



## Player Registration Forms

Player Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name of School: \_\_\_\_\_ Grade: \_\_\_\_\_

Gender:  Male  Female Date of Birth: \_\_\_\_\_

### **Guardian #1 Information**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

### **Guardian #2 Information**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## SPONSORSHIP T-SHIRT INFORMATION

All VLC players (HS and Youth) will receive a sponsorship t-shirt (to keep).

Please CIRCLE desired size in the sizing chart.

### Sizing Chart:

T-Shirt Size	Size on Form	Chest	Width (in.)	Length (in.)	Size Equivalent
Youth X-Small	YXS	31	15.5	19.5	2-4
Youth Small	YS	34	17	21.5	6-8
Youth Medium	YM	36	18	23	10-12
Youth Large	YL	38	19	25	14-16
Youth X-Large	YXL	40	20	26.5	16-18
Adult Small	AS	36	18	28	
Adult Medium	AM	40	20	29	
Adult Large	AL	44	22	30	
Adult X-Large	AXL	48	24	31	
Adult 2X-Large	A2XL	52	26	32	
Adult 3X-Large	A3XL	56	28	33	

## UNIFORM SIZING INFORMATION (Youth Boys)

**Shorts:** All boys will receive pocketed shorts (to keep). These shorts are to be worn in conjunction with their uniform jersey (which is provided by and retained by the Club). NOTE: The Waist (Relaxed) is measured on the width of the shorts (one side), not the waist of the player.

**BOYS YOUTH ONLY:** Please CIRCLE desired size in the sizing chart.

Sizing Chart:

Short Size	Size on Form	Waist (Relaxed)	Inseam
Boys Youth Small	YS	10-1/2"	7"
Boys Youth Medium	YM	11-1/2"	7"
Boys Youth Large	YL	12-1/2"	7"
Adult Small	AS	13-3/4"	10"
Adult Medium	AM	14-1/4"	10"
Adult Large	AL	15-1/4"	10"
Adult X-Large	ALX	16-1/4"	10"
Adult 2X-Large	A2XL	17-1/4"	10"
Adult 3X-Large	A3XL	18-1/4"	10"

## UNIFORM SIZING INFORMATION (Youth Girls)

**Compression Shorts:** All girls will receive compression shorts (to keep). These compression shorts are to be worn in conjunction with their kilt (which is provided by and retained by the Club).

**GIRLS YOUTH ONLY:** Please CIRCLE desired size AND inseam (if women's) in the sizing chart.

Sizing Chart:

Short Size	Size on Form	Waist	Inseam
Girls Youth Small	GS	21"-23"	2.5"
Girls Youth Medium	GM	24"-26"	2.5"
Girls Youth Large	GL	27"-29"	2.5"
Womens X-Small	WXS	23"-24"	2.5" or 4.0"
Womens Small	WS	25"-26"	2.5" or 4.0"
Womens Medium	WM	27"-29"	2.5" or 4.0"
Womens Large	WL	30"-32"	2.5" or 4.0"
Womens X-Large	WLX	33"-35"	2.5" or 4.0"
Womens 2X-Large	W2XL	36"-38"	2.5" or 4.0"

## **SUPPLEMENTAL PLAYER REGISTRATION INFORMATION**

This next section contains a variety of contact and player-related medical information, which is recommended to be collected by Badgerland Lacrosse Association (BLA) and is required to be collected in compliance with Concussion Law 2011. This information will be shared with coaches, managers, and others, as deemed necessary that are involved with the Verona Lacrosse Club.

