

# 2018 Watertown Soccer Club Summer Clinic

**Format:** Sessions will consist of teaching and reinforcing soccer techniques and skills. Scrimmaging will be part of each session. Shin-guards and tennis shoes are encouraged.

**Ages:** Boys and Girls ages 9-14 (as of September 1, 2018).

**Location:** Brandt/Quirk Soccer Complex

**Dates:** Saturdays, July 7, 14, 21, 28, August 4

**Times:** 9:00-11:00 am

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

**Fees:** \$45.00/city resident                      \$67.50/non-city resident

**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/instructor.**



.....  
Watertown Parks & Recreation Department

## 2018 Watertown Soccer Club Summer Clinic

Saturdays, July 7, 14, 21, 28, August 4

Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ 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 \_\_\_\_\_

Fee Paid:      \$45.00/cr      \$67.50/ncr      Tax Included

**Soccer Camp**



# 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](http://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 \_\_\_\_\_