

P.L.A.Y. Basketball
Competitive Youth Basketball League



**FOR YOUTH DEVELOPMENT
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY**

P.L.A.Y. Basketball – Participate & Learn At the YMCA

DESCRIPTION: This 8 week + playoffs COMPETITIVE Youth Basketball League is for boys and girls grades K-4. The league will be focused on developing basketball fundamentals while allowing the kids to experience healthy competition in a safe and fun environment in a 5v5 Full Court Format. All games will be at the YMCA of Greater Erie Downtown Branch and will have an assigned referee and scorekeeper. Top four teams from each division will make playoffs. All participants will receive a t-shirt.
***Co-Ed Divisions** must be a healthy mix of boys and girls.

DIVISIONS: K Co-Ed (3v3 Full Court) Grade 1-2 Co-Ed; Grade 3-4 Boys; Grade 3-4 Girls;

REGISTRATION DEADLINE: WED DEC 18TH, 2019

DATES: League Begins Week of: January 25th, 2020

PLAYOFFS: March 28th – Erie Insurance Arena

GAMES: Saturdays: 8:00am – 8:00pm;

FEE: K – 2nd Grade – \$50.00/Player
3rd & 4th Grade – \$55.00/Player

WHERE: YMCA of Greater Erie; Downtown Branch; 31 W 10th St., Erie, PA 16501; (814) 452-3261

CONTACT: Monica Olesnanik (814) 452-3261 x224; molesnanik@ymcaerie.org

PARENTS – THIS IS A TEAM REGISTRATION – PLEASE turn this form into your team’s COACH (or to your school office if they have a different policy) along with the registration fee. Then coach will then submit the forms, fees and roster for the TEAM!

****ALL INFORMATION MUST BE COMPLETED FOR EACH PLAYER for them to be eligible to participate.****

PLAYER’S INFORMATION

School: _____ Coach: _____

First Name (please print): _____ Last Name (please print): _____

Address: _____ City/State/Zip: _____

DOB: ____/____/____ Age (start of program): _____ Please circle: Grade: K 1 2 3 4; Male/Female;

T-Shirt: YOUTH SIZES: YS, YM, YL, YXL ADULT SIZES: S, M, L, XL;

PARENT’S INFORMATION

Parent(s) Name: _____ Email: _____

Cell Phone: _____ Cell Phone: _____

PLEASE CHECK IF YOU ARE **INTERESTED IN COACHING**.

- COACHES YOU WILL NEED TO SUBMIT THE FOLLOWING PRIOR TO THE START OF GAMES:
(ALL COACHES-assistants – anyone who will be on the bench will need the below paperwork on file prior to start of the league)
- YMCA Volunteer Paperwork; <https://www.ymcaerie.org/support/volunteer/volunteer-application/>
- Acts 33 & 34; YMCA (dated at least 1/1/17 or newer)
- FBI Clearance – (If you haven’t lived in PA for at least 10 years)

PLEASE CHECK IF YOU HAVE SIGNED & ATTACHED THE CONCUSSION FORM. (must be signed for player to participate.)

WAIVER/AGREEMENT & RELEASE: By signing this form I/parent or legal guardian fully and forever release, discharge and agree not to sue the YMCA of Greater Erie Association, it’s Downtown Branch nor their officers, directors, agents, employees, representatives, volunteers, league sponsors, or any other affiliated parties or persons associated with the YMCA of Greater Erie from any claims for injuries, damages or loss in any way associated with this activity. Signature also represents a guarantee that the participant will abide by all the rules set forth for this league and will display proper sportsmanship and respect to all people/organizations associated with this event. I/parent or legal guardian also give my consent that any photographs, videos, etc. of myself, my child, my team or my family may be used in promotional materials such as but not limited to brochures, newspaper releases and social media. I understand that I will not be given notice or reimbursed for such photographs.

By signing I/We agree that player’s age and grade level information is factual and accurate. I/We also agree to abide by all rules and regulations and code of conduct set forth by the YMCA of Greater Erie for the above listed league.

