

WRESTLING



MIDDLE SCHOOL WRESTLING

MS Wrestling Room Door #34 6:30-8:00pm

Your fee includes use of uniform, transportation to away meets, meet officials, and staff.

Tuesday & Thursday Nov 21-Dec 21

No Class Nov 23

Mon-Tue-Wed-Thu-Fri Jan 2-Mar 22

No Class Feb 23

Activity Code WR201.202 \$120

Wrestling Coordinator: Coach Joel Shilling

WRESTLING CLINIC 1st - 5th Grade

Middle School Wrestling Room enter door #34

4:00-5:00 pm MTWT Oct 16, 17, 18, 19, 23, 24, 25, 26

South Milwaukee Wrestling Coaches along with SMHS Varsity Wrestlers will be on hand to give individual instruction. Students will learn techniques and rules of engagement. This program will introduce young wrestlers to the sport of wrestling and concentrate on folk style wrestling which is the format used in high school.

There is no fee, the clinic is free! Parents are invited to watch their kids participate in this program. Students must furnish their own gym shorts, T-shirt, and tennis shoes. Remember to complete the registration form attached and bring it with you to the workshop.

YOUTH WRESTLING CLUB

K-5th Grade MS Wrestling Room
Door #34 5:30—6:30pm

The wrestling club will provide students with the basics and fundamentals of High School wrestling. Information will also be available to parents who wish to enter their children in wrestling tournaments throughout the area.

Wrestling Coordinator: Coach Joel Shilling

Tuesday & Thursday

Nov 21-Dec 21; Jan 2-Feb 15

No Class Nov 23

Activity Code WR201.201 \$40R/\$50NR

USA Wrestling Membership Card

To participate in tournaments, you **MUST** purchase a \$35 USA Wrestling Membership Card.

Information on USA Cards will be provided by the coach. This is a separate fee made payable directly to the USA Wrestling.

Benefits of joining USA Wrestling are:

- injury insurance
- admits wrestler into sanctioned tournaments
- free wrestling magazine
- discounts on wrestling gear

REGISTRATION FORM

South Milwaukee Recreation Dept.; 901 15th Avenue
South Milwaukee, WI 53172; 414-766-5081 or 414-766-5082
www.smrecdept.org



PART 1 - FAMILY INFORMATION (please print clearly)

Family Last Name: _____ First Name: _____

Address: _____ City: _____ Zip: _____

Home Ph:(____)-____-____ Business Ph:(____)-____-____ Cell Ph:(____)-____-____

E-mail address: _____

PART 2 - SIGN THE WAIVER/RELEASE

I, the undersigned, do hereby agree to allow the individual named herein to participate in the activities indicated. I am aware and understand there may be potential risk inherent with participation in any recreation activity, and that the School District of South Milwaukee does not provide accident insurance and cannot assume responsibility for injury to any participants in the recreation programs. I further understand the eligibility requirements for the program as stated in the department brochure or flyers and that there is no transfer of fees allowed or refunds given unless the department changes a class. I also agree to allow publication of any photos taken of me or the participant(s) at any program, event, or facility of the South Milwaukee Recreation Department.

Participant/Parent/Guardian Signature

Date

PART 3 - PARTICIPANT INFORMATION

| Participant Name | M/F | DOB | Grade | Activity Name | Activity Code | Fee |
|------------------|-----|-----|-------|---------------|---------------|-----|
| | | | | | | |
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| | | | | | | |

Special Information (i.e. medical, physical, allergies): _____

Payment TOTAL FEES: \$ _____

Check # _____

Cash _____

PART 4 - MAIL-IN REGISTRATION FORM TO THE RECREATION DEPARTMENT

Mark your calendars! We do not send confirmations. The Recreation Department will contact you in case a class is full, or if there is a waiting list for the program for which you registered. You may assume your registration has been processed as requested unless you hear from us. Thank you for taking the time to register.

If you are signing up for a program that involves youth games, matches or meets, you must submit the CONCUSSION PARENT/ATHLETE AGREEMENT FORM at the time of registration. Concussion information and agreement form is available at the recreation dept. or online at www.smrecdept.org

Register Early

PARENT/ATHLETE CONCUSSION FORM

South Milwaukee Recreation Department

Return this form to The Recreation Department.

School year: 2017-18

Call us at 414-766-5081

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

SIGNS AND SYMPTOMS OF CONCUSSION

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If an athlete reports one or more symptoms of concussion listed below after a bump, blow, or jolt to the head or body, s/he must be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom free and it's OK to return to play.

Symptoms Reported by Athletes

Headaches or “pressure” in the head
Nausea or vomiting
Balance problems or dizziness
Double or blurry vision
Sensitivity to noise or light
Feeling sluggish, hazy, foggy or groggy
Concentration or memory problems
Confusion
Just not “feeling right”

Signs Observed by Parents/others

Appears dazed or stunned
Is confused about assignment or position
Forgets an instruction
Is unsure of game, score, or opponent
Moves clumsily
Answers questions slowly
Loses consciousness (even briefly)
Mood, behavior, or personality changes
Can't recall events prior to hit or fall
Can't recall events after hit or fall

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

PARENT/GUARDIAN AGREEMENT STATEMENT

I have read and fully understand this information sheet regarding concussions and I agree that if it appears that my child may have sustained a concussion or head injury that he/she is to be removed from any program activity until such time that a trained medical professional can examine him/her and approve their return to play in the activity, pursuant to Section 118.293 Wisconsin Statutes relating to concussions and other head injuries. In such case, I understand that I am to provide a written clearance from a trained medical professional for my child to return to play in the activity.

NAME OF PARENT OR LEGAL GUARDIAN (please print) _____ DATE _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN _____ DATE _____

ATHLETE AGREEMENT STATEMENT

I have read and fully understand this information sheet regarding concussions and I agree that if it appears that I may have sustained a concussion or head injury that I am to be removed from any program activity until such time that a trained medical professional can examine me and approve my return to play in the activity, pursuant to Section 118.293 Wisconsin Statutes relating to concussions and other head injuries. In such case, I understand that I am to provide a written clearance from a trained medical professional for me to return to play in the activity.

NAME OF ATHLETE (please print) _____ DATE _____

SIGNATURE OF ATHLETE: _____ DATE _____