YOUTH SPORTS PARTICIPATION FORMS

All students participating in MPS Youth Sports Leagues must have the following forms completed and on file with the school’s Sports Coordinator prior to the start of team practices. All forms must be verified (player’s birthdate and grade) by the sports coordinator.

- Activity Permit
- Middle School Sports Academic Eligibility Worksheet (middle school only)
- Athlete Concussion Information and Agreement
- Parent Concussion Information and Agreement
- Players’ Code of Ethics
- Parents’ Code of Ethics

-- Youth Sports Participation Paperwork is available upon request in Hmong. --
ACTIVITY PERMIT
ELEMENTARY/MIDDLE SCHOOL SPORTS LEAGUES

2018-2019
(Please check appropriate box)

☐ Basketball  ☐ Cheerleading  ☐ Flag Football  ☐ Soccer  ☐ Tennis
☐ Softball  ☐ Track  ☐ Volleyball  ☐ Other___________

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 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: __________________________________

Preference of physician: ___________________  Phone: ___________________

NOTE: Injuries are a natural part of sports. MPS is not responsible for injuries incurred by players during games, scrimmages, and practices. 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: _______________________________

Name: _______________________________  Phone: _______________________________
EQUIPMENT/UNIFORMS: As parent/legal guardian of the above-named student, I agree to be financially responsible for the safe return of all athletic equipment and school-sponsored uniforms issued to him/her.

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

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.

PERMISSION: I hereby grant permission for my child/myself 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 or myself 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.

Parent/Legal Guardian Signature Date

Youth Sports Rules and Regulations
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 and parents/legal guardians 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 contest, 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. In addition, athletes are to refrain from engaging in any act in violation of, or subject to, penalty under Wisconsin State Statues. A violation of this rule will result in disciplinary action.
5. Athletes suspended from school may not practice, compete, or participate in athletics while a suspension is in effect.
6. Hazing is prohibited for all elementary and middle school athletic activities. Participating in or unreported knowledge of hazing activities will result in disciplinary action.
7. To participate in athletics, all athletes must maintain minimum academic standards in addition to other eligibility requirements. (see sports coordinator for more information)

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 Youth Sports Activities.

Parent/Legal Guardian Signature Date

Athletes Signature Date

**RETURN TO YOUR ELEMENTARY/MIDDLE SCHOOL SPORTS COORDINATOR FOR VERIFICATION AND FILING.**
Wisconsin Fact Sheet for Athletes

What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious. Concussions can occur during practices or games in any sport or recreational activity.

What are the signs and symptoms of a concussion?

Unlike a broken arm, you can’t see a concussion. Most concussions occur without loss of consciousness. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how you are feeling, if symptoms are getting worse, or if you just “don’t feel right.” If you think you or a teammate may have a concussion, it is important to tell someone.

**COMMON SYMPTOMS OF A CONCUSSION:**

<table>
<thead>
<tr>
<th>Tell someone if you see a teammate with any of these symptoms:</th>
<th>Tell someone if you feel any of the following:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Appears dazed or stunned</td>
<td>Thinking/Remembering:</td>
</tr>
<tr>
<td>• Forgets sports plays</td>
<td>• Difficulty thinking clearly</td>
</tr>
<tr>
<td>• Is confused about assignment or position</td>
<td>• Difficulty concentrating or remembering</td>
</tr>
<tr>
<td>• Moves clumsily</td>
<td>• Feeling more slowed down</td>
</tr>
<tr>
<td>• Answers questions slowly</td>
<td>• Feeling sluggish, hazy, foggy, or groggy</td>
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<tr>
<td>• Repeats questions</td>
<td></td>
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<tr>
<td>• Can’t recall events prior to the hit, bump, or fall</td>
<td>Physical:</td>
</tr>
<tr>
<td>• Can’t recall events after the hit, bump, or fall</td>
<td>• Headache or “pressure” in head</td>
</tr>
<tr>
<td>• Loses consciousness (even briefly)</td>
<td>• Nausea or vomiting</td>
</tr>
<tr>
<td>• Shows behavior or personality changes</td>
<td>• Balance problems or dizziness</td>
</tr>
<tr>
<td></td>
<td>• Fatigue or feeling tired</td>
</tr>
<tr>
<td></td>
<td>• Blurry or double vision</td>
</tr>
<tr>
<td></td>
<td>• Sensitivity to light or noise</td>
</tr>
<tr>
<td></td>
<td>• Numbness or tingling</td>
</tr>
<tr>
<td></td>
<td>• Does not “feel right”</td>
</tr>
<tr>
<td></td>
<td>Emotional:</td>
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<tr>
<td></td>
<td>• Irritable</td>
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<tr>
<td></td>
<td>• Sad</td>
</tr>
<tr>
<td></td>
<td>• More emotional than usual</td>
</tr>
<tr>
<td></td>
<td>• Nervous</td>
</tr>
</tbody>
</table>

