



## YOUTH WRESTLING CLUB

4K-5th Grade MS Wrestling Room

Door #34 5:30—6:30 PM

Tuesday & Thursday, Dec 6—15; Jan 3—Feb 9

Activity Code WR200.201 \$40R/\$50NR

The wrestling club will provide students with the basics and fundamentals of High School wrestling. Information will also be available to parents who wish to enter their children into wrestling tournaments throughout the area.

Primary Instructor Joel Shilling, former South Milwaukee High School Varsity Wrestling Coach



## USA Wrestling Membership Card

To participate in tournaments, you MUST purchase a \$35 USA Wrestling Membership Card. Information on USA Cards will be provided by the coach. This is a separate fee made payable directly to the USA Wrestling.

**Benefits of joining USA Wrestling:** injury insurance, admitting wrestlers into sanctioned tournaments free wrestling magazine, discounts on wrestling gear etc.



## South Milwaukee Recreation Department

90115th Avenue, South Milwaukee, WI 53172

Park in the east High School lot and enter door #24

Phone: (414) 766-5081 Fax: (414) 766-5085 Web: smrecdept.org **0**

# PARENT/ATHLETE CONCUSSION AGREEMENT

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-mail address: -----

### WHAT IS A CONCUSSION

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

### SIGNS AND SYMPTOMS OF CONCUSSION

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If an athlete reports one or more symptoms of concussion listed below after a bump, blow, or jolt to the head or body, s/he must be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom free and it's OK to return to play.

### SYMPTOMS REPORTED BY ATHLETES

- Headaches or "pressure" in the head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to noise or light
- Feeling sluggish, hazy, foggy or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right"

### SIGNS OBSERVED BY PARENTS & COACHES

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness
- Mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

### CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Convulsions or seizures & slurred speech
- Is drowsy or cannot be awakened
- Cannot recognize people or places
- A headache that not only does not diminish, but gets worse
- Becomes increasingly confused, restless, or agitated
- Weakness, numbness, or decreased coordination
- Has unusual behavior
- Repeated vomiting or nausea
- Loses consciousness (loss of consciousness should be taken seriously).

### WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

### WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

I the undersigned do hereby agree to allow the individual named herein to participate in the activities indicated. I am aware and understand there may be potential risk inherent with participation in any recreation activity, and that the School District of South Milwaukee does not provide accident insurance and cannot assume responsibility for injury to any participants in the recreation programs.

I the undersigned have read and fully understand the concussion protocols for athletes and will turn in the signed Parent/Athlete Concussion Agreement form to the Recreation Department prior to participation. (This form and additional concussion information is available online at smrecdept.org and available in the Recreation Department Office.)

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student/Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_



## South Milwaukee Recreation Department

90115th Avenue, South Milwaukee, WI 53172

Park in the east High School lot and enter door #24

Phone: (414) 766-5081 Fax: (414) 766-5085 Web: smrecdept.org **0**

# REGISTRATION FORM

### PAYOR INFORMATION (ADULT/PARENT/GUARDIAN)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail address: -----

**All adult participants must sign below. The Parent or Legal Guardian is required for youth registration.**

*In consideration of accepting this registration, I recognize that there are risks inherent to participation in recreational activities. I agree to indemnify and hold harmless the School District of South Milwaukee, its staff, employees and volunteers from and against any and all liability for bodily injury and/or property damage which may result from participation in the program. I hereby fully consent to emergency medical treatment, should emergency personnel or a physician deem such attention necessary. No accident insurance provided.*

*I understand the eligibility requirements for the program as stated in the department brochure or flyers and that there is no transfer of fees allowed or refunds given unless the department changes a class. I further understand that photographs taken during recreation programs may be used by the Recreation Department for promoting their programs, classes or events.*

***I have read and fully understand the concussion protocols for athletes and will turn in the Parent/Athlete Concussion Agreement Form at the time of registration. I understand that this form and additional concussion information is also available online at smrecdept.org or I may pick up a form in the Recreation Department Office.***

Participant or Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Participant First & Last Name	M/F	Birthday xx/xx/xxxx	Age	Gr	School Attending	Class Name	Activity Code	Fee \$	
Make checks or money order payable to the South Milwaukee Recreation Department								Check#	Total

**0**

If your child is registering for a program that includes at-shirt, please circle the size: **XS S M L XL**