

# Pleasant Ridge Piranhas Swim Team Registration

Circle one:      RESIDENT                      NON-RESIDENT

Parent /Guardian Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Child 1 First Name: \_\_\_\_\_ Child 1 Last Name: \_\_\_\_\_

Child 1 Birthdate: \_\_\_\_\_ Sex:    M      F    Allergies: \_\_\_\_\_

Shirt Size    YS    YM    YL    AS    AM    AL    AXL    |    Unisex Crew    Ladies V-Neck

Child 2 First Name: \_\_\_\_\_ Child 2 Last Name: \_\_\_\_\_

Child 2 Birthdate: \_\_\_\_\_ Sex:    M      F    Allergies: \_\_\_\_\_

Shirt Size    YS    YM    YL    AS    AM    AL    AXL    |    Unisex Crew    Ladies V-Neck

Child 3 First Name: \_\_\_\_\_ Child 3 Last Name: \_\_\_\_\_

Child 3 Birthdate: \_\_\_\_\_ Sex:    M      F    Allergies: \_\_\_\_\_

Shirt Size    YS    YM    YL    AS    AM    AL    AXL    |    Unisex Crew    Ladies V-Neck

\_\_\_\_\_ @ \$195.00      **Resident** Swim Team Registrations                      TOTAL                      \$ \_\_\_\_\_

\_\_\_\_\_ @ \$175.00      **Resident** Pre-Team Registrations                      TOTAL                      \$ \_\_\_\_\_

\_\_\_\_\_ @ \$170.00      2nd, 3rd, etc. **Resident** Children                      TOTAL                      \$ \_\_\_\_\_

\_\_\_\_\_ @ \$310.00      **NON-Resident** Swim Team Registrations                      TOTAL                      \$ \_\_\_\_\_

\_\_\_\_\_ @ \$300.00      **NON-Resident** Pre-Team Registrations                      TOTAL                      \$ \_\_\_\_\_

\_\_\_\_\_ @ \$295.00      2nd, 3rd, etc. **NON-Resident** Children                      TOTAL                      \$ \_\_\_\_\_

**Swimmers Subtotal                      SUBTOTAL                      \$ \_\_\_\_\_**

*These passes are for the non-resident swim team kids. The passes do not include entry for the swimmer's family. The passes do not include guest privileges. The passes are not recommended for swimmers who require adult supervision at the pool. They are optional to purchase.*

**OPTIONAL**

\_\_\_\_\_ @ \$175.00      **NON-Resident Swim POOL PASSES (1st pass)**                      TOTAL:                      \$ \_\_\_\_\_

\_\_\_\_\_ @ \$150.00      **NON-Resident Swim POOL PASSES (multiple)**                      TOTAL                      \$ \_\_\_\_\_

**Optional Membership Subtotal                      SUBTOTAL                      \$ \_\_\_\_\_**

**GRAND TOTAL                      TOTAL                      \$ \_\_\_\_\_**

I absolve and hold harmless the City of Pleasant Ridge, their employees, officers, or agents from any liability which may result from my participation in the above activity (is). I give my permission for the minor(s) listed above to participate in those activities as well as to receive any necessary emergency medical treatment. I understand that the City of Pleasant Ridge has no obligation to supervise my child (ren) at the close of the above activities, and I release the above-named agencies, their officers, employees, and agents from any liability resulting from any lack of supervision of my child(ren) at the close of the above activities. Participants in activities sponsored by the City of Pleasant Ridge may be photographed and such pictures may be used to publicize the city's programs.

