



# **2023-2024 Try-Out Packet**

Swimmer \_\_\_\_\_ Parent \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Sulphur Parks And Recreation (SPAR)**



# PARTICIPANT REGISTRATION

933 West Parish Rd. Sulphur, LA 70663 (337)527-2500 Fax (337)528-4934  
Frasch Golf Course 400 Picard Rd. Sulphur, LA 70663 (337)527-2515

## Check ONE Activity:

☐ **Basketball**  
Boys & Girls 8-18, Adults 19 & up  
Season: January-February

☐ **Baseball**  
Boys 5-18 \*Age cutoff: Sep 1  
Seasons: 9-18 Play Mar-Jun  
5-8: Play Apr-Jun

☐ **Softball**  
Girls 5-18 \*Age cutoff: Jan 1  
Seasons: 9-18 Play Mar-Jun  
5-8: Play Apr-Jun

☐ **Soccer**  
Boys & Girls 5-15  
\*Age cutoff July 31  
Season: September-November

☐ **Football-Flag & Contact**  
Please Specify (X):  
\_\_\_\_ Flag 7-8 \*Age cutoff  
\_\_\_\_ Flag 9-10 July 31  
\_\_\_\_ Contact 10-12  
Season: September-November

☐ **Youth Volleyball**  
Girls 8-18 \*Age cutoff July 31  
Season: September-November

☐ **Summer Slow Pitch Softball**  
Girls 8-18 \*Age cutoff July 31  
Season: July-August

☐ **Adult Volleyball**  
Men & Women 19 & up  
Season: September-November

☐ **Adult Softball-Spring/Fall**  
Men & Women 19 & up  
Season: March-April/August-October

☐ **Junior Golf Program**  
Children & Youth 17 & Under  
Annually



**Other**  
Includes participants of all other sports and/or activities not listed above

**PLEASE SPECIFY OTHER SPORT OR ACTIVITY BELOW**

**SWIM TEAM**

<https://sulphurparkandrec.sha>  
Registration Form Rev 07.05.2022.docx

## THIS SECTION MUST BE COMPLETED IN FULL

Please check this box, if this is the first time this person is registering and/or participating in a Sulphur Parks & Recreation sports program or other activities conducted at SPAR facilities.

Today's date \_\_\_\_/\_\_\_\_/\_\_\_\_ Participant Email: \_\_\_\_\_

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Gender (M or F) \_\_\_\_\_ D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Alt. Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Participant's School, Club, or Team: \_\_\_\_\_

## PARENT/GUARDIAN.

Parent/Guardian Name: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Relationship to Participant \_\_\_\_\_

Email: \_\_\_\_\_

I do hereby certify that all information on this form is correct and that Sulphur Parks and Recreation (SPAR) and its paid and volunteer workers will not be held responsible for any injury to the participant while participating in any of the recreation program and/or activities at any SPAR facilities and/or during transportation to & from said facilities. Participants are responsible for arranging their own transportation to & from all activities and assume all liabilities related to said transportation. I further understand that SPAR does not provide health and liability insurance coverage for accidents or injuries that occur because of participation in or use of SPAR facilities. I fully understand that there are serious risks from participating in recreation and/or other physical activities. All persons participating in SPAR sponsored activities and/or using SPAR properties/facilities agree to conduct themselves according to SPAR standards for behavior and abide by all disciplinary actions imposed by SPAR. This release is valid for all SPAR sponsored programs and activities until revoked in writing.

The registering party verifies that the participant health and fitness is now and at all future time periods will be acceptable to participate in SPAR programs and/or activities. I understand SPAR requests that all participants consult their physician before becoming physically active.

SPAR may use text and email to provide information including, but not limited to, registration, draft dates, tryout dates, and upcoming events.

I hereby grant permission to Sulphur Parks & Recreation, Ward 4 District 2, to take and use: photographs and/or digital images of myself and/or child(ren) for use in news releases and/or materials as follows: printed publications or materials, electronic publications, or web sites. I authorize the use of these images without compensation to me. All negatives, prints, digital reproductions shall be the property of Sulphur Parks & Recreation Ward 4 District 2.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian's signature (if participant under 18 yrs.) or  
Participant's signature (if 18 yrs. or older)

# SPAR Aquatic Center

## Information, Waiver, and Code of Conduct

Annual packages are valid for one year from the date of purchase and do not auto-renew.  
Athletes must scan-in at the kiosk daily.  
Lost cards must be replaced (\$5.00).

