

# Flag Football - Volleyball

Fall Sports—RE RETURN THIS FORM TO THE SM RECREATION DEPARTMENT  
901 15<sup>th</sup> Avenue High School Door #24 766-5081

## Flag Football League

( ) 1<sup>st</sup> 2<sup>nd</sup> & 3<sup>rd</sup> Grade  
( ) 4<sup>th</sup> & 5<sup>th</sup> Grade



## Volleyball League

( ) 3<sup>rd</sup> 4<sup>th</sup> & 5<sup>th</sup> Grade  
( ) 6<sup>th</sup> 7<sup>th</sup> & 8<sup>th</sup> Grade



The Priority Registration Deadline is Friday, June 9, 2017 \$24R/\$34NR (cash or check / no online registration)  
After Friday, June 9, the late registration fee is \$34R/\$44NR (cash or check / no online registration)

The final registration deadline is Wednesday, August 9—no refunds after August 9

An additional uniform (t-shirt) fee will be charged - this amount is payable to the coach. You must return this completed permission slip and your registration fee to your school office or the Rec Dept. on or before the established deadline.

**PRINT CHILD'S NAME** \_\_\_\_\_ I hereby give permission for my child to participate in the Recreation Department's Sports Program. I understand that any injury which occurs IS NOT COVERED by any medical insurance and that it is my responsibility. I further understand that along with playing sports comes the RISK OF SERIOUS INJURY, paralysis, brain damage, or death. This risk exists when participating in physical activity where the body or any object is in motion.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

E-mail address: \_\_\_\_\_

Student's Address \_\_\_\_\_ City \_\_\_\_\_ Phone \_\_\_\_\_

School Attending in Fall 2017 \_\_\_\_\_

Below: Circle Grade as of September 2017

1st 2nd 3rd 4th 5th 6th 7th 8th

Practice begins the week of August 21. Games will be played on Saturday mornings Sep 9, 16, 23, 30; Oct 7, 14  
Flag Football is played at Blakewood; Volleyball is played at the Middle School

**Coaches are Needed** If you wish to coach, please contact us at 766-5081 and complete the questions below:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_

Zip: \_\_\_\_\_ H Phone: \_\_\_\_\_ W Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Flag Football Coaches Meet Wednesday, August 16 Volleyball Coaches Meet Thursday, August 17  
Coaches meetings will be held at the High School in room #1125 at 6:00 pm

**Be sure to sign the concussion form on the back page.**

# Parent & Athlete Concussion Information Sheet

Reformatted from the Center for Disease Control's Heads Up Concussion in Youth Sports Program

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly 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.

## 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 listed below after a bump, blow, or jolt to the head or body, s/he must be kept 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.

### Signs Observed by Parents/others

- 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)
- Mood, behavior, or personality changes
- Can't recall events *prior* to hit or fall
- Can't recall events *after* hit or fall

### Symptoms Reported by Athletes

- Headaches or "pressure" in the head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to noise or light
- Feeling sluggish, hazy, foggy or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right"

## 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 not only does not diminish, but 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)

## 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.

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

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. 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, or 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.

## PARENT/GUARDIAN AGREEMENT STATEMENT

*I have read and fully understand this information sheet regarding concussions* and I agree that if it appears that my child may have sustained a concussion or head injury that he/she is to be removed from any program activity until such time that a trained medical professional can examine him/her and approve their return to play in the activity, pursuant to Section 118.293 Wisconsin Statutes relating to concussions and other head injuries. In such case, I understand that I am to provide a written clearance from a trained medical professional for my child to return to play in the activity.

NAME OF PARENT OR LEGAL GUARDIAN (please print) \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF PARENT OR LEGAL GUARDIAN: \_\_\_\_\_ DATE \_\_\_\_\_

## ATHLETE AGREEMENT STATEMENT

*I have read and fully understand this information sheet regarding concussions* and I agree that if it appears that I may have sustained a concussion or head injury that I am to be removed from any program activity until such time that a trained medical professional can examine me and approve my return to play in the activity, pursuant to Section 118.293 Wisconsin Statutes relating to concussions and other head injuries. In such case, I understand that I am to provide a written clearance from a trained medical professional for me to return to play in the activity.

NAME OF ATHLETE (please print) \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF ATHLETE: \_\_\_\_\_ DATE \_\_\_\_\_