

# YOUTH SPORTS PARTICIPATION FORMS

All students participating in MPS Youth Sports Leagues must have the following forms completed and on file with the school's Sports Coordinator prior to the start of team practices. All forms must be verified (player's birthdate and grade) by the sports coordinator. All forms must be retained for at least 3 years.

- ☐ Activity Permit
- ☐ Player & Parent/Guardian Code of Conduct
- ☐ Parent & Athlete Concussion Information & Agreement
- ☐ Middle School Sports Academic Eligibility Worksheet (middle school only)

*Youth Sports Participation Form are available upon request in Spanish, Hmong, and Karen.*

# ACTIVITY PERMIT

## ELEMENTARY SCHOOL/MIDDLE SCHOOL SPORTS LEAGUES

**2019-2020**

(Please check appropriate box)

☐ Basketball    ☐ Cross Country    ☐ Cheerleading    ☐ Flag Football    ☐ Soccer  
☐ Softball    ☐ Tennis    ☐ Track    ☐ Volleyball    ☐ Other \_\_\_\_\_

Student Name: \_\_\_\_\_ ☐ Male    ☐ Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ School: \_\_\_\_\_

Grade: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_

Email Address: \_\_\_\_\_

**\*\*\* THIS PART TO BE FILLED OUT BY PARENT/LEAGAL GUARDIAN – PLEASE PRINT \*\*\***

Parent/ Legal Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

List any previous injuries: \_\_\_\_\_

List any physical disabilities: \_\_\_\_\_

List any allergies: \_\_\_\_\_

List any medication the athlete may be taking or will use: \_\_\_\_\_

Preference of physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**NOTE:** Injuries are a natural part of sports. MPS is not responsible for injuries incurred by players during games, scrimmages, and practices. Players should be covered by their own insurance.

Name of Health Insurance: \_\_\_\_\_

In an emergency, please list two persons you recommend we call if you cannot be reached:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**YOUTH SPORTS OPPORTUNITY HANDBOOK:** I understand that all parents/guardians and student athletes are required to comply with all current policies and procedures as established by Milwaukee Public Schools/Milwaukee Recreation and their individual school. Milwaukee Recreation policies and procedures are available in the current edition of the Youth Sports Opportunity Handbook, which is available at [www.MilwaukeeRecreation.net](http://www.MilwaukeeRecreation.net).

**PLAYING TIME RULES:** I understand that all Youth Sports Leagues have playing time rules. Specific playing time rules can be found in the league rules posted on [www.MilwaukeeRecreation.net](http://www.MilwaukeeRecreation.net).

**EQUIPMENT/UNIFORMS:** As parent/legal guardian of the above-named student, I agree to be financially responsible for the safe return of all athletic equipment and school sponsored uniforms issued to him/her.

**GAME SUSPENSIONS:** I understand that the Youth Sports Office has the authority to suspend individuals based on reports from staff and their own observation or investigation.

**SCHOOL SUSPENSIONS:** I understand that if my son/daughter is suspended from school he/she may not practice, compete, or participate in athletics while the suspension is in effect.

**SPORTSMANSHIP:** I understand that good sportsmanship is essential in maintaining a safe, fun, and accepting sporting atmosphere for all participants. Respect for all student athletes, opponents, spectators, officials, and the Milwaukee Recreation staff is imperative for the enjoyment of competition by all participants. I understand that unsportsmanlike conduct and profane language will not be tolerated in Milwaukee Public Schools Recreation and Youth Sport programs.

**TRAVEL:** I understand that parents/guardians are responsible for the transportation needs of athletes on practice days and game days.

**HAZING:** Hazing is prohibited for all elementary and middle school athletic activities. Participating in or unreported knowledge of hazing activities will result in disciplinary action.

**PLAYER PARTICIPATION FEES:** I understand that I may be charged a player athletic fee by the school that my child attends to participate on a sports team. In addition, I understand that there are no refunds of player athletic fees due to weather cancellations, player suspensions, or a player quitting the team.

**PHOTO PERMISSION/RELEASE:** I understand that there are times when the local news media, national news media and/or nonprofit organizations partnering with Milwaukee Public Schools (MPS) request the opportunity to videotape, take photographs and/ or interview participants within Milwaukee Recreation and MPS. By signing this, I understand that and give permission for MPS to allow this with respect to my child and/or myself. I also understand that by signing this release I give permission to MPS to make or use pictures, slides, digital images, or other reproductions of me, of my minor child or of materials owned by me or my child, and to put the finished pictures, slides, or images to use without compensation in broadcast productions, publications, on the Web, or other printed or electronic materials related to the role and function of the MPS. I understand that by signing this, I am, on behalf of myself and/or my child, releasing MPS and its directors, officers, employees and agents, from any future claims as well as from any liability arising from the use of any photograph or other images. This form shall be valid for the duration of the current Milwaukee Recreation program season.

