

JEFFERSON COUNTY PARKS AND RECREATION

2026-27 YOUTH BASKETBALL LEAGUES

Registration Deadline – OCTOBER 30th

PEE-WEE

(Pre-K-Kinder) in One Division

May be combined league pending sign ups

- \$65 includes a custom cotton tee shirt.
- Pre-K and Kinder intro to basketball- skill building, fun play, and great exercise!!
- Weekday practices start during the week of Nov. 9th -TBA
- Games are played on Saturdays.
- First games are scheduled for Dec. 5th.
- No events scheduled over the holidays.
- Coaches are referees.
- Teams are CO-ED.
- *Concussion Information Form attached- please read carefully*

JR. HOOPS

1st - 6th Grades in Three Divisions

- \$75 (1st & 2nd) includes a custom cotton t-shirt.
- \$105 (3rd & 4th) & (5th & 6th) includes a numbered, reversible polyester jersey. ~ *If you have your jersey from last season, please deduct \$30*
- Weekday practices start during the week of Nov. 9th -TBA
- Games are played on Saturdays.
- First games are scheduled for Sat. Dec. 5th.
- No events scheduled over the holidays.
- *Concussion Information Form attached- please read carefully*



www.countyrec.com



HOW TO REGISTER

****ONLINE PAYMENT OPTION!!****

(Credit Card payment—online only) Register online at CountyRec.com and view the CART to check out with a major credit card (a non- refundable 3% credit card fee will apply). **OR** Register by mail; mail a check with your completed registration form to Jefferson County Public Works, 623 Sheridan St., Port Townsend, WA 98368.

check or cash ONLY.

Please make checks payable to Jefferson County Parks and Recreation

***REGISTRATION FORMS RECEIVED AFTER OCTOBER 30th WILL BE PLACED ON A WAITING LIST AND A \$10 LATE FEE WILL APPLY**

SAVE MONEY- DON'T WAIT UNTIL THE DEADLINE - HELP US PLAN AHEAD!

_____ Yes, I added \$5 (or other amount \$ _____) to go towards the scholarship program

Cash Amount: _____ Check Amount: _____ Check Number: _____

*Fee includes tax, please make checks payable to **Jefferson County Parks and Recreation**

WE NEED COACHES

YES, I WOULD LIKE TO BE A VOLUNTEER COACH

Name _____

Phone _____

Email: _____

**All Park and Recreation volunteers working with youth must pass a background check. Please go to www.countyrec.com to download a background check form or stop by the Public Works office 623 Sheridan St. in PT. (Bring two forms of I.D.) All Jefferson County Parks and Recreation Volunteers must submit this form at least two weeks prior to events

COACHES ONLY MEETING DATES

Pre-K/Kinder- Wednesday, November 4th: 5:30pm

1st & 2nd- Wednesday, November 4th: 5:30pm

3rd & 4th- Wednesday, November 4th: 6:30pm

5th & 6th- Wednesday, November 4th: 6:30pm

Meeting Information: Port Townsend Rec Center, 620 Tyler Street. Get your team rosters & equipment. Learn league details. Meet the other coaches. Get ready!

*******PLEASE TURN PAGE OVER and sign waiver on the back*******

For Assistance with This Form Please Contact Chris Macklin or Sam Miller 385-2221 or see CountyRec.com
Assumption of Risk, Release of Liability -Recreation Youth Basketball 2026-27

(Please print clearly, Thank you)

Participant Name _____ Age _____ Grade(Fall'26) _____ M _____ F _____ Birthday _____

Mailing Address _____ City _____ Zip _____

Parent/Guardian One First Name _____ Last _____

Parent/Guardian Two First Name _____ Last _____

Contact Phone _____ Alternate Phone _____ E-mail _____

Emergency Contact _____ Phone _____

Allergies/Special Needs _____ If yes, what _____

Jersey Size (please circle one): Youth Sizes- YXS YS YM YL YXL Adult Sizes- AS AM AL AXL AXXL

~ Assumption of Risk, Release of Liability and Consent to Participate~ Please read carefully ~

