



# New Holstein Recreation

## Boys & Girls 5th—8th Grade Basketball

For Office Use Only:	
Paid CASH / Check # _____	
\$30 Resident	<input type="checkbox"/>
\$35 Non-Resident	<input type="checkbox"/>

**The youth basketball program offers instructional basketball for boys and girls in grades 5-8. Practice/Games are scheduled with coaches/league and will run late October through March.**

- Focus:**
- Activity** | Practices will be active, dynamic, and inclusive to all, with a focus on competition.
  - Character** | Respect for others will be expected by players/coaches.
  - Skills** | Exposure to all areas of the game will be taught and practiced by all participants.
  - Progression** | Adjustments will be made to advance skills and comprehension for all levels of players.

**Registration Deadline:** September 16, 2016 (\$10 Late Fee/Team placement not guaranteed after this date)

**Questions?** Contact Kevin Heise @ 414-750-2346, nhbasketballheise@gmail.com

**FEE:** City Resident \$30.00 | **Make check to:** City of New Holstein  
 Non-City Resident \$35.00 | 2110 Washington St, New Holstein, WI 53061

**Volunteer!** **\*\*Coaching clinic and video library of practice drills provided\*\***

\_\_\_ Coach (Plan and execute practice plans/schedules/games)

\_\_\_ Helper (Organization/setup/support in practice/games)

Participant Name (Print First Last)	Address	City	Home Phone	Current Grade	Gender M/F
Parent Name (Print First Last)	Cell Phone #		Email		
Parent Name (Print First Last)	Cell Phone #		Email		

\*\*\*Please fill out concussion and waiver form on REVERSE SIDE\*\*\*

### City of New Holstein 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 (print) \_\_\_\_\_ have read the Parent Concussion and Head Injury Information at [http://sped.dpi.wi.gov/sped\\_tbi-conc-guidelines](http://sped.dpi.wi.gov/sped_tbi-conc-guidelines) and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected. I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me. I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach. I understand the possible consequences of my child returning to practice/play too soon.

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

#### ATHLETE AGREEMENT:

I (print) \_\_\_\_\_ have read the Athlete Concussion and Head Injury Information at [http://sped.dpi.wi.gov/sped\\_tbi-conc-guidelines](http://sped.dpi.wi.gov/sped_tbi-conc-guidelines) and understand what a concussion is and how it may be caused. I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian. I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play. I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Have you ever had a concussion? \_\_\_\_\_, if yes, how many? \_\_\_\_\_

Have you ever experienced concussion symptoms? \_\_\_\_\_

Did you report them? \_\_\_\_\_

\_\_\_\_\_  
Athlete Signature Date

### Waiver of Liability and Release of Claims

I/We will not hold the City of New Holstein or Recreational Department Staff and Volunteers responsible for their negligence in the event of an accident/injury as a result of my child's participation in this recreational program. I/We release and discharge all claims that may arise to us as parents or guardians and to our child.

I hereby waive the right I have to bargain for different waiver of liability forms.

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

\_\_\_\_\_  
Name of Parent or Guardian ( Please Print)

### Insurance Information

Medical Insurance Carrier: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

List any special medical conditions/allergies that the coaches should be aware of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List the names and phone numbers of persons who can be contacted during a game or practice in the event of an injury requiring emergency medical treatment (if parents can't be reached):

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

I hereby certify that my child is in good physical health and may participate in all recreational activities. I also give permission for my child to be given emergency medical treatment.

Name of Parent or Guardian: (Print) \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_