**WAIVER:** I/we recognize that unanticipated situations and problems can arise during Recreation activities that are not reasonably within the control of the recreation staff (including volunteers). I/we therefore agree to release and hold harmless the Milwaukee Board of School Directors, its agents, officers, employees, and volunteers, from all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to myself or my child and the costs of medical services.

**PERMISSION:** I hereby grant permission for my child/myself to participate in the above-named MPS Recreation event. In the event of an injury requiring medical attention, I hereby grant permission to the recreation staff (including volunteers) to attend to my son/daughter or myself including seeking medical attention.

**I have read and understand the rules and regulations printed on this card and agree to abide by them. I further acknowledge that failure to abide by any MPS eligibility regulations could result in loss or limitation of the privilege of participation in MPS Youth Sports activities.**

Parent/Legal Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

## YOUTH SPORTS: PLAYER AND PARENT/GUARDIAN CODE OF CONDUCT

**PLAYER:** I hereby state that:

- I will encourage good sportsmanship from fellow players, coaches, officials and parents before, during and after games.
- I will keep in mind that this is an extra-curricular activity and will keep my grades and behavior at an appropriate level so that I may participate.
- I understand that to participate in youth sports activities, I must maintain minimum academic standards in addition to other eligibility requirements.
- I will obey in-season training rules as established by my coach.
- I will not attempt to deliberately injure another player.
- I will attend every practice and game that is reasonably possible and notify my coach if I cannot make-it.
- I will treat all opposing players, coaches and fans with respect and dignity.
- I will handle winning with class and losing with grace.
- I will not use, purchase, sell, and/or possess drugs, alcohol or tobacco products. I understand that a violation of this rule will result in disciplinary action.
- I will respect my coaches and parents and do as they ask. I understand that they want to help me be the best I can be.
- I realize that failure to comply with the above regulations will results in loss of game time or suspension from athletic participation.

**PARENT/GUARDIAN:** I hereby pledge to:

- I will remember that the game is for children and not for adults.
- I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or other youth sports activity.
- I will demand a profanity, drug, alcohol and tobacco-free sports environment for my child and agree to assist by refraining from their use at all youth sports activities
- I will do my very best to make youth sports fun for my child.
- I will leave the coaching to the coaches and refrain from making suggestions to player or coaches during the game or practice.
- I will provide support for coaches and officials working with my child to provide a positive, enjoyable experience for all.
- I will make every effort for my child to attend all practice and games and I will give proper notification to the coach if they are unable to attend.
- I will place the emotional and physical well-being of my child ahead of my personal desire to win.
- I will comply with all rules as established by the school that my son/daughter attends and Milwaukee Public Schools/Milwaukee Recreation.

Player's Signature \_\_\_\_\_

Date \_\_\_\_\_

Parent's/Guardian's Signature \_\_\_\_\_

Parent's Guardian's Signature \_\_\_\_\_



**MILWAUKEE  
PUBLIC SCHOOLS**

Department of Recreation & Community Services  
5225 W. Vliet Street, Milwaukee, WI 53208  
(414) 475-8410 • [mps.milwaukee.k12.wi.us](http://mps.milwaukee.k12.wi.us)

Dear Parent/Guardian and Coach,

The State of Wisconsin and the Milwaukee Public Schools (MPS) recognize that concussions and head injuries may result in youth who participate in sports and other recreational activities and that there are dangerous risks when a concussion or head injury is not properly checked or managed.

The State of Wisconsin passed Wisconsin Act 172 April of 2012 in which requires improved education and understanding of sports related head injuries and concussions for parents, athletes and coaches. As a result, MPS has conducted a complete review of all of its sports and recreational activities and developed the following set of required guidelines to ensure the safety of all youth participants:

1. For each sport, MPS will distribute a Head Injury and Concussion Information sheet to all parents/guardians and youth participating in competitive sports activities.
2. Parents/guardians and athletes must sign and return an Agreement Form indicating they have reviewed and understand the information about head injuries and concussions before participating in any competitive activity. Youth are not allowed to practice or compete until the signed Agreement Forms are on file with MPS.
3. Coaches are also required to return an Agreement Form indicating they have reviewed and understand the information before they can begin coaching.

Additionally, all parents/guardians and coaches, including volunteers, are highly encouraged to take a free course relating to addressing concussions in sports among kids and teens at [www.preventingconcussions.org](http://www.preventingconcussions.org). Furthermore, all coaches of competitive sport activities are required to follow the Wisconsin Interscholastic Athletic Association guidelines for the management of head injuries and concussions.

Thank you for working with us to ensure the safety of our youth athletes. If you have any questions regarding these requirements, please contact me at 475-8219.

Sincerely,

Bobbie Kelsey  
MPS commissioner of Athletics

# KNOW YOUR CONCUSSION ABCs

Assess  
the  
situation

Be alert for  
signs and  
symptoms

Contact a  
health care  
provider

## 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. Concussions 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 occur during practices or games in any sport or recreational activity.

