

Parent/Athlete Concussion Agreement Form

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/we have **read** the Parent Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I/we also understand the common signs, symptoms, and behaviors. I/we agree that my child must be removed from practice/play if a concussion is suspected.

I/we understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I/we understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I/we understand the possible consequences of my child returning to practice/play too soon.

Athlete Agreement:

I/we have **read** the Athlete Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused.

I/we understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I/we understand that athlete must be removed from practice/play if a concussion is suspected. I/we understand that the athlete must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I/we understand the possible consequence of returning to practice/play too soon and that athlete's brain needs time to heal.

For Information on Concussion, please either come to our office for a paper copy, our facebook page ("Like" Watertown Park and Recreation Dept), or go to our website .

Parent/Athlete Concussion Agreement

My child & I have read the above statements and sign acknowledging that if a concussion is suspected that the athlete will not play until clearance is given from the health care provider.

Parent/Guardian

Signature _____ Date _____

Athlete

Watertown Park & Recreation Department

Watertown Youth Football

Presents:

2015 Youth Flag Football



Registration Deadline: August 28, 2015

Program Objectives:

This program is intended to introduce children and their families to the exciting sport of Flag Football. This program will be a joint effort between the Watertown Park & Recreation Department and Watertown Youth Football Program. Volunteer coaches will strive to develop skills that include: throwing, catching and other football fundamentals. Team play, sportsmanship and FUN will be stressed.

"Like" Watertown Park and Recreation Dept on Facebook to receive programming updates, weather cancellations, etc.

The YMCA (415 S. 8th St) has registration for grade K-3

DEADLINE: Friday, August 28, 2015

GAMES:
Mondays & Thursdays beginnings September 28, 2015.

PRACTICES:
Days and times arranged by coaches.

FORMAT:
Maximum of 8 players per side. 50-minute continuous clock. Two 25 minute halves—clock stops for timeouts. All games will have referees.

COACHES:
Coaching is done on a volunteer basis. We need coaches for this years program. If you have any interest, please indicate so on the registration form and contact the Park & Recreation office.

EQUIPMENT:
All players need to wear a mouth guard to participate. Football cleats or sneakers are allowed, but **NO** metal spikes.

FEES: \$25.00/city residents \$37.50/non-city residents
Tax Included.

EVALUATION DAY:
Player evaluations will be held for all players on Saturday, September 12 from 10:30 am—12:00 pm at Watertown High School Lower Football Practice field. Evaluations will be conducted by Watertown High School football staff and Varsity players.

DRAFT:
Teams will be formed via draft conducted by Watertown Youth Football staff.

REGISTRATION:
All interested players must return the registration form and player fee to the Park & Rec office, 514 S. First St, no later than August 28, 2015 by 5:00 pm.

INSURANCE:
Injuries have been minimal in past years; however, parents should be aware of the inherent risks involved in all sport programs. We ask that parents make sure that their children are in proper physical condition when participating. The department does not provide hospital/medical coverage for participants of this program.

SPECIAL NEEDS:
The department will make every effort to comply with the regulations associated with the Americans with Disabilities Act (ADA). In the space provided on the registration form, please list any special needs that the participant may have that would benefit his/her participation in this program. The department will contact you to discuss these needs.

WATERTOWN PARK AND RECREATION DEPARTMENT

2015 Youth Flag Football Registration

This form should be returned to the Park and Rec. office, 514 S. First Street

NAME _____

ADDRESS _____ PHONE _____

PARENT'S EMAIL _____

AGE _____ BIRTHDATE _____

IS PARENT WILLING TO HELP COACH? ___YES ___NO

If Yes, Please contact the Park and Rec Office.

T-SHIRT SIZE: (Circle one)

YOUTH MED

YOUTH LG

ADULT SM

ADULT M

ADULT LG

ADULT XL

List Any Special Needs this Participant Has:

List Any Medical/physical Conditions the Coach Should Be Aware Of:

LEAGUE (Fall 2015 Grade):

___	4th Grade	\$25 cr	\$37.50 ncr	
___	5th Grade	\$25 cr	\$37.50 ncr	Tax Included
___	6th Grade	\$25 cr	\$37.50 ncr	

I understand the inherent risk of injury involved in participation in this sports program and verify that my child is medically fit to participate. I give my permission to the supervisors of this program to take proper steps in case my child is in need of emergency medical attention. I also release the sponsoring groups and their agents from any and all claims arising from this child's participation in this activity.

Signature of Parent/Guardian _____ Date _____