



PROGRAM REGISTRATION FORM (One FORM per household)

Things are always changing...
Check here if you have made changes to your address/phone/e-mail address in the past 3 months or since the last time you registered with us.

Family Last name: _____
 Mailing Address: _____ City & Zip: _____
 Home Phone: _____ Cell phone: _____
 E-mail address (Rec Department use only) _____
***Please put current e-mail address, Rec Dept will notify you of program updates via e-mail**
 Father's name _____ Mother's name _____
 Work Phone _____ Cell _____ Work Phone _____ Cell _____
Emergency Contact Name _____ Phone _____

Village/Township (Circle one):
Affiliated: Village PdS Village SC Town PdS Roxbury Sumpter Tn of Mazomanie
Non-affiliated: Village of Merrimac Town of Merrimac West Point Troy Honey Creek Springfield Other (_____)
****Non-affiliated rate varies depending on the program. Please check with department if you are unsure of correct fee.**

Shirt size (only for select programs): Youth: S (6/8) M (10/12) L (14/16) Adult: S M L XL

Participants Name	M/F	Age	Grade 15-16	Date of Birth	Program Name	Program #	Fee	
Please make checks payable to SPCRD							Total Due	

Method of Payment	<input type="checkbox"/> Cash <input type="checkbox"/> Check #: _____ **If you register online, you can use Credit Card. Please note there is a convenience fee for using this service.
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VOLUNTEER - GIVE BACK

Can you Volunteer Coach/Chaperone? _____ Name of volunteer: _____
 Program: _____

Special Needs (medications, allergies, etc.):

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 set forth by the Sauk Prairie Community Recreation Department (SPCRD). I release, discharge, and/or indemnify the SPCRD and its sponsors, coaches and other personnel and the owners of 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/Guardian _____ **Date** _____
 Assume you are registered in all the programs you have signed up for. If you would like a confirmation, please include a self-addressed stamp envelope. The Recreation Department **will only notify you if a program is full or cancelled.**

Please drop off or mail payment to SP Recreation Department, 730 Monroe St, Sauk City WI 53583
Questions? Call 643-0520 for assistance. Please check over form for completeness.
Visit our website: <http://www.saukprairieschools.org/recdept/>

OFFICE USE ONLY	_____ Amount Paid	_____ Date Paid	_____ Received by	Cash or Check
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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 Sport: _____
(Student / Athlete Name)

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