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

Make checks payable to:    City of Pleasant Ridge

**NO REGISTRATIONS WILL BE ACCEPTED AFTER MAY 15**

# PARENT

## CODE OF CONDUCT 2016

1. I will remember that children participate to have fun and that I will not force my child to participate.
2. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
3. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all swimmers, coaches, officials and meet spectators.
4. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, swimmer or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
5. I will not encourage any behaviors or practices that would endanger the health and well being of the athletes.
6. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
7. I will demand that my child treat other swimmers, coaches, officials and meet spectators with respect regardless of race, creed, color, sex or ability.
8. I will never ridicule or yell at my child or other participant for making a mistake or losing a race.
9. I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.
10. As a parent, I will not coach or instruct the team or any swimmer at a practice or meets (from the stands or any other area) or interfere with coaches on the pool deck.
11. During competitions, questions or concerns regarding decisions made by meet officials are directed to a member of our coaching staff. Parents address officials via the coaching staff only.

**I understand that any violation of this code of conduct will be cause for dismissal, suspension, or permanent expulsion from meets and practices.**

X \_\_\_\_\_

Signature of Parent/Guardian Date

\_\_\_\_\_  
Print name

X \_\_\_\_\_

Signature of Parent/Guardian Date

\_\_\_\_\_  
Print name

# SWIMMER

## CODE OF CONDUCT 2016

### **You are always expected to:**

- Cheer on your teammates at practices and especially at meets
- Be polite to parents, teammates, coaches and other swimmers
- Display good sportsmanship at all times
- Show Piranha pride!
- Be on time
- Have fun!

### **Unacceptable behavior includes:**

- Rude, mean, belittling or unsupportive comments to other swimmers, even on other teams
- Rude comments or back-talking to any coach or parent
- Pushing, hitting, kicking or otherwise striking another swimmer in any way
- Swearing and inappropriate language
- Refusing to follow direction of coaches during practice or meets
- Disrespecting or trashing the PR pool, Ferndale High School or any other practice or meet facility

### **Any violation of this code of conduct will result in:**

- First offense/violation: Verbal Reprimand/Warning.
- Second offense/violation: Five-minute time out.
- Third offense/violation: Suspension from balance of practice, but team member must remain on pool deck until end of practice when Coaching Staff will notify parent of offense.
- Fourth offense/violation: Suspension from balance of practice, but team member must remain on pool deck until end of practice when parent will be notified of offense plus team member will be suspended from next practice.

X \_\_\_\_\_  
Signature of Swimmer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

Pleasant Ridge Swim Team  
Medical Information/History Form

This information will be provided only to the coaching staff and medical personal (if an emergency should occur).

Please list any medical history including allergies, medications being taken and any medical conditions to which a physician should be alerted if necessary.

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone No.: \_\_\_\_\_

1. Allergies \_\_\_\_\_

2. Will child be taking any medications (including inhalers): \_\_\_\_\_

If yes, please indicate types and effects on child: \_\_\_\_\_  
\_\_\_\_\_

3. Medical Conditions (i.e. asthma): \_\_\_\_\_  
\_\_\_\_\_

4. Does your child have a physical disability about which the coaches need to be aware of for instruction modifications or emergency purposes: \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

5. Does your child have any accommodations in the educational setting which would be beneficial for the coaches to be aware of for instruction modification (anxiety, autism, auditory processing)? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Is there any other information the coaching staff needs to know? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# PARENT & ATHLETE CONCUSSION INFORMATION SHEET



## WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly 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 CONCUSSION?

Signs and symptoms of concussion can show up right after 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 concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

## DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

## SYMPTOMS REPORTED BY ATHLETE:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

## SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of 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 hit or fall
- Can’t recall events after hit or fall

Michigan Department  
of Community Health



Rick Snyder, Governor  
James K. Haveman, Director

▶ **“IT’S BETTER TO MISS ONE GAME  
THAN THE WHOLE SEASON”**

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the 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 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?

1. 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 a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

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STUDENT-ATHLETE NAME PRINTED

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STUDENT-ATHLETE NAME SIGNED

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DATE

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PARENT OR GUARDIAN NAME PRINTED

---

PARENT OR GUARDIAN NAME SIGNED

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DATE

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HEADS UP

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