

ASSUMPTION MIDDLE SCHOOL

FALL REGISTRATION FORM FOR 2023

Dear Parents(s) and Student: (4 pages)

Please fill out the form below if you want to be a part of the Assumption Middle School fall sports program. By signing this form you are making a commitment to play a fall sport for the ACS Middle School system.

Fall sports offered are: Cross Country, Football, Soccer (co-ed), and Volleyball. **Fall Registration night will take place at Assumption** on Monday, August 7th at 6:00pm.

To officially register, please bring or send in **\$50.00** (check or cash) to Wisconsin Rapids Area Catholic Schools (ACS) to cover the fall sport athletic fee.

And, if you have not already done so, please send in your physical card or your alternate year physical card. (These may be picked up in the athletic office or the middle school office.)

Student name: _____ Grade: _____

Student signature: _____

Parent name: _____

Parent signature: _____

Payment method: Check _____ (check number: _____) Cash _____

Circle sport you are signing up for: Cross Country Football Soccer Volleyball

***Also, please indicate below by checking either yes or no, whether or not you are interested in coaching at the Middle School level. Please circle the grade level and sport you would coach and a telephone number to reach you. Some positions may already be filled but still indicate if interested.

Yes _____ No _____ Grade you would coach: (circle one) 6 7 8

Circle sport you would coach: Cross Country Football Soccer Volleyball

Phone number: _____ (home) _____ (work) _____ (e-mail)

I certify that I have read, understand, and agree to abide by all of the information – Middle School athletic handbook, the Concussion laws and procedures and the cardiac arrest information. I further certify that if I have misunderstood any information contained in these documents, and, if necessary have sought and received an explanation of the information prior to signing this statement. Athletic handbook can be pick-up in the Middle School and Athletic Office and also found on the Assumption website.

The attached concussion/cardiac arrest form must be signed before the student/athlete can participate along with the physical and/or alternate year card.

Concussion Information - When in Doubt, Sit Them Out!

Concussion Information - When in Doubt, Sit Them Out!

1. Before a student may participate in practice or competition: At the beginning of a season for a youth athletic activity, the person operating the youth athletic activity shall distribute a concussion and head injury information sheet to each person who will be coaching that youth athletic activity and to each person who wishes to participate in that youth athletic activity. No person may participate in a youth athletic activity unless the person returns the information sheet signed by the person and, if he or she is under the age of 19, by his or her parent or guardian.
2. An athletic coach, or official involved in a youth athletic activity, or health care provider shall remove a person from the youth athletic activity if the coach, official, or health care provider determines that the person exhibits signs, symptoms, or behavior consistent with a concussion or head injury or the coach, official, or health care provider suspects the person has sustained a concussion or head injury.
3. A person who has been removed from a youth athletic activity may not participate in a youth athletic activity until he or she is evaluated by a health care provider and receives a written clearance to participate in the activity from the health care provider.

| These are some SIGNS concussion (what others can see in an injured athlete): | These are some of the more common SYMPTOMS of concussion (what an injured athlete feels): |
|--|--|
| Dazed or stunned appearance Change in the level of consciousness or awareness Confused about assignment Forgets plays Unsure of score, game, opponent Clumsy Answers more slowly than usual Shows behavior changes Loss of consciousness Asks repetitive questions or memory concerns | Headache Nausea Dizzy or unsteady Sensitive to light or noise Feeling mentally foggy Problems with concentration and memory Confused Slow |

Injured athletes can exhibit many or just a few of the signs and/or symptoms of concussion. However, if a player exhibits any signs or symptoms of concussion, the responsibility is simple: remove them from participation. "When in doubt sit them out."

It is important to notify a parent or guardian when an athlete is thought to have a concussion. Any athlete with a concussion must be seen by an appropriate health care provider before returning to practice (including weight lifting) or competition.

RETURN TO PLAY

Current recommendations are for a stepwise return to play program. In order to resume activity, the athlete must be symptom free and off any pain control or headache medications. The athlete should be carrying a full academic load without any significant accommodations. Finally, the athlete must have clearance from an appropriate health care provider.

The program described below is a guideline for returning concussed athletes when they are symptom free. Athletes with multiple concussions and athletes with prolonged symptoms often require a very different return to activity program and should be managed by a physician that has experience in treating concussion.

The following program allows for one step per 24 hours. The program allows for a gradual increase in heart rate/physical exertion, coordination, and then allows contact. If symptoms return, the athlete should stop activity and notify their healthcare provider before progressing to the next level.

STEP ONE: About 15 minutes of light exercise: stationary biking or jogging
STEP TWO: More strenuous running and sprinting in the gym or field without equipment
STEP THREE: Begin non-contact drills in full uniform. May also resume weight lifting
STEP FOUR: Full practice with contact
STEP FIVE: Full game clearance

118.293 Concussion and head injury.

(1) In this section:

(a) "Credential" means a license or certificate of certification issued by this state.

(b) "Health care provider" means a person to whom all of the following apply:

1. He or she holds a credential that authorizes the person to provide health care.
2. He or she is trained and has experience in evaluating and managing pediatric concussions and head injuries.
3. He or she is practicing within the scope of his or her credential.

(c) "Youth athletic activity" means an organized athletic activity in which the participants, a majority of whom are under 19 years of age, are engaged in an athletic game or competition against another team, club, or entity, or in practice or preparation for an organized athletic game or competition against another team, club, or entity. "Youth athletic activity" does not include a college or university activity or an activity that is incidental to a nonathletic program.

(2) In consultation with the Wisconsin Interscholastic Athletic Association, the department shall develop guidelines and other information for the purpose of educating athletic coaches and pupil athletes and their parents or guardians about the nature and risk of concussion and head injury in youth athletic activities.

