUE BASKETBALL

TURN IN YOUR REGISTRATION FORM TODAY

Registration is based on receipt of form and fee. Registrations received after divisions are full will be put on a wait list.

REGISTRATION DEADLINE:
FEBRUARY 16, 2018

2018 Son League Schedule

- Teams are formed by draft.
- Players cannot request to be on another player’s team. Carpooling is a great option for those who live a distance from the playing site, however, we cannot guarantee that players will be placed on teams according to this need.
- Players can only play at their current grade level.
- Mandatory clinic for 7-8 boys will be held on Feb 24
- You will receive a postcard confirming your participation in Son League by Feb 23 as well as a phone call from your coach after the draft
- 2 games are played each Saturday morning beginning March 3
- League ends with a single-elimination tournament to be held March 24
- Please visit our website or call our office for up-to-date information about teams and schedule: lewiscounty.younglife.org 360-388-0224
- Please note that our office location has changed. We are now located in the house next to the Centralia Nazarene Church: 1219 W 1st St. We no longer have a drop slot in our door so please mail registration forms to PO Box 135, Centralia, WA 98531.

The local school district does not sponsor this event and the District assumes no responsibility for it. In consideration of the privilege to distribute materials, the local school district shall be held harmless from any cause of action filed in any court or administrative tribunal arising out of the distribution of these materials, including costs, attorney’s fees and judgments or awards.
2018 Son League Basketball Registration Form

☐ 7th-8th Boys  ☐ 9th-12th Boys

Name: __________________________
Mailing Address: __________________________ Age: __________
City: __________________________ Zip: __________
Parent Phone: __________________________ Player Phone: __________________________
School: __________________________ Current Grade: __________________________
Height: __________ Weight: __________ Point Average: __________ Rebound Average: __________

Position: ☐ Guard ☐ Shooting guard ☐ Forward ☐ Post ☐ Other: __________
Are you: ☐ Starter ☐ Varsity ☐ JV ☐ Jr High ☐ Other: __________

Shirt size: ☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ XX-Large

(Adult Sizes)

Did you play Son League last year? ☐ Yes ☐ No

COST: (includes t-shirt)
☐ $60.00 per player ☐ $105.00 for 2 in the same family ☐ $150.00 for 3 in the same family

Please make checks payable to ‘Young Life’ and return mail to:

LEWIS COUNTY YOUNG LIFE
PO Box 135
Centralia, WA 98531

Forms must be SIGNED, MONEY INCLUDED, and received no later than FEB 16th

Waiver, Release and Indemnification Agreement

I expressly assume any and all risks of injury arising from or relating to my voluntary participation in the Son Basketball League and waive and release any and all actions, claims, suits or demands of any kind or nature whatsoever against Young Life, its corporate affiliates, contractors, vendors, officers, agents, sponsors, volunteers or representatives of any kind (collectively “Releases”). I understand that this Waiver, release and Indemnification Agreement means, among other things, that if I am injured as a result of my participation in any of the Activities, I and/or my family or heirs cannot under any circumstances sue Releases or any of them for damages relating to or caused by my injuries or death.

I agree to indemnify Releases or any of them, and their subrogates, if any, in the event of any loss, damage or claim arising from or relating in anyway to my participation in Son League. I understand and agree that I would not have been permitted to participate in any of the activities had I not executed this waiver, Release and Indemnification Agreement.

I have read this Waiver, Release and Indemnification Agreement, have asked and received answers to any questions I had concerning it’s meaning, and execute it freely, without duress, and in full and complete understanding of it’s legal effect, and of the fact that it may affect my legal rights.

Player Signature: __________________________ Date: __________

Print name: __________________________

I am the parent or legal guardian of the child whose name and signature appear above. I have read and understand this Waiver, Release and Indemnification Agreement, and consent of behalf of the Participant to its terms.

Parent Signature: __________________________ Date: __________

Print name: __________________________

OFFICE USE: Date Received: __________ Amount: __________ Check #: __________
Concussion Information Sheet

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.

**Symptoms may include one or more of the following:**

- Headaches
- “Pressure in head”
- Nausea or vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Amnesia
- “Don’t feel right”
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- More emotional
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns
- Confusion
- Concentration or memory problems (forgetting game plays)
- Repeating the same question/comment

**Signs observed by teammates, parents and coaches include:**

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Moves clumsily or displays uncoordination
- Answers questions slowly
- Any change in typical behavior or personality
- Loses consciousness

**What can happen if my child keeps on playing with a concussion or returns to 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. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete 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 medical clearance. Close observation of the athlete should continue for several hours. The new “Zackery Lystedt Law” in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years: “a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time” and “…may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”. You should also inform your child’s coach if you think that your child may have a concussion. Remember, it’s better to miss one game than miss the whole season. And when in doubt, the athlete sits out. For current and up-to-date information on concussions you can go to www.cdc.gov/concussioninyouthsports.

---

**Student-athlete Name Printed**  
**Student-athlete Signature**  
**Date**  

**Parent or Legal Guardian Printed**  
**Parent or Legal Guardian Signature**  
**Date**