

2019 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.
- New:** Watertown High School Varsity Football players will be serving as our coaches!
- Ages:** Boys & Girls who are enrolled in Grades 4-6 for the 2019 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.
- Skills & Drills:** On August 26 & 28 at Washington Park from 7:00-7:45 pm participants will be put through drills introducing them to football skills.
- Season:** Practices will be Saturdays at 9:10 am at Washington Park. Games will be held on Thursday evening's beginning with a scrimmage on September 12. League will be September 19-October 17, 2019 at either 5:30 pm, 6:30 pm or 7:30 pm.
- Location:** Washington Park

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

Deadline: Monday, August 19, 2019 - \$10.00 late fee after August 19, 2019. **T-Shirt Included**

Fees: \$40.00/city residents \$60.00/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.**

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Watertown Parks & Recreation Department

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Name _____ Age ____ DOB _____ Grade ____ M or F
Address _____ City _____ Zip _____
Phone _____ Email _____

Shirt Size: __YS __YM __YL __AS __AM __AL __AXL

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: \$40.00/cr \$60.00/ncr

Flag Football

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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_____