



# Terrebonne Parish Recreation Activity Registration Form

(985) 873-6584 or TPre@tpcg.org  
Online at TPre.org or facebook.com/TPrec.org

\* Note: No refunds unless activity is cancelled or no coach is available

## Participant

Name \_\_\_\_\_  
First

\_\_\_\_\_ Last

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

Gender (check one)  Male  Female

Activity \_\_\_\_\_

School \_\_\_\_\_

Team played on last year \_\_\_\_\_

Residence \_\_\_\_\_  
Address

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Parents/Guardians

1 \_\_\_\_\_  
First and last name

\_\_\_\_\_ Email address

\_\_\_\_\_ Phone number \_\_\_\_\_ Alternate number \_\_\_\_\_

2 \_\_\_\_\_  
First and last name

\_\_\_\_\_ Email address

\_\_\_\_\_ Phone number \_\_\_\_\_ Alternate number \_\_\_\_\_

## Medical History

Medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Emergency Treatment

Terrebonne Parish Recreation takes every precaution necessary to ensure the safety of everyone, but there is always a potential injury in sports and related activities. Officials and employees of Terrebonne Parish Recreation are trained to seek whatever medical aid and treatment is reasonably required as a result of injury, but this is only done with consent.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity of such surgery, are obtained prior to the performance of such surgery. **Check next to your choice.**

**Yes, I do consent** to emergency medical treatment of my child.

**No, I do not consent** to emergency medical treatment of my child. I understand that by not consenting, a parent or guardian must be present at every practice and game for this child to participate.

## Concussion Statement

We have read, understand, and will abide by the **Concussion Statements for Parents and Athletes** as follows. For the following items, **you** refers to the **youth athlete**:

- A concussion is a brain injury. **You** must report it to the coach.
- A concussion can affect reaction time, balance, sleep, classroom performance, and ability to perform everyday duties.
- **You** will not return to play in a game or practice if **you** have received a blow to the head or body that results in concussion-related symptoms.
- In some cases, repeat concussions can cause permanent brain damage or even death.
- **You** cannot always see a concussion, but **you** may notice some symptoms immediately. Other symptoms may show up hours or days after the injury.
- If **you** suspect a teammate has a concussion, **you** are responsible for reporting it to the coach.
- The brain needs time to heal following a concussion. **You** are much more likely to have a repeat concussion if **you** return to play before your symptoms resolve.
- If **you** are removed from play and the signs and symptoms cannot be readily explained by a condition other than concussion, the coach shall notify **your** parent or legal guardian and shall not permit **you** to return to play or participate in any supervised team activities involving physical exertion, including games, competitions, or practices, until **you** are evaluated by a health care provider and receive written clearance from the health care provider for a full or graduated return to play.
- *Please note, after a youth athlete who has sustained a concussion or head injury has been evaluated and received clearance for a graduated return to play from a health care provider, an organization or association of which a school or school district is a member (i.e. a private or public school, a private club, a public recreation facility, or an athletic league) may allow a licensed athletic trainer with specific knowledge of the athlete's condition to manage the athlete's graduated return to play.*

## Agreement

By entering any facility in Terrebonne Parish, I consent to be the subject of any photograph or audio/video recordings, which may take place while I am participating in open recreation activities.

My signature indicates that information on this application is accurate and that I agree to the terms. I agree to release the Terrebonne Parish Recreation Department, the administrator, coaches, sponsors, or any supervisors appointed by them, from the responsibility for any injuries or accidents which my child may incur while participating in this program. I also understand that in the playing of any sport such as softball, football, basketball, volleyball, cheerleading, baseball, t-ball, etc., possible injuries or death may occur.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Athlete (13 years old or over)

FOR OFFICE  
USE ONLY

Payment Type \_\_\_\_\_

Registration Date \_\_\_\_\_

Fee Charged \_\_\_\_\_

Registration ID **2** - - - - -

Birth Verification \_\_\_\_\_  
Staff initials \_\_\_\_\_ Birth certificate state and number \_\_\_\_\_

Region Assigned **East / West**

Team Assigned \_\_\_\_\_