1. All participants are advised that Jefferson County Parks and Recreation Programs (JCPR) may involve some strenuous physical activity. Some (such as sports, games, drills, climbing, hiking, swimming, or running), present a risk of injury higher than that which people normally face in their everyday lives. This risk of injury cannot be wholly relieved by any preventive measures, whether restrictive rules, training, equipment or personal discipline. The decision whether to engage in any particular activity that forms part of the overall program shall be entirely the participants. Participation in the program in no way obligates anyone to engage in any activity they do not feel they can accomplish.
2. On behalf of my minor child, (or on my own behalf, if an Adult Participant), I expressly acknowledge my full understanding of the risks of injury, including serious injury, disability or death that arise from participation in the JCPR Program. I acknowledge that I have had full opportunity to discuss the nature and extent of these risks with officials of the JCPR in order to inform myself fully on this subject. Based on that full understanding, I freely and knowingly assume all such risks, whether specifically known and unknown. I accordingly assume full and sole responsibility for my (or my minor child's) participation in the JCPR Program. I understand that I must report any existing medical, physical or mental condition which may affect my ability, or the ability of my minor child, to participate in JCPR Program, to the group leader before the program commences.
3. On behalf of myself and on behalf of my minor child (to the extent allowed by law), I hereby release and forever discharge JCPR, and all of the employees, officers, volunteers or agents of those entities, including as well any third-party sponsors of JCPR but not limited to damage to property, personal injury, disability or death, resulting from my or my minor child's involvement in any aspect of the JCPR Program. This release applies whether the alleged injuries or damages arise from the negligence of any of the parties released in the previous sentence on not, to the fullest extent allowed by law.
4. To the fullest extent allowed by law, I, for myself and/or my minor child, and for any of our respective heirs, assigns, personal representatives and next of kin, hereby agree to indemnify and hold harmless all the parties released in Article 3 hereof from and against any and all liabilities arising from my participation in the JCPR Program. This undertaking to provide indemnity shall apply to the fullest extent allowed by law, even if the liability asserted against any of the indemnified parties arises wholly or partially from that party's negligence.
5. On behalf of myself and on behalf of my minor child, we have read and understand the attached **Concussion Information Sheet**, also available on the Jefferson County Parks and Rec website (www.countyrec.com) or available at the Rec Center, 620 Tyler Street or the Public Works Office, 623 Sheridan Street in Port Townsend.

I HAVE READ THIS ASSUMPTION OF RISK, RELEASE OF LIABILITY AND CONSENT. I FULLY UNDERSTAND ITS TERMS AND THAT BY MY SIGNATURE I GIVE UP CERTAIN RIGHTS I MIGHT OTHERWISE HAVE UNDER LAW. I hereby consent to allow my child to participate in the JCPR Program under the terms as set forth in this Assumption of Risk, Release of Liability and consent Agreement. The JCPR Program for which this consent is given is called and is the **County Rec Youth Jr. Hoops Basketball Program 2026-27**.

Signature of Parent or Guardian

Date

PHOTOGRAPH – VIDEO CONSENT

I hereby grant permission for myself or my child to be photographed or videotaped, without compensation, by JCPR, understanding that the same is intended for publication by print media, INTERNET, newspaper, television, video or motion picture. I additionally consent to the use of my name in connection with the publication of photographs/video taken of me.

Signature of Parent or Guardian

Date

Dear Families:

Please find below our Concussion Information Form. **Please go over this information with your participant(s)** Thank You, Rec Staff



Jefferson County Parks and Recreation Jr Hoops Basketball League

Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

• Headaches • “Pressure in head” • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns	• Amnesia • “Don’t feel right” • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/comment
• Appears dazed • Vacant facial expression • Confused about assignment • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily or displays in-coordination • Answers questions slowly	• Slurred speech • Shows behavior or personality changes • Can’t recall events prior to hit • Can’t recall events after hit • Seizures or convulsions • Any change in typical behavior or personality • Loses consciousness

What can happen if my child keeps on playing with a concussion or returns to soon?

Adapted from the CDC and the 3rd International Conference on Concussion in Sport
Document created 6/15/2009

Concussion Information Sheet

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, Coaches, parents and students is the key for student-athlete’s safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new “Zackery Lystedt Law” in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time”

and

“...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 received written clearance to return to play from that health care provider”.

You should also inform your child’s coach if you think that your child may have a concussion. Remember it’s better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

Adapted from the CDC and the 3rd International Conference on Concussion in Sport
Document created 6/15/2009