

BREAKING NEWS

COED ELEMENTARY SCHOOL SOCCER LEAGUE

Eligilbilty: South Milwaukee residents and those attending SM Public Schools

4K - 2nd grade; 3rd - 5th grade Blakewood, E. W. Luther, Lakeview and Rawson

Registration Deadline: Friday, March 12

NO REGISTRATION FEE! - THIS PROGRAM IS FREE!

This is an instructional coed league and teams will practice one (1) day/week for 45 minutes. Practice will begin the week of April 4. Games will be played on Sundays, beginning April 18, at a site to be determined.

YOU MAY REGISTER:

- each student will be given a registration and a concussion form in school to take home. Parents must complete the forms with their child, and bring them back to your child's school if you want your child to participate.

Please Print Your Child's Name: _____ I hereby give permission for my child to participate in the Recreation Department's Soccer Program. I understand that any injury which occurs IS NOT COVERED by any medical insurance, and that it is my responsibility. I further understand that along with playing soccer comes the RISK OF SERIOUS INJURY, paralysis, brain damage, or even death. This risk exists when participating in physical activity where the body or any object is in motion.

SIGNATURE/Parent or Guardian _____(Date)_____

PRINT/Parent or Guardian _____(Date)_____

Address _____City_____Phone_____

Email Address_____ Students School_____

Please Check: Boy ( ) Girl ( ) Circle your child's Grade 4K 5K 1st 2nd 3rd 4th 5th

Volunteers will be needed to coach, officiate and to be a game day supervisor

Name:_____

Phone_____ Email Address:_____

Home Phone: _____Cell Phone: _____



Volunteer Meeting: Wednesday, March 17, 6:00-7:00 pm.

South Milwaukee HS room 1027, enter through door #24.

For additional information contact the recreation department at 414-766-5081

2026-27 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: 2026-27

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.

WISCONSIN DEPARTMENT OF Public Instruction

_____ _____

Parent/Guardian Signature Athlete Signature

Date_____

Parent and Athlete must sign!