



## Let's Play Girls Flag Football!

In this game, there's a position for everyone. This is your opportunity to become part of the action and join the flag football movement. The game will only grow stronger as more girls participate.

We are excited to announce a new NFL Girls Flag Football Clinic and League for the communities of South Milwaukee, Cudahy, St. Francis, Oak Creek, Franklin, Greenfield, Greendale, and West Allis.

The clinic is designed for both players and coaches and will cover the fundamental skills of football, including how to properly carry, catch, and throw the football. Additionally, it will teach the quarterback exchange and the proper stance. This clinic is an excellent opportunity to prepare girls for league play in the fall.

This program is specifically for girls in 2nd through 5th grade. There will be two leagues: one for 2nd and 3rd-grade girls, and another for 4th and 5th-grade girls. The player fee will include an official NFL game jersey. Teams will be named after NFL teams, such as the Packers, Lions, Bears, or Vikings, or any other NFL team they choose.

Planning is still in the early stages, and more information will be provided later. We look forward to your participation, more information will be provided later.

### **New NFL Girls Flag Football Clinic/Register Now!**

Sunday, August 3, 10:00–12:00 pm Oak Creek High School Football Field

Activity Code: GFB400.400 Fee \$10.00

**Register online, in person or over the phone.**

To register please click this link: [smrecdept.org](http://smrecdept.org) Call us at 414-766-5081

### **New NFL Girls Flag Football League/Register Now!**

2nd & -3rd Grade Girls League

Activity Code: GFB100.101 Fee \$65, NFL Jersey included

4th & -5th Grade Girls League

Activity Code: GFB100.102 Fee \$65, NFL Jersey included

**Registration Deadline is Friday, Aug 1, 2025**

**Register now online, in person or over the phone.**



**Games**, Sundays Sep 14, 21, 28, Oct 5, 12, 19 with Oct 26 designated as Championship Weekend.

**Coaches Meeting**, Wednesday, Aug 20 at 6:00 pm in the Recreation Department Office

# 2025 NEW! Girls NFL Flag Football League



( ) 2nd - 3rd Grade Code GFB100.101

( ) 4th - 5th Grade Code GFB100.102

**The Priority Registration Deadline is Thursday, August 7**

The registration fee is \$65.00



***A youth NFL Jersey is included in your registration fee***

Youth Jersey Size: XSmall \_\_\_\_\_ Small \_\_\_\_\_ Medium \_\_\_\_\_ Large \_\_\_\_\_ X-Large \_\_\_\_\_ XX Large \_\_\_\_\_

The South Milwaukee Recreation Department will combine with nearby communities (Cudahy, St. Francis, Oak Creek, Franklin, Greenfield, Greendale and WAWM) to form the newly created NFL Girls Flag Football league. Games will be played on Sundays in Cudahy beginning September 14 and ending with a championship weekend with Nicolet as the host. Practices are scheduled twice a week beginning the week of August 24.

You must return this completed permission slip and your registration fee to the Recreation Department on or before the established deadline. You may register online at [www.smrecept.org](http://www.smrecept.org). Be sure to sign the concussion form.

**PRINT CHILD'S NAME** \_\_\_\_\_ I hereby permit my child to participate in the Recreation Department's Sports Program. I understand that any injury that occurs IS NOT COVERED by any medical insurance and that it is my responsibility. I further understand that along with playing sports comes the RISK OF SERIOUS INJURY, paralysis, brain damage, or death. This risk exists when participating in physical activity where the body or any object is in motion.

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian Print Name \_\_\_\_\_ Date \_\_\_\_\_

E-mail address: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student's Address \_\_\_\_\_ City \_\_\_\_\_ Cell Phone \_\_\_\_\_

School Attending in **Fall 2025** \_\_\_\_\_

Below: Circle Grade as of **September 2025**    **2nd**    **3rd**    **4th**    **5th**

Practice begins the week of **August 24**. Games will be played on Saturday mornings Sep 14, 21, 28; Oct 5, 12, 19 with Championship weekend on October 26.

**Coaches are Needed!** Please contact us at (414) 766-5081 and complete the questions below:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

H Phone: \_\_\_\_\_ W Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address: \_\_\_\_\_

**Coaches Meet Wednesday, August 20—Recreation Dept. Office at 6:00 pm**

# 2025-26 Concussion, Head Injury, and Sudden Cardiac Arrest (SCA) 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 pre-participation 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.**

What warning signs during exercise should athletes/coaches/parents watch out for?

- o Fainting/blackouts (especially during exercise)
- o Dizziness
- o Unusual fatigue/weakness
- o Chest pain/tightness with exertion
- o Shortness of breath
- o Nausea/vomiting
- o Palpitations (heart is beating unusually fast or skipping beats)

**Stop activity/exercise immediately if you have any of the warning signs of Sudden Cardiac Arrest.**

**Speak up and tell a coach and parent/guardian if you notice problems when exercising. If an athlete has any warning signs of SCA while exercising, they should seek medical attention and evaluation from a healthcare provider before returning to a game or practice.**

The risk associated with continuing to participate in a youth activity after experiencing warning signs is that the athlete may experience SCA, which usually causes death if not treated with CPR and an AED within minutes

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**Speak up and tell** a coach and parent/guardian if you notice problems when exercising.

If an athlete has any warning signs of SCA while exercising, they should **seek medical attention and evaluation from a healthcare provider before returning to a game or practice.**

The risk associated with continuing to participate in a youth activity after experiencing warning signs is that the athlete may experience SCA, which usually causes death if not treated with CPR and an AED within minutes.

## School District of South Milwaukee / Recreation Department

**Athlete's Name (PRINT):** \_\_\_\_\_

**School Year: 2025-26**

### PARENT/ATHLETE CONCUSSION & SUDDEN CARDIAC ARREST (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

**Parent and Athlete must sign!**

