



Placer Sheriff's Activities League

916.652.2422



CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ Male \_\_\_ Female \_\_\_

ETHNICITY: African American Caucasian Latino Pacific-Islander American Indian East Indian Asian

ADDRESS \_\_\_\_\_  
STREET CITY ZIP CODE

HOME PHONE \_\_\_\_\_

SCHOOL CURRENTLY ATTENDING \_\_\_\_\_

PARENTS/GUARDIAN \_\_\_\_\_

WORK NAME & ADDRESS \_\_\_\_\_

WORK PHONE \_\_\_\_\_ CELL: \_\_\_\_\_ CELL CARRIER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**Yearly fees are \$25** (one complete calendar year from payment). I understand that no refunds will be issued after membership approval. I will be responsible for transporting my child to the PSAL facility.

**Do you need the membership fees waived: Yes / No** If "yes," what is your annual income and number in household: \_\_\_\_\_

**PARENTAL CONSENT, INSURANCE NOTIFICATION, AND MEDICAL TREATMENT AUTHORIZATION**

I/we, the parents/guardians of the above named candidate for membership in PLACER SHERIFF ACTIVITIES LEAUGE (PSAL), hereby give my/our approval to his/her participation in any and all PSAL activities during the current season. I/we do hereby assume all risks and hazards incidental to such participation including transportation to and from activities. I/we do hereby waive, release, absolve, indemnify and agree to hold harmless, the County of Placer, PSAL, the respective sanctioning associations, organizations, or leagues and the organizers, sponsors, supervisors, participants and persons transporting my/our child to and from activities, for claims arising out of injury to my/our child. PSAL has group accident insurance coverage for medical and hospital expenses, with a deductible for each accident. The insurance is secondary when there is any other valid and collectible insurance provided by parent/guardian. Limited coverage is provided for any one accident with limited dental coverage for sound, natural teeth. A copy of the policy is available for inspection at the PSAL office. In signing the foregoing release, I/we acknowledge that: (1) any claim for medical service which arises out of an injury must be reported to a PSAL league official within thirty (30) days of the date of injury; (2) I/we have read the forgoing release, understand it and signed it voluntarily. I/we further understand that any registration fee or other sums paid does not constitute a direct premium payment for insurance.

Do you have HEALTH/GROUP Medical Insurance: YES \_\_\_ NO \_\_\_

CARRIER: \_\_\_\_\_ PLAN # \_\_\_\_\_ or MEDICAL# \_\_\_\_\_

In the event of injury to my/our child, \_\_\_\_\_, I/we hereby grant authority to a qualified physician to render such medical treatment as said physician deems necessary under the circumstances. I/we, the Parents/Guardian of the above named Placer SAL Candidate have read and understand the above Parental Consent, Insurance Information Clause, and Medical Treatment Authorization. By signing this registration form, I/we grant permission for my/our child to participate in all officially recognized PSAL activities. **MUST INCLUDE TWO EMERGENCY CONTACTS ASIDE FROM PARENTS.**

Emergency Contact #1                      Emergency Phone Number #1                      Emergency Contact #2                      Emergency Phone Number #2

**PARENTS SIGNATURE:** \_\_\_\_\_ Date \_\_\_\_\_

# RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT (MINOR)

I, the parent/guardian of \_\_\_\_\_, agree to allow my child to participate in the activity listed in my child's registration form including associated travel.

I AM AWARE THIS ACTIVITY IS INHERENTLY DANGEROUS AND AM VOLUNTARILY ALLOWING MY CHILD TO PARTICIPATE IN THE ACTIVITY WITH KNOWLEDGE OF THE RISKS INVOLVED, BOTH EXPECTED AND UNEXPECTED, AND HEREBY AGREE TO ACCEPT ANY AND ALL RISKS OR INJURY OR DEATH. **INITIAL HERE** \_\_\_\_\_

In return for the benefits from my child's participation, I agree not to sue and release and hold harmless the County of Placer, Placer SAL, their officers, directors, employees, agents and volunteers from any liability for any loss, injury, or death connected with my child's participation in the activity except for loss, injury, or death caused intentionally or by willful misconduct. The Placer Sheriff's Activities League reserves the right to photograph facilities and program participants for promotional purposes. On behalf of my child, I agree to the use of any such photographs in which he/she may appear. Photographs may be used in brochures, displays with press releases, on the County of Placer website, any social media website, or the Placer SAL website. Individuals may submit their photos for consideration.

