

2018 Youth Flag Football Registration

- Program:** Instructional play – this program is intended to introduce children and their families to the exciting sport of Flag Football and to develop skills that include throwing, catching, and other football fundamentals. This program will be a joint effort between the Watertown Park & Recreation Department and the Watertown High School Football Program.
- Ages:** Boys & Girls who are enrolled in Grades 4-6 for the 2018 school year.
- Format:** Maximum of 9 players per side. 50-minute continuous clock. Two 25-minute halves-clock stops for timeouts. All games will have referees.
- Equipment:** All players need to wear a mouth guard to participate. Football cleats or sneakers are allowed, but **NO** metal spikes.
- Season:** Practices will be determined by coaches and games will be held on Thursday evening's beginning September 20 – October 25, 2018, at either 5:30 pm, 6:30 pm or 7:30 pm.
- Location:** Washington Park
- Coaches Meeting:** Mandatory meeting to go over rules, play book, schedule and questions August 22 at 7:00 pm at Senior Center.
- Evaluations:** Player evaluations will be held for all players on Saturday, August 25 from 9:00-10:00 am at Watertown High School Lower Football Practice Field. Evaluations will be conducted by Watertown High School football staff and varsity players.
- Draft:** Teams will be formed via draft by our volunteer coaches on August 29 at 7:00 pm at Senior Center.
- Deadline:** **Friday, August 24, 2018 - \$10.00 late fee after August 24, 2018.** **T-Shirt Included**
- Fees:** \$30.00/city residents \$45.00/non-city resident Tax Included
- Special Needs:** The department will make every effort to comply with the regulations associated with the American's with Disabilities Act (ADA). In the space provided, list any special needs that the participant may have that would benefit his/her 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.**

.....
Watertown Parks & Recreation Department

2018 Youth Flag Football Registration

Name _____ Age _____ Grade _____ M or F
Address _____ City _____
Phone _____ Email _____

Shirt Size: YS YM YL AS AM AL AXL

Is parent willing to help coach? Yes No If yes, parent name _____

League: 4th Grade 5th Grade 6th Grade

List any special needs or medical conditions this participant has _____

I understand the inherent risk of injury 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 Paid: \$30.00/cr \$45.00/ncr

Flag Football

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 _____