

SOUTH MILWAUKEE RECREATION DEPARTMENT
2024 Youth Tackle Football Registration
Registration Deadline: Monday, July 15
Registration fee is \$150, after July 15 \$175.00



If you will be in 6th—8th grade in the **Fall of 2024**, come be a part of the Rocket Youth Tackle Football Program. Planning and scheduling has begun for the upcoming season. Games will be played on Saturday mornings/afternoons. Some of the teams in the football league may include Kettle Moraine, Oconomowoc, Watertown, Wisconsin Lutheran, Menomonee Falls, Waukesha and West Allis.

Equipment will be issued: 3:30 –5:30 PM. Monday, July 22, Wednesday, July 24 and Thursday, July 25

1ST Practice: Tuesday, August 6th (time TBA) and will “normally” run Monday—Friday at Hickory Park. After the 1st game the practice schedule may be modified. Home games will be played on the newly constructed Spaltholz High School Football Field. The season will conclude in October.

A required Parent’s Meeting will be in late Spring—date TBD. There will also be another required meeting on Monday, July 29, at 6:00 pm High School Commons. Enter through door #9. Please check the South Milwaukee Recreation Department webpage, www.smrecdept.org, for information updates.

Your child will need a physical for this program so plan ahead to make your doctor appointment early so your child does not miss out on any practices.

FUNDRAISING DATE TO BE ANNOUNCED

There will be APPAREL and FUNDRAISING items available at this meeting. Please be prepared with check-book or cash for those items.

SAFETY

The following link is a program we have adopted to ensure our players' safety. usafootball.com/heads-up

- Concussion Recognition and Response
- Heat Preparedness and Hydration
- Proper Equipment Fitting

Heads-Up and USA Football have partnered to continue ongoing research and education of coaches, players, and parents. With the improvements in equipment and by educating our coaches in concussion prevention and by teaching proper blocking and tackling techniques, this great game of football is the safest it's ever been. Our coaches have received the proper training and have been certified by in the Heads-Up program.

If you have specific questions concerning this program, you may call the program coordinator Josh Zeeman at 414-477-4968; email jzeman1983@gmail.com; or call the Recreation Dept. at 766-5081.

We need 6th grade coaches.

For Rocket Football updates, calendar, and information visit www.southmilwaukeefootball.org,
For Youth specific information please check out South Milwaukee Youth Football page on Facebook.

REGISTER NOW ONLINE AT WWW.SMRECDEPT.ORG

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YOU MAY NOW REGISTER ONLINE www.smrecdept.org

() 6th Grade FB106.106 () 7th Grade FB107.107 () 8th Grade FB108.108

Checks made payable the "South Milwaukee Recreation Department"

There will be an opportunity for some rebate (amount to be determined) through fundraising

If you are interested in coaching –contact Josh Zeman at jzeman1983@gmail.com We will need 6th-grade coaches

1st and 3rd year participants must complete (GREEN) physical form.

Ask for this form at the time of registration!

2nd year participants must complete (TAN) alternate physical form.

Ask for this form at the time of registration!

PLAYER NAME _____ AGE _____ DATE OF BIRTH _____ WEIGHT _____

SCHOOL ATTENDING (Fall 2024) _____ GRADE (Fall 2024) _____

T-SHIRT SIZE (ADULT SIZE): S M L XL XXL

FATHER/GUARDIAN NAME: _____ CONTACT PHONE #: _____

MOTHER/GUARDIAN NAME: _____ CONTACT PHONE #: _____

ADDRESS _____ CITY/STATE/ZIP _____

PARENT E-MAIL (REQUIRED—please print clearly) _____

PARENT E-MAIL (REQUIRED—please print clearly) _____

IN CASE OF EMERGENCY and in the absence of parents/guardians, please list two people to contact:

