

# REGISTRATION INFO

Due to increasing concerns about concussions in youth sports, we ask that you please review the following information, in accordance with Wisconsin Act 172, statute 118.293. Our participants' safety is our number one concern!

## WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a 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 & SYMPTOMS OF A CONCUSSION?

Signs and symptoms of a concussion can show up right after the injury or may appear days or weeks after the injury. If an athlete reports one or more symptoms of concussions listed below after a bump, blow, or jolt to the head or body, they should be kept out of play the day of the injury and until a health care professional, experienced in evaluating concussions, says they are symptom free and OK to return to play.

## SIGNS REPORTED BY COACHING STAFF:

- Appear dazed or stunned
- Forgetfulness/confusion
- Moves clumsily
- Answers questions slowly
- Loses consciousness
- Shows mood or behavior changes

## SYMPTOMS REPORTED BY ATHLETES:

- Headaches or pressure in the head
- Nausea or vomiting
- Balance problems or dizziness
- Blurry vision
- Sensitivity to noise
- Memory problems
- Confusion
- Feeling sluggish, hazy, or groggy

## CONCUSSION DANGER SIGNS:

In rare cases, a blood clot may form on the brain of a person with a concussion. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body they exhibit any of the following danger signs:

- One pupil is larger than the other
- Cannot be awakened
- A headache that gets worse
- Slurred speech
- Seizures
- Repeated vomiting
- Loses consciousness for any amount of time

## WHY SYMPTOMS SHOULD BE REPORTED?

If an athlete has a concussion, they need time to heal. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in youth athletes can result in brain swelling or permanent damage that has the potential to be fatal.

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

If you suspect that an athlete has a concussion, remove them from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play until a medical professional says they are symptom free and OK to return to play. Rest is the key to help an athlete recover. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional. Learn more at: [www.cdc.gov/concussions/HeadsUp/youth.htm](http://www.cdc.gov/concussions/HeadsUp/youth.htm)

Adult/Parent Full Name(s): \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Participant's First Name	Class #	Program Title	Fee	Gender	Age	Grade	Birth Date (if under 18)

Total Program Fees: \_\_\_\_\_ + Total Non-Resident Fees: \_\_\_\_\_ + Round Up Donation: \_\_\_\_\_ = Total Due: \_\_\_\_\_

Does the participant require any assistance or accommodations to participate?

\_\_\_\_\_

**Waiver:** In consideration of my [and/or my child(s)] participation in this activity, I hereby release and discharge the City of New Berlin, and its representatives, successors, insurers, and assigns, from any and all liability arising from accident, injury, and illness that I (he/she) may suffer as a result of my (our) participation in this activity. I (we) also will follow the rules and regulations set by the Organization and above named parties. Parent or guardian must sign for anyone age 18 and under.

**Recreation Programs Waiver:** I, on behalf of myself as an adult participant, or guardian of the above named minor child or ward, acknowledge that I fully understand that participating in the City of New Berlin Recreation Program may result in a serious injury or illness. Risks involved may include, twisting an ankle, pulled muscles, jammed fingers, broken bones, lacerations and more serious injuries or death which may result from participating in any of the above mentioned programs. Although I fully appreciate those risks, I desire to participate myself or have my child or legal ward participate. I do hereby waive, release, absolve, indemnify, and agree to hold harmless the City of New Berlin, any and all sponsors, or other individuals, firm or organization from any claims, demands, actions, causes or action, fees, expenses including actual attorney fees incurred by the parties released arising from or resulting in whole, or part, from my participation or the participation of my minor child or ward in the City of New Berlin Recreation Program, or the acts or omissions by any organization, firm, or individuals that may take place in connection with the City of New Berlin Recreation Program. This waiver should be binding on my heirs, personal representatives, agents, administrators and assigns. I also grant permission to managing personnel or other representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic should a participant become ill or injured while participating in activities away from home, or at any other moment when a parent or legal guardian is unavailable to grant authorization for emergency treatment. Furthermore, I hereby grant full permission to any and all of the foregoing to use any photographs, video, motion pictures, recordings, or any other records of this event for any legitimate purpose including but not limited to the promotion of the City of New Berlin Recreation Department events.

**3** XSignature: \_\_\_\_\_ Date: \_\_\_\_\_