

The City of Parma Recreation Department in Partnership with the Parma City Schools will be hosting



PARMA PRIDE



ADAPTIVE SPORTS & RECREATIONAL ACTIVITIES

@ PLEASANT VALLEY ELEMENTARY SCHOOL * 9906 W. PLEASANT VALLEY ROAD

THIS SESSION WILL BE FOCUSING ON BASKETBALL/RACQUET SKILLS

This **FREE** program is offered to individuals with special needs that may benefit from an adapted recreation program. Parma Pride, directed by Greg Karaffa, offers a variety of sport-related activities that are fun and adapted to fit the needs of those individuals that want to learn and develop additional skills.

We will strive to make this a successful and *enjoyable* experience for our youth participants Preschool through adult. We hope to build motor skills as well as a strong understanding of all the activities involved. Parents or a family member are encouraged to participate alongside their athlete so the skills can be utilized at home and in the community.

GRADES PRESCHOOL – 4TH
From 5:30 p.m. – 6:30 p.m.

GRADES 5TH – 12TH PLUS
From 6:45 p.m. – 7:45 p.m.

SESSIONS DATES:

Thursday, March 12th / Thursday, March 19th / Thursday, March 26th / Thursday, April 2nd

Please complete registration no later than **Monday, March 9, 2026**. The options to register are as follows:

- 1) Register on-line @ activenet.active.com/paramarec
- 2) Mail to Parma Recreation Department, 7335 Ridge Road – Parma, Ohio 44129
- 3) Drop off during Recreation hours between 8:30 a.m. until 4:30 p.m. Monday thru Friday.
- 4) Drop off at the DROP-OFF BOX by front entrance of the Recreation Building (7335 Ridge Road)

For any questions, please contact the Parma Recreation Department at 440-885-8144.

SELECT THE APPROPRIATE CLASSIFICATION:

Grades Preschool – 4th Grade

Grades 5th – 12th +

If Child is new to the program:

PLEASE CIRCLE SHIRT SIZE: YOUTH: S M L ADULT: S M L XL XXL

****If your child has a BLUE SHIRT WITH GREY LETTERING ALREADY, no new shirt will be needed***

Students Name: _____
(Please Print Clearly)

Address: _____

City: _____ Zip: _____ Phone: _____

Email Address _____ D.O.B.: _____

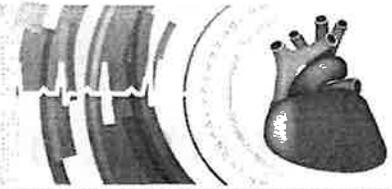
Age: _____ Grade: _____ School Attending: _____

I understand that the Recreation Department, their employees, volunteers, independent contractors or sponsors WILL NOT be held responsible for any injuries suffered on or off the premises or while en route to or from the activities affiliated with City Recreation programming. I shall be personally responsible for any and all medical and hospital fees and expenses that may be incurred. I understand that NO supplemental insurance is offered. I understand this application may authorize representatives of Parma Recreation Department to seek emergency medical care for the child named above. As such, I also agree to allow the Parma Recreation Department to obtain medical services for my child if the need arises and I can not be reached for emergency care. I understand and agree that the City of Parma shall be allowed to take photographs, videos and or/write stories, of events related to the above-mentioned activity. The above-named participant may appear in said videos, photographs and stories and is not entitled to any other consideration besides being able to participate in said activity. Any falsification of information on this registration form could result in forfeiture of the activities.

(Parent/Guardian Signature)

PLEASE COMPLETE LINDSEY LAW FORM ON BACK

Sudden Cardiac Arrest and Lindsay's Law Parent/Athlete Signature Form



What is Lindsay's Law? Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. It covers all athletes 19 years or younger who practice for or compete in athletic activities. Activities may be organized by a school or youth sports organization.

Which youth athletic activities are included in Lindsay's law?

- Athletics at all schools in Ohio (public and non-public)
- Any athletic contest or competition sponsored by or associated with a school
- All interscholastic athletics, including all practices, interschool practices and scrimmages
- All youth sports organizations
- All cheerleading and club sports, including noncompetitive cheerleading

What is SCA? SCA is when the heart stops beating suddenly and unexpectedly. This cuts off blood flow to the brain and other vital organs. People with SCA will die if not treated immediately. SCA can be caused by 1) a structural issue with the heart, OR 2) a heart electrical problem which controls the heartbeat, OR 3) a situation such as a person who is hit in the chest or a gets a heart infection.

What is a warning sign for SCA? If a family member died suddenly before age 50, or a family member has cardiomyopathy, long QT syndrome, Marfan syndrome or other rhythm problems of the heart.

What symptoms are a warning sign of SCA? A young athlete may have these things with exercise:

- Chest pain/discomfort
- Unexplained fainting/near fainting or dizziness
- Unexplained tiredness, shortness of breath or difficulty breathing
- Unusually fast or racing heart beats

What happens if an athlete experiences syncope or fainting before, during or after a practice, scrimmage, or competitive play? The coach **MUST** remove the youth athlete from activity immediately. The youth athlete **MUST** be seen and cleared by a health care provider before returning to activity. This written clearance must be shared with a school or sports official.

What happens if an athlete experiences any other warning signs of SCA? The youth athlete should be seen by a health care professional.

Who can evaluate and clear youth athletes? A physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist, certified nurse midwife. For school athletes, a physician's assistant or licensed athletic trainer may also clear a student. That person may refer the youth to another health care provider for further evaluation.

What is needed for the youth athlete to return to the activity? There must be clearance from the health care provider in writing. This must be given to the coach and school or sports official before return to activity.

All youth athletes and their parents/guardians must view the Ohio Department of Health (ODH) video about Sudden Cardiac Arrest, review the ODH SCA handout and then sign and return this form.

Parent/Guardian Signature

Student Signature

Parent/Guardian Name (Print)

Student Name (Print)

Date

Date