

Sauk Prairie Youth Football – 2017

Parents: Please keep Pages 1-5 as it contains detailed information including several important dates. Pages 6-12 need to be submitted along with payment on May 31, 2017 during registration at Sauk Prairie High School (North Gym) beginning at 6:00 PM.

Check out our Facebook page (Sauk Prairie Youth Football) for the latest information on Sauk Prairie Football and our league. The page includes information on schedules, clothing order forms, registration and other details to keep you updated. You can also visit our League website www.badgercentralyfl.com

The Sauk Prairie Youth Football Association (SPYFA) is associated with the Badger Central Youth Alliance (BCYA), Middle School Alliance (MSA), USA Football and Heads Up Football, LLC. We field approximately 200 student athletes who are entering 4th, 5th, 6th, 7th and 8th grades. We will play teams from all over the area, with away game travel times of approximately 30 – 60 minutes (depending on location).

It is important that we all understand that this league is for the kids. It is an opportunity for them to learn the sport; as well as, have fun, stay physically active and make friends. It is important that the players understand that winning and losing is not the only measurement of a successful season. Therefore, the parents need to stress the importance of continuous learning and keep the players emotions in check at practices and game days. Sauk Prairie Youth Football Association (SPYFA) has a zero tolerance policy. Parents and players will be held to the standards of this policy. Inappropriate behavior by parents, coaches and players will not be allowed.

Remember, this is a very subjective sport. While our league referees are certified, there is always the chance that a call is missed or called a different way than what you would like. We have a number of people who are devoting their time to ensure that our kids have an opportunity to learn the sport. From coaches to referees we need to treat them with the gratitude and respect they deserve.

Fund Raiser

In order to keep our registration costs low, ***we require each family to sell a minimum of six (6) discount cards OR pay an additional \$60/athlete at time of registration (there are no exceptions).*** This our primary fundraiser and do appreciate the support of all families! Funds in the past have been used to purchase helmets, shoulder pads, pants, practice equipment, etc. therefore we appreciate everyone's hard work with selling the cards. Athletes may request additional cards to sell **after** money from the first six card have been returned to the team coordinator. We appreciate everyone's effort with the selling of these cards and have a few new businesses this year! **We will be giving away items to the top 3 individual sellers as well as a pizza party to the top selling grade!** **Discount cards will be distributed at the Youth Camp. Please communicate with your athlete that if these cards should be lost/misplaced, families will be responsible for the full fee of all six cards (\$120). Cards can be sold for \$20 each or 2 for \$30.**

NEW this year!! All money from cards is due prior to or at the scrimmage game. Players will be ineligible to play regular season games until the money that is due has been returned to team coordinator.

Important Dates Remember

Date	Event	For additional info:
May 31 st	Registration will be held at High School (north gym) beginning at 6:00 PM. The registration forms consist of pages 6-12 of this document (please bring along with you). We will have extra copies should you forget.	Page 2
May 31 st	Mandatory Parent Meeting (all grades) will be held at the Sauk Prairie High School (north gym) @ 6:30 PM	Page 3
July 24 th	Concussion testing (4 th , 5 th & 6 th grade)	Page 3
July 25 th – 27 th	Sauk Prairie Youth Football Camp AND Football Discount Card Handout	Page 3 Page 1
August 7 th	Concussion testing (7 th , 8 th and any remaining athletes)	Page 3
August 7 th	Equipment Handout	Page 3
August 8 th – 10 th	Mini Camp (ALL GRADES)	Page 4
August 19th	5th, 6th, 7th and 8th Grade discount card money is due back to coach and/or team coordinator (tentative scrimmage)	Page 1
August 22 nd	4 th , 5 th & 6 th Grade Pictures	Page 4
August 24 th	7 th & 8 th Grade Pictures	Page 4
August 26th	4th Grade discount card money is due back to coach and/or team coordinator (tentative scrimmage)	Page 1

