



New Holstein Recreation Volleyball Girls entering 7th & 8th Grade

June 19, 2019 and June 20, 2019 12:00pm-3:00pm
New Holstein High School Gym

For Office Use:

Paid: cash / check

\$ _____

Coach _____

This youth volleyball program offers fundamental skill building volleyball instruction for girls.
Fundamentals are stressed through age related skills and drills.



Contact: Kim Olson, Recreation Volleyball Program
Director, 920-948-5518

Complete this form and mail or drop it off, with cash/check
(payable to: **City of New Holstein**), at the New Holstein City
Hall: **Recreation Volleyball, City of New Holstein,**
2110 Washington St., New Holstein, WI 53061

FEE: \$35.00

**Registration Deadline:
June 5, 2019**

\$5 Late fee assessed after this date

PLEASE PRINT

Players Name: _____

FIRST

LAST

Grade Completed June 2019: _____ Girls completing 6th or 7th Grade

Address: _____ City: _____ Zip: _____

Home Phone #: _____

Parent Name: _____ Cell #1: _____

Email: _____

Parent Name _____ Cell #2: _____

Email: _____

******This is for INCOMING 7th and 8th graders meaning the child has completed 6th or 7th grade in June of 2019. If your child is attending summer school they may bring a lunch and eat in the cafeteria.**

Waiver of Liability & Insurance Information

Family Physician _____

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:

_____	_____	_____	_____
Name	Phone #	Name	Phone #

I hereby certify that my child is in good physical health and may participate in all recreational activities. I will not hold the City of New Holstein or Recreational Department Staff and volunteers responsible in the event of an accident/injury as a result of my child's participation in this recreational program. I also give permission for my child to be given emergency treatment at a local hospital.

Parent or Guardian Signature

Name of Parent or Guardian (Please print)

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 _____ have read the Parent Concussion and
(please print)

Head Injury Information at http://speed.dpi.wi.gov/speed_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 _____ have read the Athlete Concussion and
(please print)

Head Injury Information at http://speed.dpi.wi.gov/speed_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? Yes No If yes, how many? _____

Have you ever experienced concussion symptoms? Yes No Did you report them? _____

Athlete Signature _____

Date _____

**** CHILD MUST SIGN ****

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: _____ Phone: _____

Family Physician: _____ Phone: _____

Family Dentist: _____ Phone: _____

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

No Allergies

List: _____

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 _____

Dated _____

Parent or Guardian Signature _____ Name of Parent or Guardian (Please Print) _____