

**SAUK PRAIRIE STRIKERS IN-HOUSE
2018/2019 REGISTRATION INFORMATION**

**Monday, April 16th at SP High School Commons from 6:00 pm – 8:00 pm
OR**

Saturday, May 12th at August Derleth Park from 8:00 am – 11:00 am

STRIKERS IN-HOUSE GOAL: To teach soccer skills both in a practice and game setting.

DIVISIONS:

- Division K - Kindergarten
- Division 1 - 1st Grade
- Division 2 - 2nd Grade
- Division 3 - 3rd – 4th Grade

COACHES:

Volunteers coach in all divisions. If you are interested in coaching, please indicate it on the registration form.

PRACTICES AND GAMES:

Practices are held during the week for one hour with games scheduled on Saturday mornings. Each team plays twelve games, six games in the fall and six games in the spring (Season runs Sept. 8 – Oct. 13 and April 6 – May 11). Children are randomly placed on teams according to grade. You can expect to hear about team rosters and information at the **end of August**. Your child's coach will contact you with individual team information.

COST:

Checks payable to **SPCRD**

- \$65. Per participant from affiliated municipality (VPDS, VSC, R, S, PDS, Mazo)
- \$85. Per participant from non-affiliated municipality (HC, T, Merr, WP, Sprgfld)
- \$50. Per family opt out, if not volunteering

REGISTRATION:

- o Accepted until **July 1, 2018**
- o In person on 4/16 or 5/12
- o Mail to: Sauk Prairie Community Recreation Department
730 Monroe Street
Sauk City, WI 53583
- o Drop off at the Sauk Prairie Community Recreation Department
- o Online at <https://apm.activecommunities.com/saukprairie/Home> (there is a convenience fee charged when registering online with a credit card)

LATE REGISTRATION: Registrations accepted until July 1. After July 1, participants will be placed on a waiting list and charged a \$20 late fee.

*****Attention all parents – The Sauk Prairie Strikers Soccer Club is in need of additional individuals looking to help shape, direct, & assist this youth program. There are several big and small areas we can use volunteers. Please check the box in the Volunteer Opportunities section of your form. Those who choose not to help will be required to pay an opt out fee of \$50 per family. If you have further questions, please contact Amy Buffardi at abuffardi@sbcglobal.net. This is a great way to help Sauk Prairie Strikers Soccer Club succeed and give back to the Sauk Prairie Community!*****



SAUK PRAIRIE STRIKERS IN-HOUSE REGISTRATION FORM FALL 2018/SPRING 2019



First Name _____ Last Name _____ Gender _____ GRADE 18/19 _____ Birthdate _____

Street Address _____ Apt. _____ City _____ State _____ Zip Code _____

VILLAGE/TOWNSHIP Circle one (Required)

Affiliated Community \$65 Village of Pds Village of SC Town Pds Roxbury Sumpter Town of Mazo

Non Affiliated Comm. \$85 West Point Troy Honeycreek Town of Merrimac Village of Merrimac Town of Spring Field

GUARDIAN OR PARENT INFORMATION:

Father's name: _____ Phone (1) _____ Email _____

Mother's name: _____ Phone (1) _____ Email _____

Emergency contact name: _____

Emergency contact phone#: _____

T-SHIRT SIZE: (please circle)

YOUTH S M L

ADULT S M L XL

PLEASE RATE YOUR CHILD'S SKILL LEVEL:

1
2
3
 Beginner Average Above Average

VOLUNTEER OPPORTUNITIES: (check one)

- I am willing to coach!
- We will volunteer our time towards one of the Sauk Prairie Strikers volunteer opportunities.
- We will NOT be able to volunteer and will pay the \$50 opt out fee.

EMERGENCY INFORMATION:

Does your child have medical problems that we should be aware of (bee stings; **Food** or other allergies, epi-pen)?

Consent for Emergency Medical Treatment:

As the parent or guardian of the above named player, I hereby consent to emergency medical treatment performed by a licensed physician under any condition where it is judged by adult supervisors to be needed to protect my child's health and well-being, and where my specific consent is not immediately available.

Waiver of Liability:

I further agree to abide by the rules of the Sauk Prairie Strikers Soccer Club. I release, discharge, and/or indemnify Sauk Prairie Strikers Soccer Club and it's sponsors, coaches and other personnel including the Sauk Prairie Community Recreation Department and the owners of fields and facilities used by the organization against any claim by or on behalf of the registrant as a result of the person's participation in the programs or while being transported to/from the game, such transport I hereby authorize.

Signature of Parent or Guardian: _____

MAKE CHECKS PAYABLE TO SPCRD

Office use only:

Amount Due: _____ Amount Received: _____ Check # _____ Received by: _____

Concussion Information and Waiver



Parent/Athlete Concussion Awareness Information

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 AND 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 they are OK to return to play.

Signs Observed by Coaching Staff:

- Appears dazed or stunned
- Is confused about position or assignment
- 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
- Cannot recall events **prior** to hit or fall
- Cannot recall events **after** hit or fall

Symptoms Reported by Athletes:

- 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 they exhibit any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse or slurred speech
- Weakness, numbness or decreased coordination
- Convulsions, seizures or unusual behavior
- Cannot recognize people or places
- Becomes increasingly confused or agitated
- Loses consciousness for any amount of time

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 healing, they are 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. It 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 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 are OK to return to play. Rest is the key to help an athlete recover. Exercising or activities that involve a lot of concentration (studying, computers, video games) may cause concussion symptoms to reappear or worsen. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

I, _____, of Sauk Prairie Recreation Department
(Student / Athlete Name)

Sport: _____

hereby acknowledge having received education about the signs, symptoms and risks of sport related concussion as provided in the information above. I also acknowledge my responsibility to report to my coaches, parent(s) / guardian(s) any signs or symptoms of a concussion.

Signature and printed name of student / athlete

Date

I, the parent / guardian of the student athlete named above, hereby acknowledge having received education about the signs, symptoms and risks of sport related concussion as provided in the information above.

Signature and printed name of parent / guardian

Date