Registration

Fee: \$85 affiliated; \$105 non-affiliated

This fee includes the following activities:

- 2017 Sauk Prairie Youth Football Season
 - Uniform (pants, shoulder pads, game jersey, practice jersey & helmet)
 - Incoming 6th, 7th and 8th grade – MaxPer4mance (10:35 AM-11:35 AM Monday thru Friday during the 6 week summer school session-Class # 510)
 - Register for this through the Summer School Program.
 - Sauk Prairie Football camp – all 4th – 8th grade players
- **Registration Deadline: June 23, 2017 (a \$20 late fee will be accessed after this date).**
- Register at the Sauk Prairie High School (north gym on May 31, 2017 beginning @ 6:00 PM). After this date, please return forms to the Sauk Prairie Recreation Department (**ONLY** the Registration Form **AND** Concussion Question should be returned to the Rec Dept– all other documents will need to be returned to Team Coach) located at 730 Monroe Street, Sauk City 53583.
 - Questions: please email sprec@saukprairieschools.org or call (608) 643-0520

Parent Meeting* Wednesday, May 31 Sauk Prairie High School North Gym @ 6:30 PM*****

A parent/guardian needs to attend

- Discuss our program
- Meet your Coach(es) – both Youth and High School football coaches will be present
- Answer any questions you have
- Review Heads Up Program

Concussion Testing

Monday, July 24th at High School computer lab

1:00 – 1:40 PM – 4th Grade

1:40 – 2:20 PM – 5th Grade

2:20 – 3:00 PM – 6th Grade

Monday, August 7th at High School computer lab

6:00 – 9:00 PM – 7th, 8th Grade and any remaining athletes

**** Please complete the Youth Liability Waiver and the Concussion acknowledgement (at the end of this packet). **These should be returned along with registration information.** The following is a link regarding concussion information from WIAA. <http://www.wiaawi.org/Health/Concussions.aspx>

Sauk Prairie Youth Football Camp

- Available to all 4th – 8th grade players
- Date: July 25th, 26th and 27th
- Time: 1:00-2:30 PM
- Location: Sauk Prairie High School football practice field
- ***Football Discount Cards, camp t-shirt and apparel from football clothing orders will be handout out players the last day of camp***

Equipment Handout/Weigh-In Every player must attend equipment hand out and weigh in.

- **Monday, August 7th**
- Equipment shed behind the baseball diamond at Grand Avenue School (corner of 5th Street and Lincoln Avenue)
 - 8th Grade – 5:30 PM to 6:00 PM**
 - 7th Grade – 6:00 PM to 6:30 PM**
 - 6th Grade – 6:30 PM to 7:00 PM**
 - 5th Grade – 7:00 PM to 7:30 PM**
 - 4th Grade – 7:30 PM to 8:00 PM**
- **If you cannot make it on the 7th, equipment must be picked up an hour prior to practice (4:30-5:15 PM) on Tuesday, August 8th**
- Weigh ins for all ages will be held at equipment handout, dates listed above.
You will only be weighed in one time.
 - ✓ The kids should wear light weight shorts and a t-shirt as they will be trying on equipment.
 - ✓ Equipment exchange problems will be taken care of by the Head Coach at each grade level.

Please treat this equipment as if it was your own. It costs a lot of money to outfit each athlete and the longer the equipment lasts, the lower we can keep our fees.