Relationship to the family _____ Name _____ Phone _____

Relationship to the family _____ Name _____ Phone _____

MEDICAL HISTORY: Known Allergies: _____ Medications: _____

Physical disabilities/limitation _____

Name of health insurance carrier/plan _____

I do hereby release the South Milwaukee Board of Education, their officers, agents and employees, from any and all action, liability claims and demand upon, or by reason of any damage, loss, injury which may be sustained by me or my child as a consequence of or in any manner resulting from said sponsored activity, except such as may arise from any acts or gross negligence on the part of the South Milwaukee Board of Education, their officers, agents and employees. I hereby authorize the staff of South Milwaukee Athletic/Recreation Department (Youth or High School football program coaches, athletic trainer and/or team physician) to provide and secure any medical assistance on behalf of my child. I further authorize these individuals to inform emergency health care providers of my child's medical condition in an emergency situation. I DO HEREBY INDEMNIFY AND HOLD HARMLESS THE SOUTH MILWAUKEE ATHLETIC/REC. DEPARTMENTS & THEIR PERSONNEL WHO ACT WITHIN THE CHILD'S BEST INTERESTS & GIVE MY AUTHORIZATION TO DO SO

PARENT/GUARDIAN SIGNATURE _____ DATE _____

REGISTER ONLINE AT WWW.SMRECDEPT.ORG

School District of South Milwaukee / Recreation Department

Athlete's Name (PRINT): _____

School Year: 2024-25

PARENT/ATHLETE CONCUSSION & SUDDEN CARDIAC AREST (SCA) AGREEMENT

As a parent/guardian and as an athlete it is important to recognize the signs, symptoms, and behaviors of concussions and sudden cardiac arrest. By signing this form, you are stating that you have read the Department of Public Instruction's (DPI) and the Wisconsin Interscholastic Athletic Association (WIAA) Concussion and Head Injury information sheet and the Sudden Cardiac Arrest Information sheet. <https://www.wiaawi.org/Health/Concussion-and-Sudden-Cardiac-Arrest-Information#4251591-concussion-and-sudden-cardiac-arrest-form>

ATHLETE AGREEMENT

I, _____ have read the Concussion and Head Injury Information sheet. I have had the opportunity to read more information on concussions on the Centers for Disease Control and Prevention's (CDC) websites. I understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. 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 be evaluated by an appropriate healthcare provider and provide my coach with written clearance to participate in the activity from the healthcare provider before I may return to practice/play.

I understand that after a head injury my brain needs time to heal and that it may not heal properly if I return to practice/play too soon.

I have read the Sudden Cardiac Arrest Information sheet. I understand that I should stop activity/exercise immediately if I have any warning signs of sudden cardiac arrest and report the symptoms to my coaches and my parents/guardians.

PARENT AGREEMENT

I, _____ have read the DPI's Concussion and Head Injury Information sheet. I have had the opportunity to read more information about concussions on the Centers for Disease Control and Prevention's (CDC) websites. I 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 they are evaluated by an appropriate healthcare provider and provide written clearance from the healthcare provider to their coach.

I understand concussions can have a serious effect on a young, developing brain and need to be addressed correctly.

I have read the Sudden Cardiac Arrest information sheet. I understand that my child should stop activity/exercise immediately if they have any warning signs of sudden cardiac arrest. I understand it is recommended if my child has any warning signs of sudden cardiac arrest while exercising, they have a medical examination before exercising or returning to participation in their sport. I understand that I or my child should report a family history of heart problems or warning signs of sudden cardiac arrest to the healthcare provider doing the medical examination.



Parent/Guardian Signature

Date _____

Athlete Signature



Concussion and Head Injury Information

Wis. Stat. § 118.293 Concussion and Head Injury

What Is a Concussion? A concussion is a type of head (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 have a more serious effect on a young, developing brain and need to be addressed correctly. Consequences of severe brain injury (including concussion) include problems with thinking, memory, learning, coordination, balance, speech, hearing, vision, and emotional changes

What are the signs and symptoms of a concussion? You cannot 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 you as an athlete or your child or teen is acting or feeling, if symptoms are getting worse, or if you/they just “don’t feel right.” Most concussions occur without loss of consciousness.