### SPECTATOR OPTIONS DURING PRACTICE

Parents are welcome to enjoy the FREE areas that SPAR provides (see kiosk for details) while you wait for your child. However, any other area that you visit, such as the pool, requires a fee. Swim team parents may enter the **pool area** to watch practice for \$1.00. All other areas (beyond the pool and FREE areas) require a daily use fee, or an active membership. Family membership packages are available. See the SPAR kiosk for details and pricing.

### LOCKER USAGE

Swim team members may use lockers at their own risk, provided they use their own lock. Locks **MUST** be removed daily. Any lock left on overnight will be cut off. Swimmers may not leave belongings unattended in the locker room. SPAR is NOT responsible for lost or stolen property.

### HOLD HARMLESS CLAUSE

I agree and indemnify and hold SPAR and its employees, instructors, and/or volunteers harmless from liability, loss, cost, or expense (including attorney's fees, medical, and ambulance costs) that may occur to those listed on this membership while participating in workshops, activities, and/or programs at SPAR. I further understand SPAR does not provide insurance coverage for accidents and/or injuries that occur as a result of participating in, or use of its facilities.

### HEALTH / FITNESS LIABILITY

I acknowledge and accept the risks inherent in the use of health and fitness workshops, programs, and/or services. I understand SPAR requests all participants to consult their physician before becoming physically active and/or before a fitness appraisal. SPAR also encourages you to review the *Physical Activity Readiness Questionnaire* which may prove helpful prior to beginning any physical activities in our facility.

### CODE OF CONDUCT

I understand that failure to display appropriate behavior may result in dismissal from SPAR and revocation of membership or participation in programs. Inappropriate behavior and conduct includes, but is not limited to profanity, abusive language, inappropriate attire, smoking, and use of alcohol or drugs, the removal of SPAR property, and criminal conduct of any type. Loitering in the hallways or other areas of the SPAR Aquatic Center is not permitted.

These statements apply to any minors I allow to participate at the SPAR facility and/or any activities conducted by SPAR. My signature acknowledges that I understand and agree to the above conditions.

ATHLETES PARENT

ATHLETES

SPAR CUSTOMER SERVICE

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Today's Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Today's Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Today's Date



933 W. Parish Rd. Sulphur Louisiana 70663

Tel: (337) 721-3040

[www.sulphurparks.com](http://www.sulphurparks.com)

To: The Parents & Guardians and/or Responsible Party for All Swim Team Members

From: Sulphur Parks & Recreation

Subject: No Lifeguard Services Provided by SPAR to Swim Team Participants

The Sulphur Parks & Recreation (SPAR) & Aquatic Center is honored to have your children participating on an independent swim team that uses our facility. The dedication and commitment required to excel in the sport of swimming is remarkable, and SPAR is privileged to provide an avenue for their individual pursuit of excellence. However; during swim team practices and associated activities and because of the number of swimmers in the pool and the amount of activity in the water we will not provide lifeguard services to the competitive swimmers. The large number of swimmers and constant activity create situations where it is almost impossible for our lifeguards to provide effective lifeguard services to both the competitive and recreational swimmers. It is the responsibility of each team and each team's coaching staff to properly supervise and provide any needed lifeguard services to their participants. The parents of each swim team participant should satisfy themselves that they feel adequate safety practices are being followed to ensure their child's safety. Parents should meet with their coaches to verify the coach's safety methods and certifications that are used during training.

Even though SPAR lifeguards will not be safeguarding swim team members they will be in the building to be called on in case of an emergency. If you have any questions concerning this matter, please do not hesitate to contact us.

I have read and understand the lifeguard policy stated above and indicate such by my signature below. The names of my child or children if appropriate appear below:

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
My Signature

\_\_\_\_\_  
Date

## CONCUSSIONS AFFECT 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' healthcare 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 affect 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 healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's healthcare 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 healthcare 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 first, 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 healthcare provider.

To learn more, go to [cdc.gov/HEADSUP](https://cdc.gov/HEADSUP)



### Discuss the risks of concussion and other serious brain injuries with your child or teen, and have each person sign below.

Detach the section below, and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injuries.

☐ 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.

Athlete's Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Athlete's Signature: \_\_\_\_\_

☐ 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.

Parent or Legal Guardian's Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian's Signature: \_\_\_\_\_

# Concussion

## INFORMATION SHEET



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

### 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.



**Plan ahead.** What do you want your child or teen to know about concussion?

### 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.*



[cdc.gov/HEADSUP](https://cdc.gov/HEADSUP)