Recommended Jersey cleaning instructions:

- ✓ Wash immediately after use/game
- ✓ Wash in COLD water
- ✓ Wash with a mild detergent
- ✓ For best results – clothesline dry or hang on a rust proof clothes hanger
 - ✓ If need to tumble dry:
 - Set on Air only
 - No heat
 - Turn jersey inside out
- ✓ Do NOT use bleach or fabric softener
- ✓ Do NOT dry clean

Mini-Camp (3 days)

August 8th, 9th and 10th – ALL GRADES 5:30 to 7:30 PM – Grand Avenue practice fields

- All players are required to attend these 3 practices
- Each player is **REQUIRED** to bring their helmet and mouth guard
- Dress: shorts, spikes/cleats and t-shirt
- **PLEASE BRING WATER!**

Team & Individual Photos

We have scheduled a photographer to take individual and team photographs. Players should try on all gear prior to pictures to make sure everything fits. Picture order forms will be handed out during equipment handout. Players need to wear their black pants, shoulder pads and game jersey for pictures and please include money (checks preferred) and order forms completed. The following dates have been scheduled:

4th, 5th & 6th grades – August 22nd – Grand Avenue Practice Fields

(pictures are taken on the side of the school/Marion Park)

4th – 5:00 PM

5th – 5:30 PM

6th – 6:00 PM

7th & 8th grade – August 24th – High School Practice Fields

7th – 5:00 PM

8th – 5:30 PM

Parent's Assistance

Without volunteers, we would either not have a league or the costs would be much higher. Unfortunately, a lot of the time, it is the same parents who get involved. This is your chance to help us with volunteer work. We are looking for several volunteers to help run our club, whether that be a board member, fundraising, clothing sales, equipment coordinator, team coordinator, Concessions, Field workers. Please let us know if you can help the program in any way!

Questions can be answered by:

- Sauk Prairie Community Recreation Department at sprec@saukprairieschools.org or by phone at (608) 643-0520
- Randy Wallace at randylwallace@hotmail.com or by phone at (608) 963-6897
- Sauk Prairie Youth Football Board of Directors

2017 Board of Directors

- Randy Wallace – President – randylwallace@hotmail.com
- Dan Pethan – Vice President – dkpethan@gmail.com
- Jim Breunig – Treasurer – jim@breunigcpa.com
- Jess Martin – Secretary – merrmartin4@gmail.com
- Sharon Diehl – Registration/Information Coordinator – diehlgs@hotmail.com
- Mark Hertzfeldt – board member – mark_hertzfeldt@hotmail.com
- Rod Holler – board member – holler5@charter.net
- Brad Ballweg – board member – bandcballweg@charter.net
- Greg Sprecher – board member – gwsprecher@frontier.com
- Andrew Strathman – board member – thestrathmans@yahoo.com
- Greg Markley – board member – lmarkley@charter.net
- Carmen Freight – board member – jrcf@merr.com

Team Coordinators

- 4th Grade – TBD
- 5th Grade – Nanette Backeberg – rjandnan@merr.com and Kelly Schultz – kellyschultz1980@hotmail.com
- 6th Grade – Jess Martin – merrmartin4@gmail.com
- 7th Grade – Gina Goodwin – gina.goodwin.sp.football@gmail.com
- 8th Grade – Brooke Kinney – brooke_kinney@hotmail.com

Club Advisors

- Brad Breunig – bbreunig@cellonorthamerica.com
- Jeff Powell – powellfam7@aol.com

2017 Parent Advisory Board

- Kathy Pethan – dkpethan@gmail.com
- Aimee Wallace – awallace@rsd.k12.wi.us
- Kara Katers – k2katers@yahoo.com

Please feel free to contact any of the parent advisory board with any concerns you have with SP Youth Football or any of its volunteers, coaches or players.

Remember it is all about the kids. Let's make sure that parents and athletes are modeling the behaviors of GREAT sportsmanship!

