



SSCD Tryouts Registration

Swimmer Name

Age

_____	_____
_____	_____
_____	_____
_____	_____

Where was your last swimming lesson/experience received? _____

Have you ever been in swimming team before, if so which team ? _____

Parents/Legal Guardian's Name: _____

Contact Number: _____

Email Address (optional): _____

Parents/Legal Guardian's Signature: _____

Date: _____



SSCD Tryouts Registration

To arrange for a tryout/to assess your child's swimming ability and placement in the program, please fill out the form below. If you are currently a member of another USA Swimming team, we ask that you inform your current coach of your intent to try out for SSCD.

LIABILITY WAIVER

By registering my child(ren) or myself with the **South Snohomish County Dolphins**, I agree to participate (or allow my child(ren) and family members to participate) in the **South Snohomish County Dolphins**, and hereby release **South Snohomish County Dolphins**, its directors, officers, agents, coaches, and employees from liability for any injury that might occur to myself (or to my child(ren) and family members) while participating in the **South Snohomish County Dolphins** program, including travel to and from training sessions, swim meets or other scheduled team activities.

I agree to indemnify and hold harmless the above mentioned organizations and/or individuals, their agents and/or employees, against any and all liability for personal injury, including injuries resulting in death to me, my child(ren) and/or other family members, or damage to my property, the property to my child(ren) and/or other family members, or both, while I (or my child(ren) or family members) participating in the **South Snohomish County Dolphins** program.

Parents/Legal Guardian's Initial: _____

MEDICAL RELEASE

I certify that I am the parent or legal guardian for my child(ren). I hereby give my permission for any supervisor, coach or other team administrator associated with the **South Snohomish County Dolphins** to seek and give appropriate medical attention to myself or for my child(ren) in the event of accident, injury, illness. I will be responsible for any and all costs associated with any necessary medical attention and/or treatment.

I hereby waive, release and forever discharge **South Snohomish County Dolphins** and associated supervisor, coach or other team administrator from all rights and claims for damages, injury, loss to person or property which may be sustained or occur during my participation or for my child's(ren's) participation in **South Snohomish County**

Dolphins activities, whether or not damages or loss is due to negligence. I hereby acknowledge that I am and/or my child(ren) is (are) physically fit and capable of participation in all **South Snohomish County Dolphins** activities.

Parents/Legal Guardian's Initial: _____

LYSTEDT LAW HEAD CONCUSSION FORM

Athletes with the signs and symptoms of concussion must 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 athletes is the key for athlete safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion must be removed from the meet 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 its better to miss one meet or practice than miss the whole season. And when indoubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports>

*Adapted from the CDC and the 3rd International Conference on Concussion in Sport -
Document created 9/15/09*

Parents/Legal Guardian's Initial: _____
