

Parents,

Many forms of unsportsmanlike conduct and egregious behaviors have become increasingly more pervasive in all youth sport leagues across the nation. To counteract this growing problem, the Chambersburg Recreation Department is emphasizing its support of the participants in our leagues through an approach summarized by the acronym **S.C.O.R.E.** - **S**kills, **C**haracter, **O**pportunity, **R**esults of Lasting **V**alue and **E**njoyment.

<b>Skills</b>	Success is measured by skill improvement at all levels of ability rather than just winning.
<b>Character</b>	Personal development, reaching personal goals, learning "good sportsmanship" are encouraged.
<b>Opportunity</b>	All children involved will have an equal opportunity to play, including those of varying skill levels.
<b>Results</b>	Results of lasting value such as responsible behavior, teamwork, leadership skills and an appreciation for health and fitness are most important.
<b>Enjoyment</b>	A love of the game is fostered in a fun and enjoyable environment. Participating in sports should be anticipated not dreaded.

To put these ideas into practice the cooperation of all involved, especially you, the greatest role model for your child, will be important. *If they see you supporting the ideas of S.C.O.R.E., they will be able to see that Sports can be Fun and will more likely enjoy and learn from their experiences.*

**We are asking that you, as parents (and coaches), model and pledge to accept the following responsibilities:**

1. I will model the behavior I wish to see in my child.
2. I will identify success by my child's level of effort, not the score of the game.
3. I will only yell **positive encouragement** from the sidelines.
4. I will not question or comment on a coach or referee's decision during a game. If I have questions, I will address them appropriately after the game.

**Failure to adhere to these standards could result in the following:**

- 1<sup>st</sup> Offense - Warning / possible suspension from the next game
- 2<sup>nd</sup> Offense - Suspension for the remainder of the season

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**Please read the following information so you are adequately prepared for the Basketball Season:**

- All participants must wear non-marking soled shoes.
- All participants must wear their team's required jersey.
- Please arrive no earlier than 10-minutes prior to the start of your game.
- Drinks and food ARE NOT PERMITTED in the gym.
- Please only cheer encouragingly or you may be asked to leave the premises.
- Smoking in and around the entrance to the building is prohibited.
- In the event of inclement weather / game cancellation:
  - A decision will be made concerning games by 4 PM. We do not follow the Chambersburg Area School District cancellations.
- Inclement Weather / Game Cancellation Information:
  - Coaches will receive an email, by indicated times, when games are cancelled.
    - Coaches will notify players / parents of cancellations.
  - We will do our best to post on social media.
    - Facebook: @ChambersburgRecreationDepartment
    - Instagram: @Cburgrec
    - X (Twitter): @ChambersburgRec
- Should you experience any problems with other parents, please contact the Rec Department at 717-261-3275 or email chambersburgrec@chambersburgpa.gov.

# Participant's Permission Slip and Parents' Pledge of Conduct

[Please return this page to the Recreation Department at time of registration](#)

This form grants \_\_\_\_\_ (player's name) permission to participate in the Chambersburg Recreation Department's Senior Church Basketball League. I am aware that participation in this type of recreational activity may result in injury. I (we) agree that the Borough of Chambersburg, its representative(s), and/or all other organizations and individuals connected with sponsoring or conducting this event will not be held liable for any injury or accident that may occur.

**\*I have read and understand the principles of S.C.O.R.E. and pledge to adhere to the standards set forth by the Recreation Department thus helping to provide a great sports experience for my child.**

\_\_\_\_\_  
Signature of Parent/Guardian                      Date                      Home Phone                      Work Phone

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

Circle Residency:    Borough                      Guilford                      Greene    Hamilton                      Letterkenny                      Lurgan                      Other

M \_\_\_\_\_ F \_\_\_\_\_

\_\_\_\_\_  
School Name                      Grade                      Date-of-Birth                      Age

**Did you receive the following forms? Parent Letter/Pledge of Conduct: Yes / No    League Info Sheet: Yes / No    Concussion Awareness Info: Yes / No**

## Youth Sports Emergency Information

Parents – Please complete both sections as one stays with the coach and the other goes to the Rec Dept

Players Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Please circle township in which you reside:

Borough    Greene    Guilford    Hamilton    Letterkenny    Lurgan    Other

Allergies \_\_\_\_\_

Any other medical condition of which we should be aware: \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

In the event of an emergency, please contact the following individuals:

1. Name \_\_\_\_\_ Phone before 5:00 PM \_\_\_\_\_ after 5:00 PM \_\_\_\_\_

2. Name \_\_\_\_\_ Phone before 5:00 PM \_\_\_\_\_ after 5:00 PM \_\_\_\_\_

In the event of an emergency we will first attempt to contact parents/guardians and then the persons listed as emergency contacts. If any of the above listed persons cannot be reached, we will then seek ambulance attention at our discretion.

Parent/Guardian's Signature \_\_\_\_\_ Date \_\_\_\_\_

# 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.*



## 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://www.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: \_\_\_\_\_