

**MILWAUKEE PARKSIDE SCHOOL FOR THE ARTS
WINTER SPORTS**

DEADLINE IS THURSDAY, OCTOBER 31ST

Do not delay, teams will fill up fast!!

Milwaukee Parkside School is offering opportunities for students to experience team sports through Milwaukee Recreation:

Sport/Grade	Fee	Game Dates	Game Locations
Co-ed Pee Wee Basketball (1 st -3 rd)	\$35 includes T-shirt to keep	Saturdays December 7 – Feb 22	Zablocki
Girls' Basketball Youth (4 th -6 th)	\$35 includes T-shirt to keep	Saturdays December 14 – Feb 29	King
Co-ed Basketball Youth (4 th -6 th)	\$35 includes T-shirt to keep	Saturdays December 14 – Feb 29	Garland
Boys Basketball Middle (7 th -8 th)	\$35 jersey must be returned, T-shirt to keep	Saturdays December 14 – Feb 29	Beulah Brinton
Co-ed Peewee Indoor Soccer (1st- 3rd)	\$35 includes T-shirt to keep	Saturdays January 11 – Mar 14	Pulaski
Co-ed Youth Indoor Soccer (4 th -6 th)	\$35 includes T-shirt to keep	Saturdays January 11 – Mar 14	Pulaski
Co-ed Volleyball Youth (4 th -6 th)	\$35 includes T-shirt to keep	Saturdays December 7 – Feb 29	Reagan
Girls Volleyball Middle (7 th -8 th)	\$35 jersey must be returned, T-shirt to keep	Fridays December 13 – Feb 29	Burdick

The number of teams that will be formed at each level will depend on **student interest and available coaches.**

Eliminating the sport for the season is entirely possible if the minimum number of athletes is not reached and/or if there is not a coach available for the team. Please make sure to **fill out all forms completely and legibly and include the appropriate fee.** Place in an envelope labeled Rec Sports and return to the Parkside main office by Thursday, October, 31st , 2019. Return all paperwork and fees to the main office in an envelope labeled: **Rec Sports**

Student's Name _____ Sport _____ Level: Pee Wee Youth MS

Home base Teacher's Name/Grade _____

Email address _____

Tee Shirt size (circle one): Youth S M L or Adult S M L XL

Please Make Sure You Have Filled Out The Following:

_____ Activity Permit (both sides)

_____ Concussion Form (both parent and athlete must sign)

_____ Payment (must be included to hold your spot on the team)



PARENT & ATHLETE AGREEMENT

Related to Concussion Law WI Stat. 118.293

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury. *This form must be on file for every sports season and every youth athletic organization the athlete is involved with and must be renewed each school year (clubs- every 365 days).*

Parent Agreement:

I _____ have **read** the Parent Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian
Signature _____ Date _____

Athlete Agreement:

I _____ have **read** the Athlete Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete
Signature _____ Date _____



WINTER ACTIVITY PERMIT
ELEMENTARY/MIDDLE SCHOOL SPORTS LEAGUES

(Activity Permit available in Spanish upon request)

2019-2020

(Please check appropriate box)

Girls Basketball
(6TH Under)

Indoor Soccer
(PeeWee, Youth)

Volleyball
(Youth, Middle)

Co-ed Basketball
(PeeWee, Youth)

Boys Basketball
(Middle)

Student Name: _____ Male _____ Female _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ School: _____

Grade: _____ Birth Date: _____ Age: _____

***** THIS PART TO BE FILLED OUT BY PARENT/LEGAL GUARDIAN – PLEASE PRINT *****

Parent/ Legal Guardian Name: _____ Home/Cell Phone _____

Address: _____ Work Phone: _____

List any previous injuries: _____

List any physical disabilities: _____

List any allergies: _____

List any medication the athlete may be taking or will use: _____

Has your child ever had a concussion? _____ If Yes , how many? _____

Has your child ever experienced concussion symptoms? _____ Did your report them? _____

Preference of physician: _____ Phone: _____

NOTE: Injuries are a natural part of sports. MPS is not responsible for injuries incurred by players during official games. Players should be covered by their own insurance.

Name of Health Insurance: _____

In an emergency, please list two persons you recommend we call if you cannot be reached:

Name: _____ Phone: _____

Name: _____ Phone: _____

As parent/legal guardian of the above named student, I agree to be financially responsible for the safe return of all athletic equipment issued to him/her.

