## New Holstein Recreation Girls 5th—6th Grade Volleyball

	For O	ffice	Use Or	ıly:	
Shirt:	☐ Yo	uth		Adult	
Paid	<b>CASH</b>	/ <b>C</b>	heck #	_	
Amou	nt Paid				

This introductory program is for girls currently in grades 5 & 6, interested in learning and perfecting the fundamentals of volleyball. Basic beginner skills will be taught. Games will be played against teams in our surrounding area. Games are usually played on Mondays starting between the hours of 6-7PM. Practices will be determined by volunteer coaches availability and gym space and will run late August through October.

**FEE:** \$35.00 (includes T-shirt)
Return form and make check payable to

\*\*\*Please fill out concussion form on reverse side before turning in.

City of New Holstein,

**PLEASE PRINT** 

2110 Washington St, New Holstein, WI 53061

Now accepting credit cards (available at city hall or at www.ci.newholstein.wi.gov)

Registration Deadline: August 15, 2018

(No team placement guaranteed after this date) (NO refunds given after first practice)

\$10 Late fee assessed after this date



## Questions please contact Kim Olson at 920-795-4104

Players Name:			
	FIRST	LAST	
	(Girls entering grades 5-		
Home Phone #:		<b>T-shirt Size</b> Youth_	Adult
Parent Name:	Cel	l #1:	
Email			
Parent Name	Ce	II #2:	
Email:			
form is available at	s will be provided. A back	•	
Family Physician	Waiver of Liability &	Insurance Information	_
List any special medic	al conditions/allergies that the	e coaches should be aware	e of:
List the names and phevent of an injury req	none numbers of persons who uiring emergency medical trea	o can be contacted during atment:	g a game or practice in the
Name	Phone #	Name	Phone #
I will not hold the City the event of an accide	ny child is in good physical he y of New Holstein or Recreati nt/injury as a result of my ch y child to be given emergency	onal Department Staff and ild's participation in this r	d volunteers responsible in ecreational program. I also
Parent or Guardian Sig	gnature	Name of Parent or C	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 Head
I (please prin	nt)
Injury Information www.cdc.gov/owhat a concussion is and how it m	concussion or http://sped.dpi.wi.gov/sped_tbi-conc-guidelines and understand ay be caused. I also understand the common signs, symptoms, and behaviors. I sed from practice/play if a concussion is suspected.
I understand that it is my responsib	pility to seek medical treatment if a suspected concussion is reported to me.
I understand that my child cannot a health care provider to his/her coach	return to practice/play until providing written clearance from an appropriate ch.
I understand the possible conseque	ences of my child returning to practice/play too soon.
Parent/Guardian	
Signature	Date
ATHLETE AGREEMENT:	
I (please print)	have read the Athlete Concussion and Head
(please print) Injury Information www.cdc.gov/o what a concussion is and how it me	concussion or http://sped.dpi.wi.gov/sped_tbi-conc-guidelines and understand
I understand the importance of rep	orting a suspected concussion to my coaches and my parents/guardian.
	ed from practice/play if a concussion is suspected. I understand that I must propropriate health care provider to my coach before returning to practice/play.
I understand the possible conseque	ence of returning to practice/play too soon and that my brain needs time to heal.
Athlete	
Signature	Date