

Attention Volleyball Players (& Parents) in Grades 4-8:

Unfortunately, as some of you may have heard, One Wisconsin will no longer be offered in this area. I encourage all athletes who are interested in playing club volleyball to try out at any local club (Southern Heat is offered at Iowa Grant, or UWP offers a club as well). For those that are unable to participate in club and/or would like additional practice, I will be offering a **winter camp** for students in grades 4-8. Practices will take place at the Fennimore High School and last an hour and a half (see dates below). We will work on individual skills, team skills, ball handling, and learn offensive and defensive positions.

To register for our winter camp, please email your daughter's name, grade level, and t-shirt size to me BEFORE November 15th (see my email address below). I will then use your email to send updates, forms, and a confirmed schedule (with practice times). The winter camp fee is \$75 and includes a t-shirt! All forms and payment must be received on the first day of camp, December 8th. You can also find the forms online at fennimorevolleyball.weebly.com. Checks should be written to: Fennimore Volleyball Club. Please email me at nelsonj@fennimore.k12.wi.us with questions and/or to register. I look forward to working with your daughter!

Sincerely,

Jerica Nelson

Practice times are TBD (depending on the amount of girls), however, they will be scheduled between

2-6pm:

Sunday, December 8th

Sunday, January 5th

Sunday, January 19th

Sunday, February 2nd

Sunday, February 16th

Sunday, March 1st

Sunday, March 15th

Waiver & Release of Liability for Fennimore Volleyball Club

I acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inactions of negligence, but the actions, inactions or negligence of others, the rules of play or the condition(s) of the premises or the equipment used. Further, that there may be other risks unknown to us, or not reasonably foreseeable at this time and assume all forgoing risks and accept personal responsibility for the damages following such injury, permanent disability, or death.

Intending to be legally bound, I do hereby release, waive, discharge or covenant not to sue Fennimore Volleyball Club, its affiliated programs, the Fennimore Volleyball Club coordinators, coaches, volunteers, other participants, sponsoring agencies, sponsors, and owners and lessors of the premises used to conduct the events, all of which are referred to as "release" from all liability from the undersigned, his or her heirs and next of kin for any claims, demands, losses or damages on account of injury including death or damage to property, caused or alleged to be caused in whole or part by the negligence of the "release" or otherwise in connection with the association or participation in and/or arising out of my travel to participate in a Fennimore Volleyball Club event.

Consent for Medical Treatment

In the event that the undersigned player sustains injury or illness while participating in a Fennimore Volleyball Club event, I hereby authorize any emergency first aid, medication, medical treatment, or surgery deemed necessary by licensed medical personnel. I also give my permission for attending medical personnel to execute on my behalf permission forms regarding treatment of my minor participant and other necessary medical documents and to act on my behalf if I am not immediately available to do so.

THE UNDERSIGNED HAS READ THE ABOVE WAIVER AND RELEASE OF LIABILITY, UNDERSTANDS THAT HE/SHE HAS GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGNS IT VOLUNTARILY.

Player's Full Name _____

Player's Age _____ Player's Date of Birth _____

Name of Physician _____

Clinic _____ Phone # _____

Allergies or Health Conditions _____

Player's Address _____ Home Phone # _____

Father's Name _____ Father's Work # _____

Father's Address _____ Father's Cell # _____

Mother's Name _____ Mother's Work # _____

Mother's Address _____ Mother's Cell # _____

Primary Email Address(es) _____

Name & Phone # of Emergency Contact(s) _____

Signature of Parent or Guardian _____

Printed Name of Signee _____

Relationship to Player _____ Date Signed _____



PARENT & ATHLETE 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. *This form must be completed for every sports' season and every youth athletic organization the athlete is involved with.*

Parent Agreement:

I _____ have **read** the Parent Concussion and Head Injury Information 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 Injury Information 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 _____



Questions and Contact Information

Name _____ Date _____

Address _____

City _____ Zip _____ County _____

Phone _____ Email _____

Age _____ School _____ School District _____

Check all that apply
I participate in:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Football | <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Hockey |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Golf | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Track & Field | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Skiing/Snowboarding |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Tennis | <input type="checkbox"/> Swimming & Diving | |
| <input type="checkbox"/> Other _____ | | | |

Name of Current Team _____

1. Have you ever had a concussion? _____, if yes, how many? _____

2. Have you ever experienced concussion symptoms? _____ Did you report them? _____

Emergency Contacts:

