

2019 Girls 5th Grade Basketball

Program: The Watertown Parks and Recreation Department sponsors this 5th Grade Girls basketball for girls attending public schools. The goals of this program include basic skill instruction, participation, sportsmanship, and fun! **We are now in the process of recruiting volunteer coaches. We need parents or other interested individuals to come forward.** If you have any interest or know of someone who is, please contact our office at 920-262-8080. Parents who are not involved in coaching need to be supportive of their child's coaches and the program officials.

Location: Douglas School, 1101 Prospect Street.

When: Tuesdays and Thursdays, January 3-29, 2019, approximately 3:30-5:00pm depending on coaches' ability to arrive at 3:30pm. May need a later start time to accommodate coaches' schedules.

Please Note: Parents are responsible for the supervision of their children from the time school is dismissed until the time this program's practices and games begin. Children may not remain in the school buildings unsupervised during that timeframe.

Games: Games are tentatively scheduled for January 15, 17, 22, 24 and 29. Details will follow after practices start.

Attire: All players are required to wear athletic shoes. T-shirts and shorts or sweatpants are recommended.

Fees: \$30.00/city resident \$45.00/non-city resident

Register

Online: <https://watertownwi.recdesk.com/community>

Deadline: Friday, December 28, 2018

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 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

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Name _____ Age _____ Grade _____

Address _____ City _____ Zip _____

Phone _____ Email _____

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 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

5th Grade Girls Basketball

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<https://watertownwi.recdesk.com/community>

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_____