

Watertown Parks & Recreation Department  
514 South First Street  
920-262-8080

# 2019 Youth Lacrosse Camp

(Registration begins May 1)

**Format:** This program is offered to boys and girls ages 8-17 years. It is designed to help establish skills and techniques necessary for development within the game of lacrosse. Each week skills such as scooping, throwing, shooting, and catching are introduced and worked on. Participants will be able to have fun while learning a new sport.

**Ages:** Boys and Girls ages 9-17 (as of September 1, 2019).

**Location:** Riverside Middle School (131 Hall Street)

**Dates:** Monday Evenings, June 17, 24, July 8, 15, 22 (omit July 1)

**Times:** 7:00-8:00 pm

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

**Fees:** \$35.00/city resident                      \$52.50/non-city resident                      *Fee includes t-shirt*



## Register

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

**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.**

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Watertown Parks & Recreation Department

## 2019 Youth Lacrosse Camp

Monday Evenings, June 17, 24, July 8, 15, 22 (omit July 1)

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ M or F

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

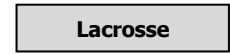
**Player Shirt Size:** YS      YM      YL      AS      AM      AL      AXL      Other: \_\_\_\_\_

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:      \$35.00/cr                      \$52.50/ncr                      Tax Included



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

# Watertown Park & Recreation Department

## Parent & Athlete Concussion Agreement

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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).**

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### 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\_\_\_\_\_