

2018 Town of Trenton Athletic Program

www.townoftrenton.info

The Town of Trenton offers the following athletic programs: Soccer, Baseball and Flag Football. The fee for each program is \$30 (with a \$10 discount for signing up for three (3) sports before April 9th), and includes a T-shirt and award. Players must be the minimum age by the end of the listed season (for example, to play Spring Soccer, a youth must be four (4) years of age by May 31st). Please see below for specifics on each program's age requirements. Participants need not be Town residents.

Please note each sport's fee and registration deadline!

A \$10.00 late fee will be assessed for registrations received after the deadline.

Registration is on a first come, first come serve basis until all openings are full.

Each sport must have a minimum number of players signed up by the deadline in order to avoid delays or cancellation.

Payment is due at the time of registration.

Soccer – (SPRING) April 17th – May 31st and (FALL) August 14th – September 18th

Baseball (Rubberball & Prep Minor) – June 5th – August 2nd (no activity week of July 4)

Flag Football – August 14th – September 20th

Registration Deadline	Sport	Ages	Day & Time	Season
April 9 th	Spring Soccer	4 to 6	Tuesdays, 6:00-7:00 PM	April 17 th to May 29 th
April 9 th	Spring Soccer	7 to 9	Tuesdays & Thursdays, 6:00-7:00 PM	April 17 th to May 31 st
May 30 th	Rubberball	4 to 6	Tuesdays, 6:00-7:00 PM	June 5 th to July 31 st
May 30 th	Prep Minor	7 to 9	Tuesdays & Thursdays, 6:00-7:00 PM	June 5 th to August 2 nd
August 6 th	Fall Soccer	4 to 6	Tuesdays, 6:00-7:00 PM	August 14 th to September 18 th
August 6 th	Flag Football	6 to 9	Tuesdays & Thursdays, 6:00-7:00 PM	August 14 th to September 20 th

Sign-Up Procedure

1. Complete sign-up form and waiver on back: One form per player. Please reproduce the form as needed for each child. Additional forms are available at the Trenton Town Hall, calling the Town Hall at 262.675.6009, ext. 102 or e-mail athletics@townoftrenton.info. You may print additional forms from our website: www.townoftrenton.info. Team placement is not guaranteed!
2. Return form with payment: Include payment written to "Town of Trenton Athletic Association". No cash please. You can deliver your registration and payment to the drop box at the Town Hall or mail to:
Town of Trenton Athletics
PO Box 259
Newburg, WI 53060
3. Come to the fields on the first day and receive all your information. No mailings will be sent out. All games and practices are held at the Trenton Athletic Field located behind the Trenton Town Hall, 1071 State Highway 33, East.

Questions? Contact athletics@townoftrenton.info or 262.675.6009

Concussion Information - When in Doubt, Sit Them Out!

Wis. Stats. §118.293 Concussion and head injury.

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

(am) "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.

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

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 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.

- | | |
|---|-------------------------------|
| 1. About 15 minutes of light exercise: stationary biking or jogging | 4. Full practice with contact |
| 2. More strenuous running and sprinting in the gym or field without equipment | 5. Full game clearance |
| 3. Begin non-contact drills in full uniform. May also resume weight lifting | |

Town of Trenton 2018 Athletic Program Registration

One sheet per player please – per sport

Player's Name: _____

Gender: _____ **Age:** _____ **Date of Birth:** _____

T-Shirt Size: Youth S Youth M Youth L Adult

Medical issues and special instructions: _____

Parent Name(s): _____

Address: _____ Phone: _____

E-mail: _____

Emergency Contact: _____ Phone: _____

Parents are asked to help in some capacity – please check at least one box below:

Coaching (if coaching, see below) Registration Awards Night Field Maintenance

Coach Name: _____ **Which sport?** _____

Driver's License #: _____ **Date of Birth:** _____

I authorize the Town of Trenton, through the Town of Trenton Police Department, to perform a background check for the purpose of approving me as a youth coach for the Athletics Program.

Coach T-Shirt Size:

M L XL

1X 2X 3X

Coach Signature: _____

Spring Soccer Baseball Football Fall Soccer

Fees enclosed: Program fee \$30.00	\$30.00 per sport	<input type="checkbox"/>	
Less: \$10.00 if parent coaching	<i>minus</i> \$10.00	<input type="checkbox"/>	
Less: \$10.00 if signing up for all three sports by April 9 th	<i>minus</i> \$10.00	<input type="checkbox"/>	
Plus: \$10.00 late fee (April 9 th , May 30 th , August 6 th)	<i>plus</i> \$10.00	<input type="checkbox"/>	
Make check payable to: "Town of Trenton Athletic Association" (NO CASH PLEASE!)	Total Enclosed:		

Athletic Activity Permission Form and Medical Waiver

Your signature on this athletic permission form shall be considered as evidence that your personal family insurance covers your child while participating in competitive athletics. You are personally responsible for any expenses which your insurance does not cover.

My child has permission to participate in this athletic program. I realize there are numerous risks involved in participating in sports. These risks could involve, but not limited to: sprains, contusions, broken bones, lacerations, concussions, permanent disability, internal injuries, paralysis, and possible death. These risks could impair my child's future abilities to earn a living, engage in business, social and recreational activities, and to generally enjoy life. I have been informed about the various risks associated with my child's participation in sports and the potential injuries that may occur. I release the Town of Trenton, the Town of Trenton Athletic Association, its coaches and its referees/umpires from liability.

Date: _____ Child's Name: _____

Parent/Legal Guardian Signature: _____

Children MUST BE accompanied by a responsible adult at all practices and games!

(over)

Concussion Information Acknowledgement

Statement Acknowledging Receipt of Education and Responsibility to report signs or symptoms of concussion to be included as part of the “Participant and Parental Disclosure and Consent Document”.

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions.

By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury and certify that you have read, understand, and agree to abide by all of the information contained in this sheet. You further certify that if you have not understood any information contained in this document, you have sought and received an explanation of the information prior to signing this statement.

Parent Agreement:

- I, _____, have **read** the Parent Concussion and Head Injury Information and **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 providing written clearance from an appropriate health care provider to his/her coach.
- I **understand** the possible consequences of my child returning to practice/play too soon.

Parent/Guardian Signature: _____ Date: _____

Athlete Agreement:

- I, _____, have read the Athlete Concussion and Head Injury Information and understand what a concussion is and how it may be caused.
- 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 provide written clearance from an appropriate health care provider to my coach before returning to practice/play.
- I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete Signature: _____ Date: _____

Please return form to Town of Trenton Athletics with registration forms.