By signing below, I am consenting to Verona Lacrosse Club's collection and storage of the information contained herein in an electronic format and in accordance with the policies and procedures of the Verona Lacrosse Club's internet service provider. In addition, by providing this information, I am consenting to the use and distribution of this form to coaches, managers, and others, as deemed necessary that are involved in the Verona Lacrosse Club.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### **Emergency Contacts**

#### **Emergency Contact #1 (if Guardians aren't available)**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

#### **Emergency Contact #2 (if Guardians aren't available)**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

### **Allergies & Medications**

**Please specify any allergies for your player and recommended medical treatment:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please specify any medications your player is taking and why they have been prescribed. Type n/a if not applicable.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Concussion History

Has your player ever had a concussion?    Yes    No    Not Sure

Has your player ever experienced concussion-like symptoms?    Yes    No    Not Sure

Please provide additional information on your responses above, including, the number of concussions, whether concussions or concussion-like symptoms were reported, and any additional information that is pertinent to your player's health.

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## Insurance & Medical Provider Information

*For any insurance-related information that you do not want to provide on this form, please type "not provided" as a required response. In accordance with the Consent to Treat (below), parents/guardians accept full responsibility for any issues arising from incomplete or inaccurate insurance-related information.*

### **Insurance Information:**

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Policy Number:** \_\_\_\_\_

**Member Number:** \_\_\_\_\_

**Physician Name:** \_\_\_\_\_

**Physician Phone Number:** \_\_\_\_\_

**Clinic Address:** \_\_\_\_\_

**Hospital Preference:** \_\_\_\_\_

## Emergency Treatment Response

If emergency treatment is required and the parent/guardians or alternative emergency contacts cannot be reached immediately, may team coaches and representatives use their own judgment in calling the physician listed above or if not available, an alternate physician or medical provider?

Yes    No

If you responded no above, you are required to provide an alternative plan to be followed:

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## **Other Supplemental Information**

Is your player's tetanus booster up to date?    Yes    No    Not Sure

**If the doctor has placed any restrictions on your player's activity, please describe. If not applicable, type n/a in the required response.**

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**Please check any of the conditions that apply to your player (check all that apply):**

- Head injury (concussion, skull fracture)**
- Asthma**
- Heart murmur**
- Fainting spells**
- Convulsions/epilepsy**
- High blood pressure**
- Kidney problems**
- Hernia**
- Diabetes**
- Impaired Vision**
- Impaired Hearing**

**If a condition is not listed and/or if any of the above are checked, please describe the problem/condition further and its implications for proper first aid treatment. If not applicable, type n/a in the required response.**

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**Please describe any current or prior injuries for your player (shoulder, knee, ankle, fingers, neck, back, other) that should be communicated to your coach. If not applicable, type n/a in the required response.**

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**Please provide any additional medical information not addressed in prior responses that is pertinent to your player and you feel is important to share with the coach. If not applicable, type n/a in the required response.**

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**Please check other sports your player participates in (check all that apply)**

- Football
- Soccer
- Track and Field
- Gymnastics
- Baseball/Softball
- Golf
- Cross Country
- Tennis
- Basketball
- Volleyball
- Cheerleading
- Swimming & Diving
- Hockey
- Wrestling
- Skiing/Snowboarding

**List any other sports that are not listed above:**

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**Please identify any other sports that your player will participate in during the Lacrosse season**

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## CONSENT TO TREAT SIGNATURE AND WAIVER

