

2018 Open Ping Pong

Program: Stop in for a friendly competition. All ability levels are welcome! Paddles and balls will be provided but you can bring your own, as well.

Ages: Adult (ages 16 and older). Participants under 18 must sign a concussion form.

Location: Watertown Senior & Community Center Fitness Center in Lower Level

Dates & Times: Thursdays, August 16-December 20, 2018 – 6-8 pm (omit November 25)
Saturdays, August 18-December 22, 2018 – 1-3 pm (omit November 27)

Facebook: “Like” Watertown Park and Recreation Dept. to get updates on programming and weather cancellations.

Daily Fee: \$3.00/city resident \$5.00/non-city resident Free for Senior Center Members

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.
Participant should communicate any special needs with their instructor.



Watertown Parks & Recreation Department

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Th/Sat Aug 16-Dec 22 (omit Nov 25 & 27)

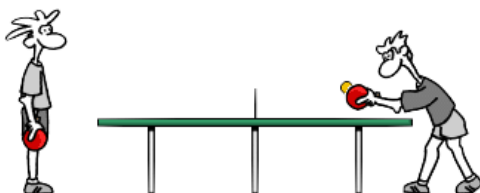
Name _____ Age _____ M or F
Address _____ City _____ Zip _____
Phone _____ Email _____

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 _____

Daily Fee Paid: \$3.00/cr \$5.00/ncr Free for Senior Center Members



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_____