



## 2020 MYC Junior Race Team Registration

Sailor's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Grade Completed - June 2020: \_\_\_\_\_

Prior Sailing Experience: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Father's Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor/Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

### **To Register:**

- Select which events the sailor will attend on the Event Selection Form.
- For away regattas, parents are expected to help for at least one event – please indicate on form.
- Complete registration and Liability Waiver & Emergency Medical Treatment form.
- Complete the Concussion Awareness Form.
- Payment Options:
  - Personal Check
  - MYC Charge Account
  - Credit Card
  - Via PayPal on the MYC web site (indicate “JR Race Team” in the notes window)
- Submit completed forms and payment to:

***Sue Peters***

***Muskegon Yacht Club***

***3198 Edgewater***

***Muskegon, MI 49441***

***Phone: (231) 755-1414***

***Email: myc.sue@muskegonyachtclub.org***

**Muskegon Junior Racing Program and Muskegon Junior Sailing Association  
Liability Waiver and Emergency Treatment Authorization**

I/We the undersigned parent(s), or legal guardian of \_\_\_\_\_ (the child), a minor, hereby authorize the MYC Junior Racing Program and its officers and agents to take whatever actions they believe are warranted under the circumstances for the health and safety of the child, including the placing of the child in the care of a hospital and/or any licensed doctor, dentist or other health care professional. I/We further hereby authorize and consent to any x-ray, examination, anesthetic, surgical or other medical diagnosis, treatment or care (in or out of the hospital) of the child rendered by a licensed medical doctor, dentist or other health care professional, at my/our cost and expense. It is understood that this authorization is given in advance of any such diagnosis, treatment or care that may be provided to the child in order to give authority and power to render any such diagnosis, treatment or care which any such licensed doctor, dentist or other health care professional, in the exercise of his/her professional judgment, may deem advisable. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment or care may be provided to the child if the undersigned cannot be reached.

**Initials** \_\_\_\_\_

**Release**

The undersigned parent/guardian recognizes that an element of risk is involved in all water sports, including sailing. Therefore, to induce the MYC Junior Racing Program to accept his/her child into the MYC Junior Racing Program, the undersigned parent/guardian covenants and agrees to hold harmless and indemnify the MYC Junior Racing Program, the Muskegon Junior Sailing Association (MJSA), its officers, directors, employees, and agents from any and all claims, losses, damages, fees and liability growing out of or in any manner related to injury to a person or damage to any property arising out of or in anywise connected with the operation of the MYC Junior Racing Program or any activities on or the use of any facilities or equipment of the Muskegon Yacht Club, MYC Junior Racing Program or Muskegon Junior Sailing Association.

**Initials** \_\_\_\_\_

**Photographic Release**

I hereby acknowledge that my child may be photographed while participating in MYC Junior Racing Program activities and/or programs; I hereby unconditionally authorize MYC Junior Racing Program or the Muskegon Junior Sailing Association, at its sole discretion, to use any such photographs in brochures, flyers and any other advertising, promotional or educational materials.

**Initials** \_\_\_\_\_

**Parent Agreement**

I/We understand that I/we are responsible for our child's or grandchild's behavior and conduct while engaging in MYC Junior Racing Program activities and will see to it that our child adheres to the program rules. I/We agree to assume the obligation for expenses of repair and/or replacement of program equipment that is **attributed to our child's reckless or irresponsible behavior** and the expense of medical care if our child is injured. I/We agree to make an appointment for a parent/instructor or director conference if requested.

**Initials** \_\_\_\_\_

X \_\_\_\_\_  
**Signature of Father, Mother or Guardian** **Date**

**Medical Information**

Please check any items that apply. Use the space below or the back of the form for any additional details.

- |  |  |
|--|--|
| <input type="checkbox"/> Asthma                | <input type="checkbox"/> Heart Condition     |
| <input type="checkbox"/> Epilepsy/Seizures     | <input type="checkbox"/> Blood Disorder      |
| <input type="checkbox"/> Diabetes/Hypoglycemia | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Hearing Aids          | <input type="checkbox"/> Allergies _____     |
| <input type="checkbox"/> Eyeglasses            |  |

## 2020 MYC JUNIOR RACING EVENT SELECTION FORM

Sailor name: \_\_\_\_\_

\* Please select the entry type for all events your sailor wishes to attend.

