

New Holstein Recreation Girls 5th—6th Grade Volleyball

For Office Use Only:
 Shirt: Youth ___ Adult ___
 Paid CASH / Check # _____
 Amount Paid _____

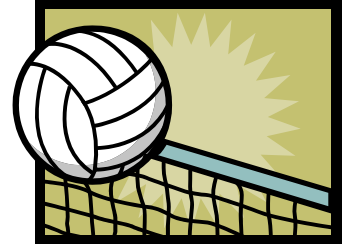
This introductory program is for girls currently in grades 5 & 6, interested in learning and perfecting the fundamentals of volleyball. Basic beginner skills will be taught. Games will be played against teams in our surrounding area. Games are usually played on Mondays starting between the hours of 6-7PM.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

\$35.00 Before July 12, 2019

\$45.00 After July 12, 2019

Fee includes T-Shirt

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



**Return form and make check payable to
 City of New Holstein,
 2110 Washington St, New Holstein, WI 53061**
 Now accepting credit cards
 (available at city hall or at www.ci.newholstein.wi.gov)

Questions please contact Kim Olson at 920-948-5518

PLEASE PRINT

Players Name: _____

Current Grade: _____ (Girls entering grades 5-6) FIRST _____ LAST _____

Address: _____ City: _____ Zip: _____

Home Phone #: _____ **T-shirt Size** Youth _____ Adult _____

Parent Name: _____ Cell #1: _____

Email: _____

Parent Name _____ Cell #2: _____

Email: _____

Coaches Needed!

Training for coaches will be provided. A background check is required and the application form is available at City Hall.

_____ **Yes, I would like to help coach. Name** _____ **Phone #** _____

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 Head
(please print)

Injury Information www.cdc.gov/concussion or 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 _____ have read the Athlete Concussion and Head
(please print)

Injury Information www.cdc.gov/concussion or 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.

Athlete

Signature _____ Date _____