**Sauk Prairie Youth Football
Registration Form - 2017**

Athlete's Name: _____ **Birth Date:** _____

Grade (Fall 2017): _____ **School:** _____ **Age:** _____

Address: _____

City: _____ **Zip:** _____

Father/Guardian _____ **Mother/Guardian** _____

Father Home Phone: _____ **Mother Home Phone:** _____

Father Cell Phone: _____ **Mother Cell Phone:** _____

Father Email: _____ **Mother Email:** _____

Emergency Contact: _____ **Emergency Phone:** _____

Village/Township (circle one) - REQUIRED

Affiliated Communities

\$85: Village PdS Village SC Town PdS Roxbury Sumpter Town of Mazo

Non Affiliated Communities

\$105: Village of Merrimac Town of Merrimac West Point Troy Honey Creek Other (_____)

Fund Raiser – **if you choose not to participate in our fundraiser please check this box and pay an additional \$60.00 at time of registration** (Note: by not participating, you are excluded in any fundraising rewards offered)

I have read the information (on page 1 of the registration packet) regarding the sale of the football discount cards and understand the specifics.

Yes No – Are you planning on attending the Sauk Prairie Youth Football Camp? This camp is not required however you are encouraged to attend. See page 3 for more info.

Tshirt size for football camp (circle size): Youth M Youth L Youth XL Adult S Adult M Adult L Adult XL

PLEASE MAKE CHECKS PAYABLE TO: SPCRD

For Community Center or League use only:

Program: Youth Tackle FB	Program Fee:	Cash or Check #
Attended Meeting: <input type="checkbox"/>	Date:	Received by:

Volunteer Opportunities (please check if interested)

- | | | |
|---|--|--|
| <input type="checkbox"/> Coaching | <input type="checkbox"/> Team Coordinator | <input type="checkbox"/> Concessions |
| <input type="checkbox"/> Equipment handout | <input type="checkbox"/> Field help (line judges, etc.) | <input type="checkbox"/> Youth Football Board |

PARENT & ATHLETE AGREEMENT

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.

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 _____



125 South Webster Street,
PO Box 7841,
Madison, WI 53707-7841

PHONE 608-266-3390
TOLL FREE 800-441-4563
WEB SITE <http://www.dpi.wi.gov>

Questions and Contact Information

Name _____ Date _____

Address _____

City _____ Zip _____ County _____

Phone _____ Email _____

Age _____ School _____ School District _____

Check all that apply
I participate in:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Football | <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Hockey |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Golf | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Track & Field | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Skiing/Snowboarding |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Tennis | <input type="checkbox"/> Swimming & Diving | |
| <input type="checkbox"/> 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 the person operating the youth athletic activity.

BADGER CENTRAL YOUTH ALLIANCE / MIDDLE SCHOOL ALLIANCE

Program Name: Badger Central Youth Alliance/Middle School Alliance

Team Name: Sauk Prairie Youth Football

I hereby authorize the coaching staff and agents of the Badger Central Youth Alliance (BCYA) and Middle School Alliance (MSA), a Wisconsin Non-Stock Corporation, to use and disclose any and all of my child's individual health and medical information or other information that I have herein provided or subsequently provide in writing. This release authority applies to any information which may be governed by the Health Insurance Portability and Accountability Act of 1996 (aka HIPPA), 42 USC 1320d and 45 CFR 160-164.

Further, I hereby consent and authorize the coaching staff and agents of the BCYA/MSA to seek out and authorize the necessary hospital care and/or medical treatment for the child named herein for any illness or injury that may occur while such child is participating in, or in the care or custody of an agent of the BCYA/MSA. I understand that medical and other information herein or subsequently provided to the BCYA/MSA will be used if medical treatment and or hospital care is required and I am not immediately available to obtain said medical care or treatment or give my consent for the performance of said care or treatment. The coaching staff and agents of BCYA/MSA will do their best to seek care from the doctor or the hospital as herein provided by me, however, I hereby authorize them to use their best judgment in obtaining expedient and proper care of my child in the event the designated facilities herein are not practical or available under the circumstances.