Parent/ Legal Guardian Signature

Date

***PARENTS MUST SIGN CONCUSSION PROTOCOL BEFORE PARTICIPANTS MAY PARTICIPATE.**

CONCUSSION Protocol & Understanding

PURPOSE: To provide a protocol for educating parents, coaches, and athletes on the signs and symptoms of concussions as well as outline the appropriate medical care needed if a concussion is suspected with an athlete. Parents of athletes are to sign annually a concussion information form which will outline sign/symptoms of concussion, appropriate follow up care and return to play guidelines.

WHAT IS CONCUSSION? A concussion is a disturbance in brain function by an indirect or direct force to the head that can happen anywhere. This results in a variety of non-specific signs or symptoms and does not necessarily involve the loss of consciousness. If any of the signs or symptoms are observed the athlete should stop participation and seek appropriate medical attention. Concussion should be suspected with the presence of any of the following but not limited to:

Headache	Unsteadiness (stumbling more than usual, slow movements, etc.)	Confusion (Inability to respond to questions appropriately)
Abnormal behavior/Change in Personality	Loss of Consciousness (if so, how long?)	Loss of Memory (if so, how long and before or after injury?)
Visible facial injury in combination with any/all of the above		

ANY ATHLETE EXPERIENCING ANY OF THE SYMPTOMS ASSOCIATED WITH CONCUSSION SHOULD IMMEDIATELY TELL THEIR COACHES & PARENTS

****ANY ATHLETE WITH A SUSPECTED CONCUSSION SHOULD BE REMOVED FROM PLAY****

Guidelines for Medical Care: The athlete should be evaluated by a licensed medical professional familiar with concussion treatment to determine if signs/symptoms are that of a concussion or another type of injury and for appropriate follow up managed care. It is strongly recommended an athlete stay out of practice or competition after being removed from play by their coach or an official even after a period of time the athlete says he/she is fine. The athlete should not return to sport until medically cleared by their medical professional. The athlete should be symptom free for at least 24 hours or longer before returning to sport, this will be dictated by his/her treating physician. It is recommended the athlete completes a progression of physical activity prior to returning to sport. If signs/symptoms return any progression the athlete must stop activity, be symptom free for 24 hours, then return to progression at previous step.

I/We hereby acknowledge I/We are aware of and understand the risk of a concussion while participating in athletics and the risks associated with continuing to participate in a sport after suffering from a concussion.

Parent's Signature _____ Date ____/____/____

Student/Athlete's NAME _____ Date ____/____/____

CONCUSSION QUICK REFERENCE GUIDE

***Concussion is suspected if one or more of the following symptoms or physical signs are present:**

Loss of Consciousness	Feeling Slowed Down	Seizure or convulsion	Feeling "In a Fog"
Difficulty with memory	Difficulty concentrating	Sensitive to noise/light	Blurred Vision
Balance Problems	Amnesia	Headache	Confusion
Neck Pain	Dizziness	Fatigue	Sadness
Irritability	Nausea		

MEMORY & COGNITIVE FUNCTION:

Failure to answer all of the following questions correctly may suggest a concussion:

- Which half/period is it now?
- Who scored last?
- What team did you play last game? (OR – for the younger athlete - What team do you play for?)
- Can you name the months in reverse order? (OR – for the younger athlete - What day today?)

BALANCE TESTING:

- Double-leg stance – hands on hips, eyes closed and maintain stability
- Single-leg stance – Stand on non-dominant foot. 30 degree of hip flexion and 45 degrees of knee flexion, hands on hips, eyes closed and maintain stability
- Tandem Stance – Stand heel to toes, hands on hips, eyes closed, maintain stability

*****If he/she makes more than 5 errors (lift hands off hips, opens eyes, step, stumble), concussion suspected*****

Any athlete with a suspected concussion should be IMMEDIATELY REMOVED FROM PLAY, be assessed medically, and should not be left alone