Changes in your normal sleep patterns.

Materials adapted from the U.S. Department of Health and Human Services Centers for Disease Control and Prevention
What should you do if you think you have a concussion?

1. **Tell your coaches and parents right away.** Never ignore a bump or blow to the head even if you feel fine. If you experience symptoms of a concussion, you should immediately remove yourself from practice/play. Tell your coach right away if you think you or one of your teammates might have a concussion.

2. **Get evaluated by a health care provider.** A health care provider experienced in evaluating for concussion can determine if you have a concussion, help guide management and safe return to normal activities, including school (concentration and learning) and physical activity. If you have been removed from a youth athletic activity because of a suspected or confirmed concussion or head injury you may not participate again until evaluated by a health care provider and you receive written clearance to return to activity. You must provide this written clearance to your coach.

3. **Give yourself time to get better.** If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a repeat concussion. It is important to rest until you receive written clearance from a health care provider to return to practice and play.

Why should you tell someone about your symptoms?

1. Your chances of sustaining a life altering injury are greatly increased if you aren’t fully recovered from a concussion or head injury.
2. Practicing/playing with concussion symptoms can prolong your recovery.
3. Practicing/playing with a concussion can increase your chances of getting another concussion.
4. Telling someone could save your life or the life of a teammate!

Tell your teachers

Tell your teachers if you have suffered a concussion or head injury. Concussions often impair school performance. In order to properly rest, many students often need to miss a few days of school immediately following a concussion. When you return to school after a concussion you may need to:

- Take rest breaks as needed,
- Spend fewer hours at school,
- Have more time allowed to take tests or complete assignments,
- Suspend your physical activity (PE class and/or recess)
- Suspend your extracurricular activities (band, choir, dance, etc)
- Reduce time spent reading, writing, or on the computer.

To learn more about concussions, go to: www.cdc.gov/Concussion; www.wiaawi.org; www.nfhs.org
What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head and can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious.

Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

What are the signs and symptoms of a concussion?

You can’t see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how your child or teen is acting or feeling, if symptoms are getting worse, or if s/he just “doesn’t feel right.” Most concussions occur without loss of consciousness.

If your child or teen reports one or more of the symptoms of concussion listed below, or if you notice the symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

**SIGNS OBSERVED BY PARENTS OR GUARDIANS**

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can’t recall events prior to the hit, bump, or fall
- Can’t recall events after the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

**THINKING/REMEMBERING:**
- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

**PHYSICAL:**
- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not “feel right”

**EMOTIONAL:**
- Irritable
- Sad
- More emotional than usual
- Nervous

**SLEEP:**
- Drowsy
- Sleeps less than usual
- Sleeps more than usual
- Has trouble falling asleep

*Only ask about sleep symptoms if the injury occurred on a prior day.*

Materials adapted from U.S. Dept of HHS Centers for Disease Control and Prevention
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
- Difficult to arouse
- Severe headache or worsening headache
- 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 I do if my child or teen has a concussion?

1. Seek medical attention right away. A health care provider experienced in evaluating for concussions can direct concussion management and review when it is safe for your child to return to normal activities, including school (concentration and learning) and physical activity. If your child or teen has been removed from a youth athletic activity because of a suspected or confirmed concussion or head injury, they may not participate again until he/she is evaluated by a health care provider and receives written clearance to participate in the activity from the health care provider.