Athlete's Name _____

Physician Name _____

Clinic _____ Phone _____

Address _____

Hospital _____ Phone _____

Current Medications _____

Pre-Existing Medical Conditions _____

Allergies _____

Other comments or instructions _____

Medical Insurance Provider _____

Policy Number _____

Program Name: Badger Central Youth Alliance/Middle School Alliance

Objectives: The objectives of this League shall be to provide wholesome recreation for all eligible persons, to teach sportsmanship and the fundamentals of competitive and contact-tackle football and to operate a football league providing organized and supervised tackle football. The Badger Central Youth Alliance (BCYA) and Middle School Alliance (MSA), a Wisconsin Non-Stock Corporation, requires that each player in good standing participate in a minimum of 25% of the total number of plays per half.

Fees: I agree to pay the player registration fees before the first practice. If I am unable to pay the entire fee with my registration form, I agree to set up a payment plan approved by the Board of Directors. I understand that no fees will be refunded after the final weigh-in and that players whose fees are not paid in full by the first practice will not be allowed to practice until the fees are satisfied in full. I also agree to provide BCYA/MSA a copy of my child's birth certificate or other acceptable form of identification before the league weigh-in date. I understand that our failure to adhere to this policy could result in my child being removed from the BCYA/MSA.

Release of Claims for Personal Injury and Property Damage: In consideration of granting my child permission to participate in the BCYA/MSA, I, the undersigned parent or guardian, of said child hereby consent to such participation and specifically agree to the following terms: I hereby release and discharge BCYA/MSA, its agents, coaches, and Board of Directors from all liability, claims, demands, actions, judgments and executions which the undersigned ever had, or has now, or may have, or claim to have against BCYA/MSA, its successors and/or assigns, for all personal injuries and injuries to property, known or unknown, caused by or arising out of participation in this football league, including games, team member activities, practices, and/or any activities incidental thereto, during the season. I hereby waive, indemnify, release and forever discharge BCYA/MSA, its agents, coaches, and Board of Directors from any and all claims for injury, damage, medical costs and other such related costs that may result from my child's participation in this football league.

I understand and am aware of the fact that by participating in the football season, I, on behalf of my child, assume certain risks of injury to my child. I am willing to assume the risks of such injury including, but not limited to any injury which may be caused by other participants or spectators. I understand and am aware that the potential risk of injury from football is significant, including the potential for permanent paralysis, bodily injury, total and partial disability, and death, and while particular rules, equipment and personal discipline exist, the risk of serious injury does exist. By my signing this document and by my child's participation, I knowingly assume all such risks, both known and unknown, that may occur while a participant in this league. I agree that if any claim for my child's personal injury or wrongful death is commenced against the coaches, employees, agents, or Board of Directors of BCYA/MSA, I shall defend, indemnify and hold them harmless from any and all claims or causes of action by whomever or wherever made or presented for my child's personal injuries, property damage or wrongful death.

I acknowledge that I have read the above paragraphs herein and have not relied upon any representation made by members of BCYA/MSA, that I am fully advised of the potential dangers of football and understand these waivers and releases are necessary to allow youth football leagues to exist in the present form. Significant exclusions apply to the insurance coverage held by BCYA/MSA, including limited or no liability coverage for certain claims of personal injury or property damage by a player. If the law renders any part of this agreement unenforceable, the remainder of this agreement shall nevertheless remain enforceable to the full extent allowed by the laws of the State of Wisconsin. This agreement affects your legal rights and you may wish to consult an attorney concerning this agreement.

Sportsmanship: I understand that I and or my child are to act in a sportsmanlike manner at all times, and agree that my child shall abide by the following: use of acceptable language and social behavior, refrain from use of alcohol, tobacco, or illegal drugs, listen to directions of coaches and show respect towards coaches at all times, attendance of all practices and games. I understand that if my language, behavior or attitude with players, other parents, coaches or officials is repeatedly negative, I will be given one official warning and then asked not to participate in BCYA/MSA events.

I/we the parents of the above named candidate on the Sauk Prairie Youth Football Team gives my/our approval to his/her participation in any and all league activities during the current season. I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the Sauk Prairie Youth Football League, the organizer sponsors, supervisors, participants and person transporting my/our son or daughter to or from activities for any claim arising out of an injury to/my our son or daughter, except to the extent and in the amount covered by accident or liability insurance.

