

2018 Boys 5th Grade Basketball

Public School Program

The Park and Recreation department sponsors this fifth grade basketball program for boys attending public schools. The goals of this program include basic skills instruction, participation, sportsmanship, and fun. We are now in the process of recruiting volunteer coaches. We are hoping that parents or other interested individuals will come forward. If you have any interest or know of someone who has, please contact our office at 262-8080. We ask that parents who are not involved in coaching be supportive of their child's coaches, and the program goals.

TEAMS - Teams are formed based on the school attended for ease of transportation and communication.

PRACTICES - Will be held at the school gymnasiums right after school (approximately 3:30-5:00 pm). Available practice days will be Monday, Tuesday, Thursday, and Friday. Practices are scheduled to begin in early November.

GAMES - After approximately 2 weeks of practice, games will begin. These will be scheduled on practice days beginning at about 3:45. Parents will be responsible for transportation to these games. All players will receive a schedule. Teams will play approximately 10 games.

ATTIRE - All players are required to wear tennis shoes. Basketball style shoes are recommended. T-shirts, shorts or sweat pants are recommended for practice. Jerseys will be provided for games.

FEES - Fees payable to the "City of Watertown" should be paid at the time of registration. \$25.00 for city residents and \$37.50 for those residing outside the city limits.

REGISTRATION - Forms should be completed and **returned to the school office or Park and Recreation office by Friday, October 19, 2018.** Children will not be allowed to participate until signed forms are returned.

SPECIAL NEEDS - The department will make every effort to comply with the regulations associated with the Americans With Disabilities Act (ADA). In the space provided, list any special needs that the participant may have that would benefit his participation in this program. The department will attempt to accommodate these needs and will contact you to discuss participation. **Parent should communicate any special needs with their coach.**

2018 BOYS 5TH GRADE BASKETBALL

Name _____ Age _____
Address _____ City _____
Phone _____ Email _____

School Attending: Douglas Lebanon Schurz Webster

Teams will need a coach to participate in this program.

Is parent willing to help coach? Yes No If Yes, Parent Name: _____

List any special needs or medical conditions this participant has: _____

I understand the inherent risk of injury involved in participation in this sports program and verify that my child is medically fit to participate. I give my permission to the supervisors of this program to take the proper steps in case my child is in need of emergency medical attention. I also release the sponsoring groups and their agents from any and all claims arising from this child's participation in this activity.

Signature of parent/guardian: _____ Date _____

FEE PD: \$25.00/CR \$37.50/NCR Tax Included

5th Boys Basketball

Watertown Park & Recreation Department

PARENT & ATHLETE CONCUSSION 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/we have **read** the Parent Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I/we also understand the common signs, symptoms, and behaviors. I/we agree that my child must be removed from practice/play if a concussion is suspected.

I/we understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I/we understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I/we understand the possible consequences of my child returning to practice/play too soon.

Athlete Agreement:

I/we have **read** the Athlete Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused.

I/we understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I/we understand that athlete must be removed from practice/play if a concussion is suspected. I/we understand that the athlete must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I/we understand the possible consequence of returning to practice/play too soon and that athlete's brain needs time to heal.

For Information on Concussion, please either come to our office for a paper copy, our facebook page ("Like" Watertown Park and Recreation Dept), or go to our website www.ci.watertown.wi.us.

Parent/Athlete Concussion Agreement

My child & I have read the above statements and sign acknowledging that if a concussion is suspected that the athlete will not play until clearance is given from the health care provider.

Parent/Guardian Signature_____

Date_____

Athlete Signature_____

Date_____