

This form must be signed by the parent/guardian and athlete prior to participation. If you have any questions you may call 459-3773.

Name of Athlete: \_\_\_\_\_

# 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.

## WHAT ARE THE 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 Coaching Staff

- 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 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
- Feeling sluggish, hazy, foggy or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or "feeling down"

## 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.

**For further information go to [www.sheboyganrec.com](http://www.sheboyganrec.com) and click on "Youth Programs."**

### PARENT/GUARDIAN AGREEMENT STATEMENT

I have read the Concussion Awareness Information 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.

***I have read and fully understand this statement regarding concussions.***

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

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

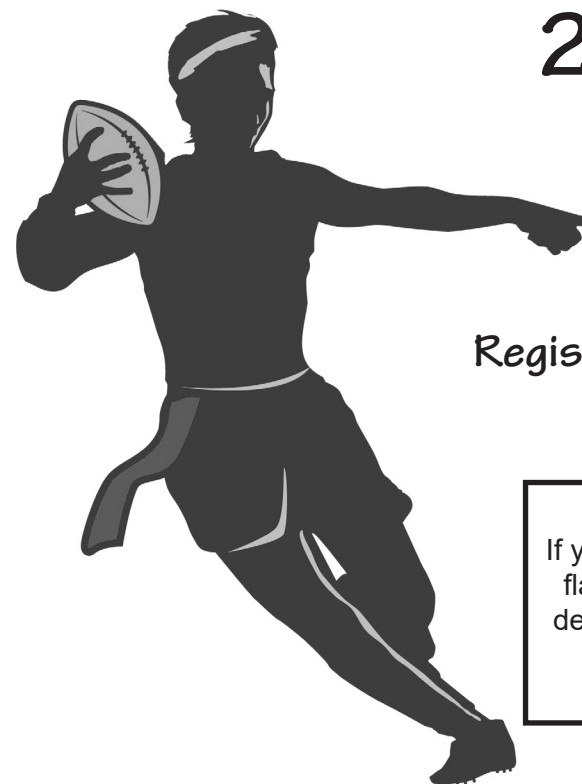
### ATHLETE AGREEMENT STATEMENT

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***I have read and fully understand this statement regarding concussions.***

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

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



# 2017 Flag Football

## Boys & Girls Grades 2-8

(Grade in 2017-18 school year)

Registration Deadline - Wednesday, August 9

### Volunteer Coaches Needed

If you are interested in providing guidance for your child's flag football experience, and are willing to abide by the department's philosophy and policies, please sign up on the registration form as a volunteer coaches! Questions, call 459-3773.



Non-profit Organization  
U.S. Postage Paid  
Permit #576  
Sheboygan WI 53081

Sheboygan Area School District  
830 Virginia Avenue  
Community Recreation Department  
607 S. Water Street  
Sheboygan, WI 53081



# 2017 Flag Football Boys and Girls Grades 2-8

All grades refer to the 2017-18 school year

Sponsored by Sheboygan Area School District  
Community Recreation Department  
607 S. Water St., Sheboygan, WI 53081;  
920-459-3773



## 2017 Sheboygan Community Recreation Department Flag Football Player Registration Form - Grades 2-8

Player's Name \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Other Phone(s) (cell, work) \_\_\_\_\_

School Attending in 2017-18 \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade in 2017-18 school year \_\_\_\_\_

Medical Condition(s) \_\_\_\_\_

Parent's Names \_\_\_\_\_

E-mail address (please print) \_\_\_\_\_

**Circle one:** Grade 2-3 Code 6676    Grade 4-5 Code 6677    Grade 6-8 Code 6678

### For Grades 3-8 returning players:

I wish to play with the same group as last year. Yes \_\_\_\_\_ No \_\_\_\_\_

Name of last year's coach and/or team \_\_\_\_\_

I would like to play, but understand that it is NOT guaranteed, on a team with the following friends \_\_\_\_\_

**LIABILITY INFORMATION:** You should be aware that Recreation programs involve an element of risk or danger for all participants and may cause serious injury, death or property loss. The Sheboygan Area School District Community Recreation Department does not provide nor cover any medical or hospital insurance for participants in our programs. The cost of the ambulance and other medical expenses shall be the parents' responsibility. All persons participating in Community Recreation Department sponsored activities must provide their own insurance and assume risk of all injuries. I have read and understand this liability information.

