

## EAST BAY SWIM LEAGUE APPLICATION

TEAM: \_\_\_\_\_ FAMILY LAST NAME: \_\_\_\_\_ YEAR: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_

Welcome to the East Bay Swim League (EBSL)! Please list, **in order of birth date**, the following information for each swimmer. **New Swimmers** must attach 1 copy of their birth certificate to the application.

Returning  New  
 First Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age as of 6/1: \_\_\_\_\_ Sex:  F  M

Returning  New  
 First Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age as of 6/1: \_\_\_\_\_ Sex:  F  M

Returning  New  
 First Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age as of 6/1: \_\_\_\_\_ Sex:  F  M

Returning  New  
 First Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age as of 6/1: \_\_\_\_\_ Sex:  F  M

### PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Has any swimmer participated in a USS competitive swim program in the past *24 months, counting back from December 31<sup>st</sup>*? If you answer is YES, please provide a complete listing of all competitive swim teams you have participated in using the table below. Also, if the answer is YES, please see the team registrar or President.  
 Check One:  YES  NO
2. Has any swimmer participated in ANY competitive swim program (excluding scholastic programs) from 1/1 to 3/31 of this year? If the **answer is YES, stop and read the attached eligibility rules**. YOU ARE INELIGIBLE TO SWIM IN THE EBSL.  
 Check One:  YES  NO
3. Has any swimmer participated in a stroke and turn clinic during the months of January, February, and/or March of this year? If YES, please complete the table below. If the swimmer participated in more than 15 total hours per month, he/she is ineligible to swim in the EBSL.  
 Check One:  YES  NO

Swimmer's Name	Clinic Name	List Total # of Hours and Dates

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4. **ONLY NEW swimmers 18 years old need to fill in:** If the swimmer is 18 years old, prior EBSL experience **MUST** be listed. If swimmer does not have any prior EBSL experience, he/she is ineligible to swim in the EBSL.

Swimmer's Name	Team Name	Dates of Participation

**Before submitting this application, please read the “Swimmer Eligibility” rules below. By signing this application, you are verifying that all information is true and correct. Please be sure that you understand the penalties of submitting an application with false information.**

### East Bay Swim League Rules & Regulations

#### **Rule 3 (Team Personnel “Swimmer’s Eligibility”), Section 2 (Revised 1/17)**

Article 5: A swimmer who is a current EBSL league member or applying for the first time and has no prior competitive swim experience (excluding EBSL), is allowed to participate in a USS/ (any competitive) swim program for a trial period.

- a) The trial period is between the **completion of the EBSL League Championship Meet and December 31 of the same year.**
- b) Participation in a USS/ or any competitive swim program after December 31st qualifies the swimmer as **“a swimmer with prior swim experience.”** (See Rule 3, Sec. 2, Art. 6)

Article 6: Swimmers with prior USS/ (or any competitive swim program not including EBSL) experience applying or reapplying to the EBSL.

- a) Any swimmer participating in the USS/ (or any competitive swim program not including EBSL) after January 1 will be ineligible to swim in the EBSL that calendar year.
- b) Any USS/ (or any competitive swim program, not including EBSL) competitor who has exceeded the December 31 deadline (see Rule 3, Section 2, Article 5) is ineligible to participate in the EBSL for one EBSL season after they have completed or trained in a competitive program. The swimmer must have quit the USS/ (or any competitive swim program) before June 1 of the previous EBSL season.

Article 7: Swimmers may swim in a “Stroke and Turn Clinic” (not a workout, nor competitive swimming) during the months of January, February, and March not to exceed a total 15 hours/month total water time during this period. From April 1<sup>st</sup> to Championships, 10U swimmers may participate in clinics if they need to learn how to swim. Swimmers of any age may participate in one week swim camps.

### PENALTIES

1. For an individual submitting a false League application affecting eligibility: disqualification for the season.
2. For an individual swimming without a League application on file: disqualification for the meet(s) in which the swimmer has participated.

Swimmer Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (If you are 18 or your team requires a swimmer signature)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Verification of New Swimmer’s Birth Certificate

\_\_\_\_\_  
 Team President Signature

\_\_\_\_\_  
 Date

## EBSL • Concussion Information Sheet

### WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a "ding," "getting your bell rung" or what seems to be a mild bump or blow to the head can be serious. You can't see a 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 your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

### WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

#### Signs Observed by Parents or Guardians

*If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:*

- 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 behavior or personality changes
- Can't recall events prior to or after hit or fall

#### 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
- Does not "feel right"

### HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

- Every sport is different, but there are steps your children can take to protect themselves from concussion.
- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly. Learn the signs and symptoms of a concussion.

### WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

- **Seek medical attention right away.** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
- **Keep your child out of play.** Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent damage, affecting your child for a lifetime.
- **Tell your child's coach about any recent concussion.** Coaches should know if your child had a recent concussion in ANY sport. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

### WHAT IS THE PROCEDURE FOR A SUSPECTED CONCUSSION?

- Any athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from the activity at that time and for the remainder of the day.
- Any athlete who has been removed 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 has received a written clearance to return to play from the health care provider.

### LET YOUR CHILD'S COACH KNOW RIGHT AWAY IF YOU SUSPECT YOUR CHILD HAS A CONCUSSION!

*Adapted from the CDC. For more information you can go to: <http://www.cdc.gov/ConcussionInYouthSports>*

***I have read and understand the information on the EBSL Concussion Information Sheet:***

\_\_\_\_\_  
Player Name Printed

\_\_\_\_\_  
Player Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Name Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date