I/we agree to return upon request the uniform and other equipment issued to my/our son or daughter in as good condition as when received except for normal wear and tear.

My signature below certifies that I have read and understand the requirements of me and my child to participate in the Sauk Prairie Youth Football (Badger Central Youth Alliance/Middle School Alliance).

Parent/Guardian Signature _____

Date _____

RELEASE AND WAIVER OF LIABILITY

This Release is by the party signing below (herein referred to as "Releasor"), and is given to Badger Central Youth Alliance (BCYA), Middle School Alliance (MSA), Sauk Prairie Youth Football (SPYFB), Heads Up Football, LLC, USA Football, Inc., and each of their respective subsidiaries, affiliates, divisions, owners, officers, agents, board members, employees, consultants, grantors, sponsors, agents, legal representatives, administrators, assigns, heirs, executors, those for whom each is acting and those acting with any of their authority and permission (collectively as "Releasees").

Initial _____ **RELEASE OF ALL CLAIMS.** Releasor, being of lawful age (or, in the case of a minor, through his/her parent or guardian), in consideration of being permitted to participate in the football and cheer program, including football games, practices, workouts, camps and clinics, jamborees, scrimmages, and post-season competitions (collectively and individually, the "Season"), hereby releases and discharges Releasees from all present and future liabilities, debts, obligations, costs, expenses, damages, losses, charges, judgments, executions, liens, claims, demands, actions or causes of action of whatever nature or description, in equity or at law, whether caused in whole or in part by the Releasees or any other person or thing during the Season while Releasor is present, which the Releasor or his/her child or ward (each a "child"), family, estate, heirs, representatives, executors, administrators, successors or assigns (collectively, "Related Parties") may have, whether known or unknown, suspected, asserted or not asserted, arising out of participation by the Releasor or his/her child in the Season, and agrees that Releasees are not responsible for any of the foregoing arising out of the Season, even if caused by their ordinary negligence. The Releasor understands, acknowledges and accepts that this Release and Waiver is intended to be binding on the Releasor and anyone related to Releasor.

Initial _____ **RISKS ACCEPTED; MEDICAL TREATMENT.** The Releasor further understands, acknowledges and accepts that participation in the Season involves certain inherent risks, including, but not limited to, property damage, economic loss and serious bodily injury (including death), and agrees that the Releasor or his/her child is voluntarily participating in the Season with full knowledge of the risks involved and accepts all risks of participation. The Releasor declares that the Releasor or his/her participating child is physically fit and has the requisite skill level to participate in the Season. The Releasor authorizes Badger Central Youth Alliance (BCYA), Middle School Alliance (MSA), and Sauk Prairie Youth Football (SPYFB) to provide medical treatment to the Releasor or his/her child, at the Releasor's cost, should the need arise. The Releasor understands, acknowledges and accepts that he or she must provide his/her own medical insurance for the participant.

Initial _____ **GRANT OF PUBLICITY RIGHTS.** The Releasor further grants the Releasees the right, but does not otherwise impose the obligation, to photograph, videotape and/or otherwise use the Releasor and/or his or her participating child's name, face, likeness, voice and appearance in connection with exhibitions, publicity, advertising and promotional materials, free of charge without reservation or limitation.

The Releasor understands, acknowledges and accepts that this Release and Waiver of Liability is intended to be as broad and inclusive as permitted by the laws of the state(s) in which the Season is taking place and agrees that if any portion of this Release and Waiver is invalid, the remainder will continue in full legal force and effect.

Signature: _____ Date: _____

Name (please print): _____ Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Participant Name (please print): _____ Participant Age: _____

League Name: **Badger Central Youth Alliance (BCYA), Middle School Alliance (MSA)**

Club Name: **Sauk Prairie Youth Football (SPYFB)**