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

These are some SIGNS of concussion (what others can see in an injured athlete):

- o Dazed or stunned appearance
- o Unsure of score, game, opponent
- o Clumsy
- o Answers more slowly than usual
- o Shows behavior or personality changes
- o Loss of consciousness (even briefly)
- o Repeats questions
- o Forgets class schedule or assignments

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 healthcare provider experienced in evaluating for concussion says it is OK to return to play. This means, until permitted, not returning to:

- o Physical Education (PE) class
- o Sports practices or games
- o Physical activity at recess

These are some of the more common SYMPTOMS of concussion (what an injured athlete feels):

- o Headache
- o Nausea or vomiting
- o Dizzy or unsteady
- o Sensitive to light or noise or blurry vision
- o Difficulty thinking clearly, concentrating, or remembering
- o Irritable, sad, or feeling more emotional than usual
- o Sleeps more or less than usual

If you or your child or teen has signs or symptoms of a concussion

Seek medical attention right away. A healthcare provider experienced in evaluating for concussion can determine how serious the concussion is and when it is safe to return to normal activities, including physical activity and school (concentration and learning activities). After a concussion, the brain needs time to heal. Activities may need to be limited while recovering. This includes exercise and activities that involve a lot of concentration.

Sudden Cardiac Arrest Information

Wis. Stat. § 118.2935 Sudden cardiac arrest; youth athletic activities

Sudden cardiac arrest (SCA), while rare, is the leading cause of death in young athletes while training or participating in sport competition. Even athletes who appear healthy and have a normal preparticipation screening may have underlying heart abnormalities that can be life-threatening. A family history of SCA at younger than age 50 or cardiomyopathy (heart muscle problem) places an athlete at greater risk. **Athletes should inform the healthcare provider performing their physical examination about their family’s heart history.**

What is Sudden Cardiac Arrest? Cardiac arrest is a condition in which the heart suddenly and unexpectedly stops beating. If this happens, blood stops flowing to the brain, lungs, and other vital organs.

Cardiac arrest usually causes death if it is not treated with cardiopulmonary resuscitation (CPR) and an automated external defibrillator (AED) within minutes. Cardiac arrest is not the same as a heart attack. A heart attack occurs if blood flow to part of the heart muscle is blocked. During a heart attack, the heart usually does not suddenly stop beating. In cardiac arrest the heart stops beating.

ROCKET FOOTBALL SKILL AND CONDITIONING CAMP



6th—8th Grade

July 16, 17, 18

6:00-8:00 PM

High School Spaltholz Football Field

This Camp will be Run by the HS Staff and Youth Coaches. Varsity players and Past Rockets who are currently playing College Football come help demonstrate and run the camp. We will stress fundamentals of the game of football for purposes of safety in blocking and tackling. We will focus on Program Schemes that will be used by ALL grade levels 6—12th grade. All campers will receive a Rocket Football t-shirt. This is a non-padded camp.



Registration is now being accepted online(www.smrecdept.org), or by mail, phone (414-766-5081) or in person at the Recreation Department. You may park your car in the High School East lot and enter the building through door #24. The Recreation Office is located just inside of door #24 and the building is labeled COMMUNITY RECREATION & FITNESS CENTER.

Activity Code: FB409.409 Fee: \$50.00

YOU MAY NOW REGISTER ONLINE www.smrecdept.org

Return this waiver form and fee.

Checks made payable to the South Milwaukee Recreation Department

NAME _____ GRADE (2024) _____

ADDRESS _____ CITY/STATE/ZIP _____

TELEPHONE # _____ T-SHIRT SIZE (adult sizes): **S M L XL XXL**

I verify that my son/daughter has been checked by a licensed physician and is physically able to participate in this camp. I agree to allow my son/daughter to be treated by a licensed physician while attending, if necessary, and assume all costs related to such treatment. I authorize my insurance company to pay benefits. Also, I authorize the disclosure of medical information to my insurance company for the purpose of a claim.

Authorized parent/guardian signature _____ Date _____

ROCKET FOOTBALL SKILL AND CONDITIONING CAMP