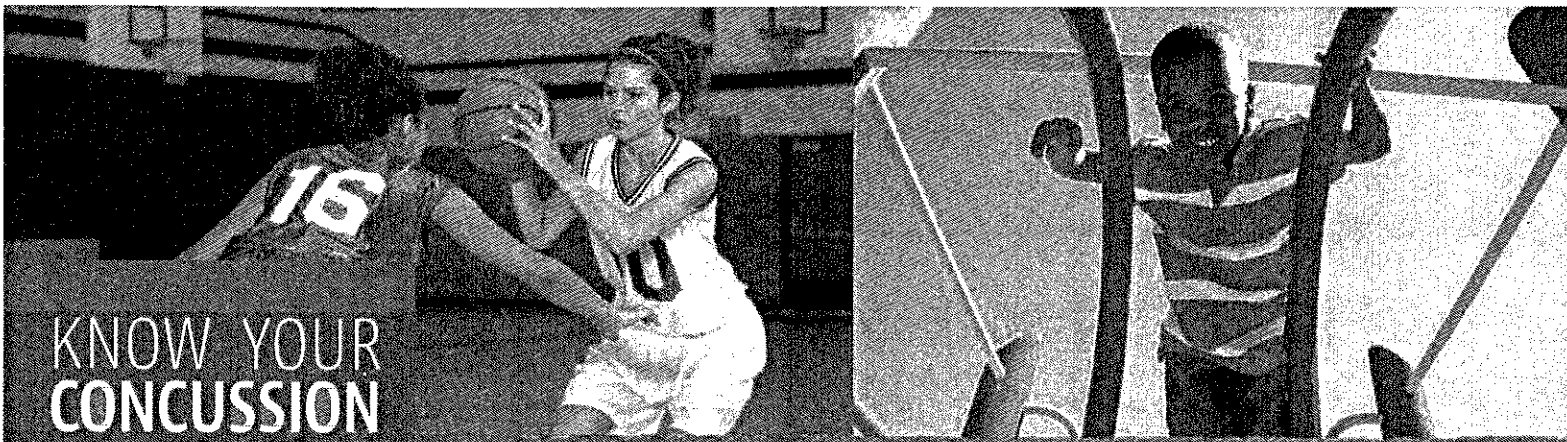
Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

Please complete this form and return to the person operating the youth athletic activity.



KNOW YOUR CONCUSSION ABCs

Assess the situation Be alert for signs and symptoms Contact a health care provider

Wisconsin Fact Sheet for Parents

What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head and can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious.

Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

What are the signs and symptoms of a concussion?

You can't see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how your child or teen is acting or feeling, if symptoms are getting worse, or if s/he just "doesn't feel right." Most concussions occur without loss of consciousness.

If your child or teen reports **one or more** of the symptoms of concussion listed below, or if you notice the symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

SIGNS AND SYMPTOMS OF A CONCUSSION

SIGNS OBSERVED BY PARENTS OR GUARDIANS

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events prior to the hit, bump, or fall
- Can't recall events after the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

SYMPTOMS REPORTED BY YOUR CHILD

Thinking/Remembering:

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

Physical:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

Emotional:

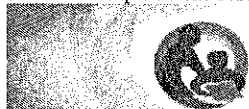
- Irritable
- Sad
- More emotional than usual
- Nervous

Sleep*:

- Drowsy
- Sleeps less than usual
- Sleeps more than usual
- Has trouble falling asleep

*Only ask about sleep symptoms if the injury occurred on a prior day.

Materials adapted from U.S. Dept of HHS Centers for Disease Control and Prevention



WISCONSIN DEPARTMENT OF
PUBLIC INSTRUCTION



DANGER SIGNS

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Difficult to arouse
- Severe headache or worsening headache
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Children and teens with a suspected concussion should NEVER return to sports or recreation activities on the same day the injury occurred. They should delay returning to their activities until a health care provider experienced in evaluating for concussion says they are symptom-free and provide written clearance to return to activity. This means, until permitted, not returning to:

- Physical Education (PE) class,
- Sports conditioning, weight lifting, practices and games, or
- Physical activity at recess.

What should I do if my child or teen has a concussion?

1. Seek medical attention right away. A health care provider experienced in evaluating for concussions can direct concussion management and review when it is safe for your child to return to normal activities, including school (concentration and learning) and physical activity. If your child or teen has been removed from a youth athletic activity because of a suspected or confirmed concussion or head injury, they may not participate again until he/she is evaluated by a health care provider and receives written clearance to participate in the activity from the health care provider.
2. Help them take time to get better. If your child or teen has a concussion, her or his brain needs time to heal. Your child or teen should limit activities while he/she is recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, using a computer, texting, or playing video games may worsen or prolong concussion symptoms (such as headache or tiredness). Rest will help your child recover more quickly. Your child may become upset that he/she cannot participate in activities.

3. Together with your child or teen, learn more about concussions. Talk about the potential long-term effects of concussion and the problems caused by returning too soon to daily activities to quickly (especially physical activity and learning/concentration).

How can I help my child return to school safely after a concussion?

Help your child or teen get needed support when returning to school after a concussion. Talk with your child's school administrators, teachers, school nurse, coach, and counselor about your child's concussion and symptoms. Your child may feel frustrated, sad, and even angry because he/she cannot keep up with schoolwork and learn as well after a concussion. Your child may also feel isolated from peers and social networks. Talk often with your child about these issues and offer your support and encouragement. As your child's symptoms decrease, the extra help or support can be removed gradually. Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed,
- Spend fewer hours at school,
- Be given more time to take tests or complete assignments,
- Receive help with schoolwork, and/or
- Reduce time spent reading, writing, or on the computer.

To learn more about concussions go to:

www.cdc.gov/Concussion; www.wiaawi.org; www.nfhs.org

