

Wisconsin Heights Youth Summer 2014 Soccer Camp
Lion's Park in Mazomanie
Open to all Pre-k – 8th Graders (\$15 Donation Requested)
July 21st – 23rd 6pm – 8pm (younger kids until 7:15pm)

Registration Form and Parent Permission
Please complete and bring on first day of camp
MUST HAVE SIGNED FORM FOR CHILD TO PARTICIPATE.

Player's Name _____ Grade _____ Birth Date _____ ☐ Male ☐ Female

Mother/guardian: _____ Home Phone: _____ Work/Cell Phone: _____

Address: _____ E-Mail _____

Father/guardian: _____ Home Phone: _____ Work/Cell Phone: _____

Address: (if different) _____ E-Mail _____

RELEASE OF LIABILITY

The undersigned parent or legal guardian of _____, the "Registrant," recognizes that soccer is a vigorous sport and that the Registrant may suffer temporary or permanent serious physical injury including, but not limited to sprains, fractures, brain or spinal damage, paralysis or even death while playing soccer or attending a game, tournament, practice or scrimmage. With full knowledge of the above referenced risks, and in consideration for the Wisconsin Heights Soccer Club accepting the Registrant into their soccer programs, and pursuant to the recreational assumption of the risk statute, sec. 95.525(4). Wis. Stat., the Registrant and I hereby release, discharge, and/or otherwise indemnify the Wisconsin Heights Soccer Club and its respective coaches and staff, directors and officers, league and tournament sponsors and their directors and officers and any of their facilities utilized for soccer as to any claims and causes of action by or on behalf of the Registrant and his or her parents or legal guardians. This release shall remain in effect for the duration of the 2012 soccer camp and shall be interpreted under Wisconsin law.

CONSENT FOR MEDICAL TREATMENT

With full knowledge of the risks of injury in the game of soccer, I hereby authorize the following persons to administer emergency medical treatment to my child, the Registrant, for any injury or other medical emergency while at a practice, game, tournament, scrimmage, or while attending or traveling to or from any of these events: All coaches and managers of my child's team, all officers and officials of the Wisconsin Heights Soccer Club to which my child's team belongs, all officers, directors or other League or District officials; and all directors, officers, sponsors, officials or agents of any league or tournament that my child may participate in. This consent also extends the right of those persons listed above to arrange for immediate medical treatment by a licensed physician and/or other trained medical personnel, and for them to provide such emergency medical care as they deem appropriate to preserve the life and well being of my child. My child and I hereby release, hold harmless and indemnify the above-listed persons for any injury or damage related to the administration of emergency medical care as authorized herein. This Consent for Medical Treatment is in effect for the duration of the 2012 soccer camp and shall be interpreted under Wisconsin law.

I agree that if it appears that my child may have sustained a concussion or head injury that he/she is removed from competition until such time that a trained medical professional can examine them and approve their return to play soccer. In such case, I understand that I am to provide a written clearance for my player to return to play soccer.

I HAVE READ AND FULLY UNDERSTAND THE PROCEEDING STATEMENTS.

Signature of parent or legal guardian: _____ Date: _____

Name of Physician: _____ Clinic: _____ Phone: _____

Allergies or Health Conditions: _____

Person to Contact (If parent/guardian cannot be reached): _____ Phone: _____

Relation to Child: _____

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 should 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	Symptoms Reported by Athletes
<ul style="list-style-type: none">• 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 <i>prior</i> to hit or fall• Can't recall events <i>after</i> hit or fall	<ul style="list-style-type: none">• 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:

<ul style="list-style-type: none">• 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	<ul style="list-style-type: none">• 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.

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.

I have reviewed MAYSA's 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 soccer, pursuant to Wisconsin Act 172 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 player to return to play soccer.

I have read and fully understand this statement regarding concussions.

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____

DATE: _____