

2019 Little Dunkers Basketball

Registration Deadline Monday, October 28th.

- AGES** - Open to boys and girls in 5K through Grade 4.
- REGISTRATION** - Deadline Monday, October 28, 2019 in the Park and Rec office. Registration is limited and will be filled on a first come, first served basis. **Fees are \$30.00 for city residents and \$45.00 for those living outside the city limits.**
- PROGRAM** - Instruction will stress basic skills and fundamentals of the game. The players will have ample opportunity to practice new-found skills and perfect their talents on scaled-down equipment designed just for this program.
- CLOTHING** - All players should wear loose fitting clothing and wear rubber-soled tennis shoes.
No black soled tennis shoes please
- FACEBOOK** - “Like” Watertown Park and Recreation Dept. to get updates on programming and weather cancellations.
- REGISTER ONLINE** - <https://watertownwi.recdesk.com/community>
- LOCATION** - Webster School, 634 South 12th Street (*Please enter the gym from the south school parking lot*)
- DATES** - November 2, 9, 16, 23, December 7, 14, 2019
- TIMES:** **5K/Grade 1** – 8-9:30 am **Grade 2 & 3** – 9:40-11:10 am **Grade 4** – 11:15 am – 12:45 pm

SPECIAL NEEDS - The department will make every effort to comply with the regulations associated with the Americans with Disabilities Act (ADA). In the space provided below, please 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 instructor.**



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November 2, 9, 16, 23, December 7, 14, 2019

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

Division (please circle): **5K/Grade 1** **Grade 2/3** **Grade 4**

List any special needs, medial or physical conditions this participant has and the coach should be aware of

I hereby release the sponsoring groups and/or their agents from any and all claims arising from his/her participation in t his activity and verify that the above is medically fit to participate in this activity.

Parent/Guardian Signature: _____ Date _____

Fee: \$30/cr \$45/ncr

Little Dunkers

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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 _____