Pack Hoops Registration 2026-27

Player's Name: _____

Address: _____ City: _____ Zip: _____

Player's School_____ Grade: _____

T-Shirt/Uniform Size – Circle One Youth Med Youth Large Small Medium Large X-Large

Parent/Guardian Name: _____

Cell Phone: _____ Email: _____

Parent/Guardian Name: _____

Cell Phone: _____ Email: _____

Medical History

Does the player have any allergies we need to be aware if? Yes _____ (list below) No _____

_____

_____

_____

Does the player have other medical conditions we need to be aware of? Yes _____ (list below) No _____

_____

_____

_____

MEDICAL RELEASE: I understand that there are certain risks of injury inherent in the practice and play of this sport and I am willing to assume these risks on behalf of my child. I certify that my child is in good physical condition and does not have any physical or mental disabilities or infirmities that would restrict full participation in the activities of this sport. I certify that my child may participate in strenuous activities related to this sport. My child may receive emergency medical treatment, if needed, and there are no limitations to my child's participation except where stated in writing. Pack Hoops and its members are not responsible for any costs related to injuries incurred during the Pack Hoops' activities. I hereby release, discharge and/or otherwise indemnify Pack Hoops, and its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized by the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program. This includes transportation to or from the program and social events whether the result of negligence or any other cause.

MEDIA RELEASE: By signing this form, I hereby give Pack Hoops licenses and legal representatives the irrevocable right to use mine or my child's name, picture, portrait, or photograph in all forms and media and in all manners. I am the parent or legal guardian of the minor named above and have the legal authority to execute the above release. I approve the foregoing and waive any rights in the premises. (Requests will be granted on a case-by-case basis.)

Parent/Guardian (signature) _____ Date _____

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

HOW CAN I HELP KEEP MY CHILDREN OR TEENS SAFE?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
    - Work with their coach to teach ways to lower the chances of getting a concussion.
    - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
    - Ensure that they follow their coach's rules for safety and the rules of the sport.
    - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.

HOW CAN I SPOT A POSSIBLE CONCUSSION?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the 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 or after a hit or fall.

Symptoms Reported by Children and Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that it's better to miss one game than the whole season.

Concussions a ect each child and teen differently. While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.

WHAT ARE SOME MORE SERIOUS DANGER SIGNS TO LOOK OUT FOR?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing— have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can a effect a child or teen for a lifetime. It can even be fatal.

What Should I Do If My Child or Teen Has a Possible Concussion? As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at rst, and some symptoms may not show up for hours or days. The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.

To learn more, go to http://www.cdc.gov/HEADSUP

DISCUSS THE RISKS OF CONCUSSION AND OTHER SERIOUS BRAIN INJURY WITH YOUR CHILD OR TEEN AND HAVE EACH PERSON SIGN BELOW.

Athlete Agreement:

- I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury E

Signature _____ Date _____

Parent/Guardian Agreement:

- I have read this fact sheet for parents on concussion with my child or teen and talked about what to do if they have a concussion or other serious brain injury.

Signature _____ Date _____