Initial _____

I understand that the player may travel unsupervised to site competition.

Initial _____

PHOTO RELEASE: I understand, as parent/legal guardian of the above-named child, that there are times when the local media requests the opportunity to videotape, take photographs and/or interview children within Milwaukee Recreation and Milwaukee Public Schools. I also give permission to MPS to make or use pictures, or videos of me, and of my minor child without compensation for Recreation Division or MPS published, broadcast or electronic materials. I understand that by signing this, I am, on behalf of myself and my child, releasing MPS and its directors, officers, employees and agents, from any future claims as well as from any liability arising from the use of any photograph or other images. This form shall be valid for the duration of the current Milwaukee Recreation program season.

Initial _____

1. Athletes must comply with **all** current rules as established by the following groups:
 - A. Milwaukee Public Schools/Milwaukee Recreation
 - B. The individual school
2. Athletes are expected to obey in-season training rules as established by their coaches. Coaches will notify athletes in writing of training rules and disciplinary measures to be used for rules infractions prior to the season opening.
3. Verbal abuse, specifically the use of profane language, will not be tolerated on the part of athletes. During team sport contests, minimum penalty is removal and benching for the remainder of that period (quarter, inning, etc). During individual sports, minimum penalty is disqualification from next scheduled event.
4. Athletes must refrain **AT ALL TIMES (in and out of season)** from using, possessing, buying and/or selling tobacco products, intoxicating beverages or illegal drugs. A violation of this rule will result in disciplinary action by the individual school according to established guidelines.
5. Athletes suspended from school may not practice, compete, or participate in athletics while a suspension is in effect.

My son/daughter and I have read and understand the rules and regulations printed on this card and agree to abide by them. We further acknowledge that failure to abide by any MPS eligibility regulations could result in loss or limitation of the privilege of participation in MPS Recreation athletics.

PERMISSION: I hereby grant permission for my child to participate in the above-named MPS Recreation event. In the event of an injury requiring medical attention, I hereby grant permission to the recreation staff (including volunteers) to attend to my son/daughter including seeking medical attention.

WAIVER: I/we recognize that unanticipated situations and problems can arise during Recreation activities that are not reasonably within the control of the recreation staff (including volunteers). I/we therefore agree to release and hold harmless the Milwaukee Board of School Directors, its agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to myself or my child and the costs of medical services.

Signature of parent/guardian

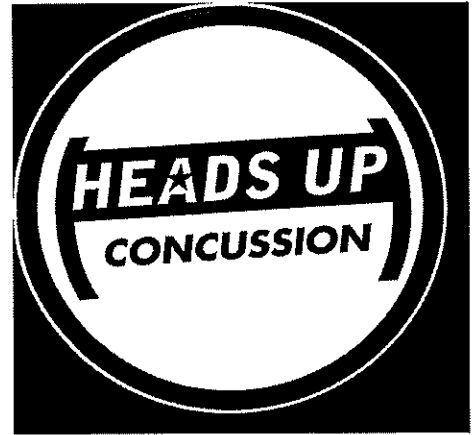
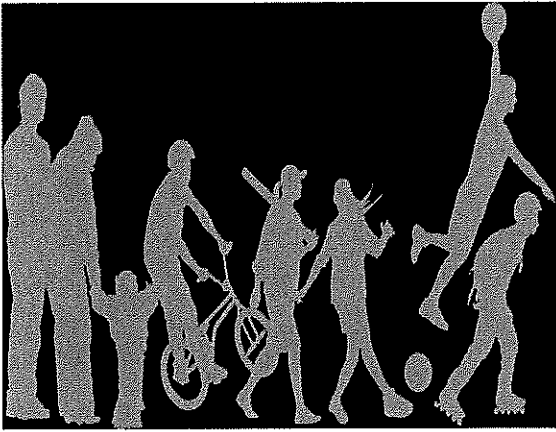
Signature of athlete

Date

**RETURN TO YOUR ELEMENTARY/MIDDLE SCHOOL SPORTS COORDINATOR
FOR VERIFICATION AND DISTRIBUTION OF FORM.**

Elementary/Middle School Sports Coordinator

Date



FACT SHEET FOR ATHLETES This sheet has information to help you protect yourself from concussion or other serious brain injury and know what to do if a concussion occurs.

