



## 2019 FIL Youth Track & Field



Youth Track & Field allows children grades K5-4<sup>th</sup> grade the opportunity to learn the basics of sprinting, distance running, long jump, softball throw and healthy living concepts such as flexibility and cardiovascular fitness. Participants will practice one day a week right after school for 6 weeks and the season will conclude with a track meet located at Cedarburg High School. We will have one Saturday practice at Cedarburg High School.

SCHOOL	SESSION DATES	TIME	FEE
First Immanuel	Wednesdays April 24-May 29	2:45- 4:00pm	\$35
Practice at Cedarburg High School	Saturday May 4	9:00- 11:00am	Included

TRACK MEET		
Date	Time	Location
6/5/2019	5:30pm	Cedarburg High School Track

**How to Register:** Complete the registration form below, enclose payment (check or cash) and mail or drop off at Town Hall at 1293 Washington Avenue. Office hours are Monday – Friday 8:00am – 4:30pm.

**Registration deadline is April 17th.**

**Make Checks Payable to "Town of Cedarburg"**

### VOLUNTEER COACHES NEEDED

The success of this program relies on volunteer coaches. For the safety and development of all athletes we keep the coach/athlete ratio of 1:8. A waiting list will be created once we are over our ratio and no new athletes will be allowed to participate until we have enough coaches. If you are able to coach please indicate that below in the Parent

### PARTICIPANT INFORMATION

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

Gender: Male Female Date of Birth: \_\_\_\_\_

Grade: K5 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> Shirt Size: YS YM YL AS AM AL AXL

### PARENT INFORMATION

(Parent 1)  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City & Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

(Parent 2)  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
City & Zip \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

**VOLUNTEER COACH : YES NO**

**VOLUNTEER COACH : YES NO**

### OVER TO SIGN WAIVER

OFFICE USE ONLY	FEE PAID		DATE	CHECK # /Cash		STAFF	
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**WAIVER AND RELEASE OF ALL CLAIMS**  
**\*\*\*\*\* PLEASE READ THIS DOCUMENT CAREFULLY \*\*\*\*\***

Be aware that in signing up and participating in the identified programs/activities (the "Activities") or in renting or using the identified park and/or recreation facilities (the "Facilities"), you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, death, damages or loss which you and/or your minor child/ward might sustain as a result of such participation, rental or use (including, but not limited to, transportation services/vehicle operation, when provided).

The Town of Cedarburg, the Town Board, its committees, its commissions, its officials, agents, volunteers and employees (collectively the "Town") are committed to conducting its park programs, recreation programs, and renting its facilities, in a safe manner. The Town strives to reduce risks and insists that all participants follow safety rules and instructions designed to promote participants' safety. However, participants and parents/guardians of minors registering for the Activities or applying to rent or use the Facilities must recognize that there is an inherent risk of injury or death when participating in the Activities or when renting or using the Facilities.

You are solely responsible for determining if you or your minor child/ward is physically fit and/or adequately skilled for the Activities, or for the rental or use of the Facilities, contemplated by this agreement. It is always advisable, especially if the participant, child or ward is pregnant, suffers from any underlying medical condition, or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

**I recognize and acknowledge that there are certain risks of physical injury or death to participants in the Activities, or in renting or using the Facilities, and I agree to assume the full risk of any and all injuries, death, damages or losses, regardless of severity, that my minor child/ward or I sustain as a result of said participation or as a result of said rental or use. I further agree to waive all claims I or my minor child/ward may have or which may accrue to me or to my minor child/ward as a result of participating in the Activities, or as a result of renting or using the Facilities, against the Town.**

**I do hereby fully release and forever discharge the Town from any and all claims for injuries, death, damages or loss that my minor child/ward or I may have or which may accrue to me or to my minor child/ward or to my family, my estate, my heirs and/or assigns, arising out my/our participation in the Activities or rental or use of the Facilities.**

**I have read and understand the above information, warning of risk, assumption of risk, and waiver and release of all claims, and have signed this Waiver and Release freely and knowingly. If registering on-line or via facsimile, my electronic or facsimile signature shall have the same legal effect as my original handwritten signature on this form.**

**I acknowledge that the Activities or Facilities may be photographed/videotaped by Town staff to use for promotional purposes. By participating in the Activities or renting or using the Facilities, I grant permission for my/our image(s) to be used for such purposes.**

This "WAIVER AND RELEASE OF ALL CLAIMS" must be signed by all participating adults and/or by one parent or custodial parent or guardian of children under age 18. Without proper signatures, your application or registration cannot be processed and will be returned to you.

**Parent/Guardian Signature:**

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# CONCUSSION Information Sheet



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

## What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

## How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - › Work with their coach to teach ways to lower the chances of getting a concussion.
  - › Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
  - › Ensure that they follow their coach's rules for safety and the rules of the sport.
  - › Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



**Plan ahead.** What do you want your child or teen to know about concussion?

## How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

### Signs Observed by Parents or Coaches

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (*even briefly*).
- Shows mood, behavior, or personality changes.
- Can't recall events *prior to* or *after* a hit or fall.

### Symptoms Reported by Children and Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

**Talk with your children and teens about concussion.** Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*

To learn more, go to [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)



Centers for Disease Control and Prevention  
National Center for Injury Prevention and Control

**Concussions affect each child and teen differently.** While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



## What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

Revised 5/2015

## What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.



To learn more, go to [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)

You can also download the CDC *HEADS UP* app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

**Discuss the risks of concussion and other serious brain injury with your child or teen and have each person sign below.**

*Detach the section below and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injury.*

I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Athlete Signature: \_\_\_\_\_

I have read this fact sheet for parents on concussion with my child or teen and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_