(3) At the beginning of a season for a youth athletic activity, the person operating the youth athletic activity shall distribute a concussion and head injury information sheet to each person who will be coaching that youth athletic activity and to each person who wishes to participate in that youth athletic activity. No person may participate in a youth athletic activity unless the person returns the information sheet signed by the person and, if he or she is under the age of 19, by his or her parent or guardian.

(4) (a) An athletic coach, or official involved in a youth athletic activity, or health care provider shall remove a person from the youth athletic activity if the coach, official, or health care provider determines that the person exhibits signs, symptoms, or behavior consistent with a concussion or head injury or the coach, official, or health care provider suspects the person has sustained a concussion or head injury.

(b) A person who has been removed from a youth athletic activity under par. (a) may not participate in a youth athletic activity until he or she is evaluated by a health care provider and receives a written clearance to participate in the activity from the health care provider.

(5) (a) Any athletic coach, official involved in an athletic activity, or volunteer who fails to remove a person from a youth athletic activity under sub. (4) (a) is immune from civil liability for any injury resulting from that omission unless it constitutes gross negligence or willful or wanton misconduct.

(b) Any volunteer who authorizes a person to participate in a youth athletic activity under sub. (4) (b) is immune from civil liability for any injury resulting from that act unless the act constitutes gross negligence or willful or wanton misconduct.

(6) This section does not create any liability for, or a cause of action against, any person.

Possible Information Sheets:

Coaches: <http://www.wiaawi.org/Portals/0/PDF/Health/ConcussionCoaches.pdf>

Parents: <http://www.wiaawi.org/Portals/0/PDF/Health/ConcussionParents.pdf>

Parents: <http://www.wiaawi.org/Portals/0/PDF/NFHSParentGuide.pdf>

Athletes: <http://www.wiaawi.org/Portals/0/PDF/Health/ConcussionAthletes.pdf>

Order CDC materials: <http://wwwn.cdc.gov/pubs/ncipc.aspx#bi4>

118.2935 Sudden cardiac arrest; youth athletic activities.

(1) In this section, "youth athletic activity" has the meaning given in s. 118.293 (1) (c).

(2) In consultation with the Wisconsin Interscholastic Athletic Association and at least 2 pediatric cardiologists, one of whom is employed by the Medical College of Wisconsin and one of whom is employed by the University of Wisconsin-Madison Medical School, the department shall develop information for the purpose of educating athletic coaches and pupil athletes and their parents or guardians about the nature and risk of sudden cardiac arrest during youth athletic activities. The department shall include in the information developed under this subsection at least all of the following:

(a) Information about the risks associated with continuing to participate in a youth athletic activity after experiencing one or more symptoms of sudden cardiac arrest, including fainting, difficulty breathing, chest pains, dizziness, and abnormal racing heart rate.

(b) Information about electrocardiogram testing, including the potential risks, benefits, and evidentiary basis behind electrocardiogram testing.

(c) Information about how to request, from a pupil's health care provider, the administration of an electrocardiogram, in addition to a comprehensive physical examination required to participate in a youth athletic activity, at a cost to be incurred by the pupil's parent or guardian.

(3m) At the beginning of a season for a youth athletic activity offered to persons who are 12 years of age or older, the person operating the youth athletic activity shall ensure that the information developed under sub. (2) is included in the information sheet required to be distributed under s. 118.293 (3) (a).

(4) This section does not create any liability for, or a cause of action against, any person.

(5) This section does not apply after June 30, 2032.

History: 2021 a. 210.

Assumption Catholic Schools

Statement Acknowledging Receipt of Education and Responsibility to report signs or symptoms of concussion and sudden cardiac arrest; youth athletic activities to be included as part of the "Participant and Parental Disclosure and Consent Document".

I, _____, of Your School High School
Student/Athlete Name

hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion and the sudden cardiac arrest; youth athletics activities procedures. I also acknowledge my responsibility to report to my coaches, parent(s)/guardian(s) any signs or symptoms of a concussion. I certify that I have read, understand, and agree to abide by all of the information contained in this sheet. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

signature and printed name of student/athlete

Date

I, the parent/guardian of the student athlete named above, hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion and the sudden cardiac arrest; youth athletic activities procedures. I certify that I have read, understand, and agree to abide by all of the information contained in this sheet. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

signature and printed name of parent/guardian

Date

Fall Sports start-up dates

MIDDLE SCHOOL

Cross Country – Monday, August 14th at 7:00am at AHS.

Contact Mr. Jim Dolan (715) 213-0428

Football – Monday, August 14th at 5:00pm at the Assumption FB field.

Contact Mr. Jeff Sullivan (715) 570-9083

Soccer (co-ed) – TBA (possible co-op program with Immanuel)

Volleyball – Monday, August 21st at 3:30 in AHS gym.

Contact Mrs. Jeanette Glaza (715) 572-0443

MIDDLE SCHOOL ATHLETES MUST HAVE CONCUSSION/CARDIAC ARREST FORM SIGNED BEFORE PARTICIPATION.

HIGH SCHOOL

Cross Country – Monday, August 14th at 7:00am at AHS.

Contact Mr. Jim Dolan (715) 213-0428

Football – Tuesday, August 1st at 6:00pm at the Assumption FB field.

Contact Mr. Jeff Sullivan (715) 570-9083

Girls Tennis – Tuesday, August 8th at 5:30pm at the WRAMS courts.

Contact Mr. Phil Hartley (715) 741-0099

Volleyball – Monday, August 14th at 3:30 in the AHS gym.

Contact Mrs. Jeanette Glaza (715) 572-0443

REMINDER THAT EACH HIGH SCHOOL STUDENT/ATHLETE MUST HAVE A PHYSICAL FORM AND EMERGENCY FORM ON FILE BEFORE THE START OF ANY PRACTICE.