### SEE BACK OF FORM FOR CONCUSSION INFORMATION AND SIGNATURES NEEDED →→→

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### COACHES NEEDED

I am interested in making this program a success by **volunteering as a coach** of my child's team. I understand that signing here will automatically assign me to my child's team, pending the background check.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone  
(s) \_\_\_\_\_

E-mail address (please print) \_\_\_\_\_

### Fee and Refund Policy

- Make checks payable to the Community Recreation Department.
- Residents of the Sheboygan Area School District living in Cleveland, Mosel or Centerville **add** an additional \$3.00 to the resident fee.
- **Refunds:** Before the program begins you will receive a full refund minus \$2.00 service fee. If you cancel prior to the second half of the program you will receive a 50% refund minus \$2.00 service fee. No refund will be given after the start of the second half of the program.

### League Fee Paid (Make checks payable to Community Recreation Dept.)

\$24   \$35   Late \$29   Other \_\_\_\_\_ Date \_\_\_\_\_  
By \_\_\_\_\_ Cash   Check   Credit Card

Register on line at <https://apm.activecommunities.com/sheboyganrec/home> or turned to the Recreation Department by **WEDNESDAY, AUGUST 9.**

Please note Summer Office Hours after Memorial Day:  
Monday thru Thursday, 7:30 am - 4:30 pm,  
Fridays, 7:30 am - 1 pm

The program will be coed. Teams are formed by the Community Recreation Department.

### Instruction & League Play: Grades 2 & 3 - Code 6676

Mondays & some Wednesdays, September 11 - October 25  
Scheduled between 4:15-8:00 p.m. at Roosevelt Park.

### League Play: Grades 4 & 5 - Code 6677

Mondays & some Wednesdays, September 11 - October 25  
Games scheduled between 4:15-8:00 p.m. at Roosevelt Park.

### League Play: Grades 6, 7, 8 - Code 6678

Wednesdays, September 13 - October 25  
Games scheduled between 4:15-8:00 p.m. at Roosevelt Park.

### Coaches League Meeting:

**Monday, August 21, 5:15-6:30 p.m. at the Recreation Department.** Rosters and game schedules will be distributed and rules reviewed. Equipment and jerseys may or may not be available on this date.

### Organization:

Teams of 10-14 players will be formed by the Recreation Dept. primarily by school and where players live (8 players on the field at one time). Players who have registered will be contacted by their assigned coach (if one is in place) after the August 21 coaches meeting.

### WEATHER CANCELLATIONS:

Call the Rec. Dept. info line at 208-5805 or sign up for text message alerts via **Twitter** when activities have been cancelled - it works really great! Go to [www.sheboyganrec.com](http://www.sheboyganrec.com) for instructions.



### Registration Deadline:

**Wednesday, August 9** at the Community Recreation Department or on line.

**Equipment and shirts will be ordered based on the number of people signed up as of August 10. Anyone signing up after this date is not guaranteed a spot in the program.**

### Fee:

#### ON OR BEFORE AUGUST 9:

\$24.00 resident player fee.  
SASD residents in Cleveland, Centerville, Mosel \$27.00  
Non-residents - \$35.00

#### AFTER AUGUST 9 (based on availability):

\$29.00 resident player fee.  
SASD residents in Cleveland, Centerville, Mosel \$32.00  
Non-residents - \$41.00

### Make checks payable to and drop off or mail with registration form to:

Community Recreation Department  
607 S. Water St.  
Sheboygan, WI 53081

**Questions? Call the Rec.  
Dept. at 459-3773.**

**Concussion information on back → → →  
please read and sign the form.  
Registration form not accepted without signatures.**