\* Please note that all boat charters are subject to the approval of the Junior Director and will be assigned based upon experience.

\* The MYC Coaches will assign specific boats & sail numbers to each Junior Race Team member.

\* Parents of Junior Race Team members may be held responsible for damage that occurs to boats while their child is racing them.

<b>WEDNESDAY RACE TEAM PRACTICES AT MYC (9 weeks total)</b>	<b>3:00pm-5:30pm</b>	<b>June 17-Aug 12</b>	<b>\$80</b> _____	<i>one time fee for entire summer</i>
---	----------------------	-----------------------	-------------------	---------------------------------------

<b>ONE WEEK RACE CAMP &amp; Volunteer Instructor Training June 15-18</b>	<b>June 15-18</b>	<b>\$100</b> _____
--	-------------------	--------------------

<b>SATURDAY REGATTAS AT MYC</b>	<b>SAILOR OWNS</b>	<b>SAILOR &amp; OPTI</b>	<b>SAILOR &amp; BUTTERFLY</b>
August 15 Ulrich Memorial Regatta	\$10 _____	\$25 _____	\$25 _____

\* Parents of Junior Race Team members are expected to help put the boats away for the winter at the end of this regatta.

<b>WEST MICHIGAN YOUTH SAILING REGATTAS</b>	<b>SAILOR OWNS THEIR BOAT</b>	<b>SAILOR &amp; OPTI CHARTER</b>	<b>SAILOR &amp; BUTTERFLY CHARTER</b>	<b>SAILOR &amp; LASER CHARTER</b>	<i>parent will help the team travel</i>
June 26 at Macatawa Bay Yacht Club	\$25 _____	\$65 _____	\$65 _____	\$75 _____	_____
July 10 at Spring Lake Yacht Club	\$25 _____	\$65 _____	\$65 _____	\$75 _____	_____
July 24 at Muskegon Yacht Club	\$25 _____	\$65 _____	\$65 _____	\$75 _____	_____
July 31 at White Lake Yacht Club	\$25 _____	\$65 _____	\$65 _____	\$75 _____	_____

<b>BUTTERFLY NATIONALS REGATTA July 14-16 at Spring Lake YC</b>	<b>BUTTERFLY CHARTER</b>
Total 3 day boat charter fee only - additional entry fees may apply <i>Sailors may need to provide secure transport of boats to/from Spring Lake</i>	\$150 _____

<b>WMYA WESTERNS REGATTA Aug 6-9 at Torch Lake YC</b>	<b>OPTI CHARTER</b>	<b>BUTTERFLY CHARTER</b>	<b>LASER CHARTER</b>
Total 4 day boat charter fee only - additional entry fees may apply <i>Sailors will need to provide secure transport of boats to/from Torch Lake</i>	\$200 _____	\$200 _____	\$250 _____

<b>US SAILING JUNIOR OLYMPICS October 9-11 at Macatawa Bay</b>	<b>OPTI CHARTER</b>	<b>LASER CHARTER</b>
sailors will need to provide secure transport of boats to and from Macatawa Bay Yacht Club <i>Sailors will need to provide secure transport of boats to and from Macatawa Bay Yacht Club</i>	\$100 _____	\$150 _____

# 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.

---

STUDENT-ATHLETE NAME PRINTED

---

STUDENT-ATHLETE NAME SIGNED

---

DATE

---

PARENT OR GUARDIAN NAME PRINTED

---

PARENT OR GUARDIAN NAME SIGNED

---

DATE

JOIN THE CONVERSATION  [www.facebook.com/CDCHeadsUp](http://www.facebook.com/CDCHeadsUp)



HEADS UP

TO LEARN MORE GO TO >> [WWW.CDC.GOV/CONCUSSION](http://WWW.CDC.GOV/CONCUSSION)

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).