WHAT IS A CONCUSSION? A concussion is a brain injury that affects how your brain works. It can happen when your brain gets bounced around in your skull after a fall or hit to the head.

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION? REPORT IT. Tell your coach and parent if you think you or one of your teammates may have a concussion. You won't play your best if you are not feeling well, and playing with a concussion is dangerous. Encourage your teammates to also report their symptoms.

GET CHECKED OUT BY A DOCTOR. If you think you have a concussion, do not return to play on the day of the injury. Only a doctor or other health care provider can tell if you have a concussion and when it's OK to return to school and play. **GIVE YOUR BRAIN TIME TO HEAL.** Most athletes with a concussion get better within a couple of weeks. For some, a concussion can make everyday activities, such as going to school, harder. You may need extra help getting back to your normal activities. Be sure to update your parents and doctor about how you are feeling.

HOW CAN I TELL IF I HAVE A CONCUSSION? You may have a concussion if you have any of these symptoms after a bump, blow, or jolt to the head or body: •Get a headache •Feel dizzy, sluggish, or foggy •Are bothered by light or noise •Have double or blurry vision •Vomit or feel sick to your stomach •Have trouble focusing or problems remembering •Feel more emotional or "down" •Feel confused •Have problems with sleep A concussion feels different to each person, so it's important to tell your parents and doctor how you feel. You might notice concussion symptoms right away, but sometimes it takes hours or days until you notice that something isn't right.

HOW CAN I HELP MY TEAM? PROTECT YOUR BRAIN. All your teammates should avoid hits to the head and follow the rules for safe play to lower chances of getting a concussion. **BE A TEAM PLAYER.** If one of your teammates has a concussion, tell them that they're an important part of the team, and they should take the time they need to get better. **GOOD TEAMMATES KNOW: "IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON."** The information provided in this document or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to a physician or other health care provider.

CONCUSSION FACT SHEET FOR PARENTS

WHAT IS A CONCUSSION? A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. You can't see a 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 your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion: **SYMPTOMS REPORTED BY ATHLETE:** •Headache or “pressure” in head •Nausea or vomiting •Balance problems or dizziness •Double or blurry vision •Sensitivity to light •Sensitivity to noise •Feeling sluggish, hazy, foggy, or groggy •Concentration or memory problems •Confusion •Just not “feeling right” or is “feeling down” **SIGNS OBSERVED BY PARENTS/ GUARDIANS:** •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

DANGER SIGNS Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has: •One pupil (the black part in the middle of the eye)larger than the other •Drowsiness or cannot be awakened •A headache that gets worse and does not go away •Weakness, numbness, or decreased coordination •Repeated vomiting or nausea •Slurred speech •Convulsions or seizures •Difficulty recognizing people or places •Increasing confusion, restlessness, or agitation •Unusual behavior •Loss of consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION? 1. **SEEK MEDICAL ATTENTION RIGHT AWAY** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports. 2. **KEEP YOUR CHILD OUT OF PLAY.** Concussions take time to heal. Don't let your child return to play the day of the injury and until a healthcare professional says it's OK. Children who return to play too soon - while the brain is still healing - risk a greater chance of having a second concussion, later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime. 3. **TELL YOUR CHILD'S COACH ABOUT ANY PREVIOUS CONCUSSION.** Coaches should know if your child had a previous concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY? •Ensure that they follow their coach's rules for safety and the rules of the sport. Encourage them to practice good sportsmanship at all times. Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained. Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture. However, helmets are not designed to prevent concussions. There is no “concussion-proof” helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

HOW CAN I HELP MY CHILD RETURN TO SCHOOL SAFELY AFTER A CONCUSSION? Children and teens who return to school after a concussion may need to: Take rest breaks as needed. Spend fewer hours at school. Be given more time to take tests or complete assignments. Receive help with schoolwork. Reduce time spent reading, writing, or on the computer. Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms. As your child's symptoms decrease, the extra help or support can be removed gradually.

JOIN THE CONVERSATION www.facebook.com/CDCHeadsUp TO LEARN MORE GO TO >>

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MILWAUKEE RECREATION
SINCE 1911 *Experience Life.*
MILWAUKEE PUBLIC SCHOOLS