**THIS RELEASE IS INTENDED TO PROTECT THE COUNTY OF PLACER, PLACER SAL, THEIR OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, AND VOLUNTEERS FROM CLAIMS OF NEGLIGENCE. HOWEVER, THIS RELEASE IS NOT INTENDED TO EXEMPT THEM FROM RESPONSIBILITY FOR WILLFUL OR INTENTIONAL ACTS OR OMISSIONS WHICH RESULT IN LOSS, INJURY, OR DEATH.**

I HAVE CAREFULLY READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT. I FULLY UNDERSTAND ITS CONTENTS AND IMPLICATIONS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, HOLD HARMLESS AGREEMENT AND ASSUMPTION OF RISK AGREEMENT AND THAT IT IS A LEGALLY BINDING CONTRACT BETWEEN THE COUNTY OF PLACER, PLACER SAL, MYSELF, AND MY CHILD. I FURTHER UNDERSTAND THAT THIS RELEASE IS BINDING ON MY HEIRS, PERSONAL REPRESENTATIVES, NEXT OF KIN, SPOUSE, DOMESTIC PARTNER AND ASSIGNS. I SIGN THIS AGREEMENT OF MY OWN FREE WILL.

## TO BE COMPLETED BY PARENT OR GUARDIAN OF MINOR PARTICIPANTS

I have fully read this Agreement and fully understand its content. Furthermore, the significance of this release of liability and assumption of risk agreement had been EXPLAINED TO THE MINOR.

Signature of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Print parent/guardian name: \_\_\_\_\_

Address: \_\_\_\_\_

(Please read, sign, and attach the PSAL Code of Conduct and Daily Rules.)





## CODE OF CONDUCT



Welcome to the Placer Sheriffs Activities League (PSAL). Our activities are offered for your enjoyment; therefore, your cooperation and sportsmanship is essential to the overall success of the program. All participants, parents, coaches, managers and spectators are expected to act in an acceptable manner during the entire program. The PSAL reserves the right to take any disciplinary action it deems appropriate against the participants, parents, coaches, managers and spectators not acting in an acceptable manner, including but not limited to suspension from an activity, expulsion from the facility, and prohibition from participating in any future programs. The benefit a participant derives from this program depends very much on the participant's conduct and the conduct of the participant's parents or guardians.

All participants in PSAL programs and their parents or guardians are required to comply with the following:

- Show respect to parents, officers, coaches, teachers, spectators, and other participants.
- Maintain self-control at all times.
- Will not use profanity and/or engage in inappropriate behavior.
- Will not wear clothing that advocates sex, drugs, alcohol, tobacco, weapons, or gang activity.
- Will not participate in any activity or talk which is disrespectful to another PSAL member or staff.
- Will not allow participation to PSAL to cause schoolwork to suffer.
- Will be a good citizen and obey all laws.

The PSAL's daily rules are also attached to this form and are incorporated into the agreement of PSAL participants and their parents or guardians to this Code of Conduct.

I/We understand that by abiding in the PSAL Code of Conduct, I/we will be in good standing and will be able to attend PSAL functions. If I/we violate any portion of the Code of Conduct, disciplinary action may include removal from PSAL, as outlined above.

My child is to remain at PSAL's host site until PSAL activities have concluded each day **and** I will pick my child up from PSAL's host site.

My child is to remain at PSAL's host site until PSAL activities have concluded; however, I give my child permission to walk home after PSAL activities have concluded each day.

If an issue arises with transportation of the child, the staff member must be contacted immediately to arrange transportation.

Members Name (Please Print)

Members Signature

Parent Name (Please Print)

Parent/Guardian Signature

Date



## DAILY RULES

The following are the rules set forth by the Activities League staff.

All participants in the PSAL program are **required** to comply with the following:

- PARTICIPATE and be on time.
- No profanity, no running except where allowed, no yelling or screaming.
- Respect your surroundings, pick up after yourself.
- Listen and be respectful to all PSAL and Parkside Church staff.
- Follow and comply with PSAL staff directives.
- Respect your peers and keep PSAL and Parkside Church a safe place (no bullying, ridiculing, fighting or horseplay will be tolerated).
- No clothing or accessories that glorify criminal activity, profanity, substance usage, or sexual content. No provocative clothing.
- No phone/electronic device use.
- No food or drinking except in designated areas.

**Failure to follow any of these rules is subject but not limited to the following consequences at the direction of any PSAL**

**staff:** Time out, Staff meeting/at home visit with parents, suspension from the program for a period of time, and termination from the program.

\_\_\_\_\_  
Members Name (Please Print)

\_\_\_\_\_  
Members Signature

\_\_\_\_\_  
Parent Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date





## A Concussion Fact Sheet

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by 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 concussions? Signs and symptoms of a concussion can show up right 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 a concussion listed below after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury and until a healthcare professional experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Symptoms observed by Coaching staff	Symptoms reported by athletes
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (even briefly)	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can't recall events prior to hit or fall	Confusion
Can't recall events after hit or fall	Just not "feeling right" or "feeling down"

In rare cases, a dangerous blood clot may form on 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 not only does not diminish, but 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? 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 health care professional, experienced in evaluating for concussion. Says s/he is symptom-free and it's okay to play. Rest is the key to helping an athlete recover from a concussion. Exercise or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games may cause concussion to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be monitored and carefully managed by a healthcare professional.

Parent/Guardian Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Participant's Signature:

\_\_\_\_\_ Date: \_\_\_\_\_