2. Help them take time to get better. If your child or teen has a concussion, her or his brain needs time to heal. Your child or teen should limit activities while he/she is recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, using a computer, texting, or playing video games may worsen or prolong concussion symptoms (such as headache or tiredness). Rest will help your child recover more quickly. Your child may become upset that he/she cannot participate in activities.

3. Together with your child or teen, learn more about concussions. Talk about the potential long-term effects of concussion and the problems caused by returning too soon to daily activities to quickly (especially physical activity and learning/concentration).

How can I help my child return to school safely after a concussion?

Help your child or teen get needed support when returning to school after a concussion. Talk with your child’s school administrators, teachers, school nurse, coach, and counselor about your child’s concussion and symptoms. Your child may feel frustrated, sad, and even angry because he/she cannot keep up with schoolwork and learn as well after a concussion. Your child may also feel isolated from peers and social networks. Talk often with your child about these issues and offer your support and encouragement. As your child’s symptoms decrease, the extra help or support can be removed gradually. 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, and/or
- Reduce time spent reading, writing, or on the computer.

To download this fact sheet in Spanish, please visit: www.cdc.gov/Concussion. Para obtener una copia electrónica de esta hoja de información en español, por favor visite: www.cdc.gov/Concussion.

To learn more about concussions go to:

www.cdc.gov/Concussion; www.wiaawi.org; www.nfhs.org
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__________________
Questions and Contact Information
Related to Concussion Law WI Stat. 118.293

Name ___________________________________________ Date __________________

Address______________________________________________________________

City_________________________________ Zip_________ County_____________

Phone_________________________ Email____________________________________

Age_____ School _________________________ School District____________________

Check all that apply
I participate in:

O Football O Baseball/Softball O Basketball O Hockey
O Soccer O Golf O Volleyball O Wrestling
O Track & Field O Cross Country O Cheerleading O Skiing/Snowboarding
O Gymnastics O Tennis O Swimming & Diving
O Other_____________________________________________________________

Name of Current Team_________________________________________________

1. Have you ever had a concussion?__________, if yes, how many?__________

2. Have you ever experienced concussion symptoms?____Did you report them?____

Emergency Contacts:

Name: ___________________________ Relationship: __________________________

Phone Number: __________________________

Name: ___________________________ Relationship: __________________________

Phone Number: __________________________

Please complete this form and return to your school's Sports Coordinator.
Players’ Code of Ethics

I hereby pledge to provide a positive attitude and be responsible for my actions in Youth Sports by following this Code of Ethics.

I will encourage good sportsmanship from fellow players, coaches, officials and parents at every game and practice.

I will attend every practice and game that is reasonably possible and notify my coach if I cannot.

I will expect to receive a fair and equal amount of playing time.

I will do my very best to listen and learn from my coaches.

I will treat my coaches with respect regardless of race, sex, creed or abilities and I will expect to be treated accordingly.

I deserve to have fun during my sports experience and will alert parents or coaches if it stops being FUN!

I deserve to play in an alcohol, tobacco and drug free environment and expect adults to respect that wish.

I will encourage my parents to be involved with my team in some capacity because it’s important to me.

I will do my very best in school.

I will remember that a sport is an opportunity to learn and have fun.

Player’s Signature

Date
Parents’ Code of Ethics

I hereby pledge to provide positive support, care and encouragement for my child participating in youth sports by following this Code of Ethics.

I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or other youth sport events.

I will place the emotional and physical well-being of my child ahead of any personal desire to win.

I will insist that my child play in a safe and healthy environment.

I will provide support for coaches and officials working with my child to provide a positive, enjoyable experience for all.

I will demand a drug, alcohol and tobacco-free sports environment for my child and agree to assist by refraining from their use at all youth sports events.

I will remember that the game is for children and not for adults.

I will do my very best to make youth sports fun for my child.

I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.

I will promise to help my child enjoy the youth sports experience within my personal constraints by assisting with coaching, being a respectful fan, providing transportation or whatever I am capable of doing.

I will require that my child’s coach be trained in the responsibilities of being a youth sports coach and that the coach agrees to the youth sports Coaches’ Code of Ethics.

I will read the NYSCA National Standards for Youth Sports and do everything in my power to assist all youth sports organizations to implement and enforce them.

Parents/Guardian Signature     Parent/Guardian Signature     Date