## What are the signs and symptoms of a concussion?

Unlike a broken arm, you can't see a concussion. Most concussions occur without loss of consciousness. 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 you are feeling, if symptoms are getting worse, or if you just "don't feel right." If you think you or a teammate may have a concussion, it is important to tell someone.

### COMMON SYMPTOMS OF A CONCUSSION:

**Tell someone if you see a teammate with any of these symptoms:**

- Appears dazed or stunned
- Forgets sports plays
- Is confused about assignment or position
- Moves clumsily
- 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

**Tell someone if you feel any of the following:**

#### 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

Changes in your normal sleep patterns.



Materials adapted from the U.S. Department of Health and Human Services Centers for Disease Control and Prevention



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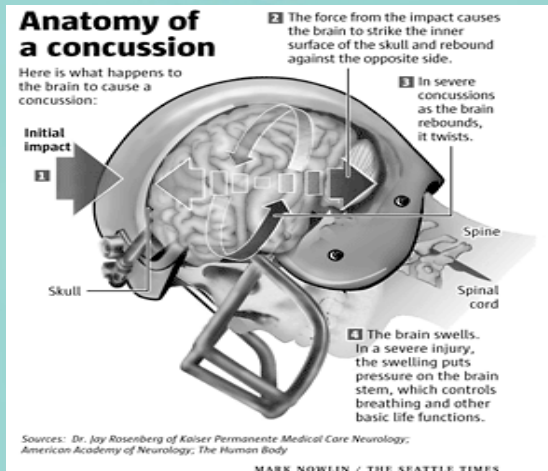


\*Wear the proper

equipment for each sport  
and make sure it fits well.

\*Follow the rules of the  
sport and the coach's rule  
for safety.

\*Use proper technique.



If you have a suspected concussion, you should NEVER return to sports or recreational activities on the same day the injury occurred. You should not return to activities until you are symptom-free and a health care provider experienced in managing concussion provides written clearance allowing 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 you do if you think you have a concussion?

1. Tell your coaches and parents right away. Never ignore a bump or blow to the head even if you feel fine. If you experience symptoms of a concussion, you should immediately remove yourself from practice/play. Tell your coach right away if you think you or one of your teammates might have a concussion.
2. Get evaluated by a health care provider. A health care provider experienced in evaluating for concussion can determine if you have a concussion, help guide management and safe return to normal activities, including school (concentration and learning) and physical activity. If you have been removed from a youth athletic activity because of a suspected or confirmed concussion or head injury you may not participate again until evaluated by a health care provider and you receive written clearance to return to activity. You must provide this written clearance to your coach.
3. Give yourself time to get better. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a repeat concussion. It is important to rest until you receive written clearance from a health care provider to return to practice and play.

## Why should you tell someone about your symptoms?

1. Your chances of sustaining a life altering injury are greatly increased if you aren't fully recovered from a concussion or head injury.
2. Practicing/playing with concussion symptoms can prolong your recovery.
3. Practicing/playing with a concussion can increase your chances of getting another concussion.
4. Telling someone could save your life or the life of a teammate!

## Tell your teachers

Tell your teachers if you have suffered a concussion or head injury. Concussions often impair school performance. In order to properly rest, many students often need to miss a few days of school immediately following a concussion. When you return to school after a concussion you may need to:

- Take rest breaks as needed,
- Spend fewer hours at school,
- Have more time allowed to take tests or complete assignments,
- Suspend your physical activity (PE class and/or recess)
- Suspend your extracurricular activities (band, choir, dance, etc)
- Reduce time spent reading, writing, or on the computer.

To learn more about concussions, go to:

[www.cdc.gov/Concussion](http://www.cdc.gov/Concussion); [www.wiaawi.org](http://www.wiaawi.org); [www.nfhs.org](http://www.nfhs.org)



# KNOW YOUR CONCUSSION ABCs

Assess  
the  
situation

Be alert for  
signs and  
symptoms

Contact a  
health care  
provider

## 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.

## Wisconsin Fact Sheet for Parents

### 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



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# 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 download this fact sheet in Spanish, please visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion). Para obtener una copia electrónica de esta hoja de información en español, por favor visite: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

To learn more about concussions go to:

[www.cdc.gov/Concussion](http://www.cdc.gov/Concussion); [www.wiaawi.org](http://www.wiaawi.org); [www.nfhs.org](http://www.nfhs.org)





# PARENT & ATHLETE AGREEMENT

Related to Concussion Law WI Stat. 118.293

**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 on file for every sports season and every youth athletic organization the athlete is involved with and must be renewed each school year (clubs- every 365 days).*

## 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

Related to Concussion Law WI Stat. 118.293

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 your school's Sports Coordinator.