CONSENT TO TREAT WAIVER AND RELEASE 1. I certify that I am the parent or legal guardian of the participant and that unless noted otherwise, the participant is able to participate in all program activities. 2. I, as parent or guardian for my player, have provided true and factual answers to the above questions to the best of my knowledge. 3. I acknowledge that I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis, and even death, as well as other damages and losses, associated with participation in physical events and lacrosse events. 4. I agree that on behalf of myself, my heirs and personal representatives and personal representatives, U.S. Lacrosse, Badgerland Lacrosse Association, Verona Lacrosse Club, Verona Area School District, the host organization and the sponsor or sponsors with respect to a Covered Event, along with the coaches, volunteers, employees, and directors or sponsors of these organizations, shall not be liable for any injury, loss of life, or other loss or damage occurring as a result of my son's or daughter's participation in the event, or as a result of equipment that may have been provided to me for these activities. 5. I am consenting to the collection and storage of the information contained herein in an electronic format and in accordance with the policies and procedures of the Verona Lacrosse Club's internet service provider. In addition, I understand that player medical information can and will be shared with coaches, managers, and others, as deemed necessary, that are involved in this program. 6. Unless specifically indicated otherwise, I, as a parent or guardian for my player, give my consent to the Verona Lacrosse Club staff, team coaches and representatives to obtain and provide, through a medical staff of its choice, customary medical and/or athletic training attention, transportation and/or emergency medical services for any injury as warranted in the course of my son's or daughter's participation in this program. 7. I, as a parent or guardian for my player, accept full responsibility for any issues arising from medical treatment due to inaccurate or incomplete insurance information. This Waiver & Release shall also be for the benefit of and run in favor of any youth organization that requires participants to become members of US Lacrosse as a condition to their participation in such events, which shall constitute Covered Events for purposes of this Waiver & Release, and any such lacrosse league shall constitute the host organization for such Covered Events.

FOR ANY PARTICIPANT WHO IS NOT YET 18 YEARS OLD: As legal parent or guardian of this participant, I hereby verify by my signature below that I fully understand and accept each of the above conditions for permitting my child to participate in any Lacrosse event and accept each of the above conditions of the waiver and release. I further agree that by signing this Agreement. I am consenting to be legally bound by this Agreement's terms and conditions.

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

## PHOTOGRAPHY WAIVER

**As guardian, I hereby grant permission to Verona Lacrosse Club to use photographs and/or digital images of my child/player participating in this event for use in: (1) electronic communications, such as the club's Facebook site and website and/or (2) media articles including newspapers, radio, television, printed publications/brochures or educational materials. I further understand that my child's name may be revealed in descriptive text or commentary in connection with the image(s) and that I authorize the use of these images without compensation.**

Yes     No



## VERONA LACROSSE CLUB - VOLUNTEER FORM

The Verona Lacrosse Club (VLC) is a volunteer organization, which requires the participation of its members' families to ensure its success. Volunteer hour commitments are 6 hours for one player, 10 hours for two players, and 14 hours for three or more players. Families who don't want to volunteer can elect a buyout option at the start of the season. All other families will be asked to submit a volunteer deposit check of \$150 for one player, \$250 for two players, and \$350 for three or more players. This check will be shredded/returned upon the successful completion of volunteer hours. Visit [volunteerinfo.veronalacrosse.com](http://volunteerinfo.veronalacrosse.com) for questions on volunteering, details on the VLC Volunteer Policy, a listing of volunteer opportunities, and volunteer Buyout Options.

**I agree to volunteer in accordance with the VLC Volunteer Policy (YES) or I do not want to volunteer and agree to the VLC Volunteer Buyout (NO)**

Yes     No

**Please identify how your family plans to fulfill its VLC volunteer requirements.**

*The information provided will be used for planning purposes only and to identify areas of interest to you. It does NOT commit you or your family to a volunteer position for a specific date or time.*

**\* Denotes a volunteer opportunity that fulfills all volunteer requirements for ALL players.**

I already hold a position that fulfills all volunteer hours.

### OR - PLEASE CHECK ALL AREAS OF INTEREST

Game day volunteering (field set-up/take-down, penalty timer, culture keeper, score keeper)

High School Only: Video

High School Team Dinners

\*Youth Coach (head or assistant)

\*Youth Team Parent Rep or HS Team manager

\*Youth Age Level Manager (ALM)

\*Youth Team Representative Coordinator

\*Field Prep

Spirit wear committee (Chair position fulfills volunteer requirements for all players)

Uniform Coordinator

\*Graphic Design Coordinator

\*Social Media Manager

Sponsorship Committee

Fundraising Committee (Chair position fulfills volunteer requirements for all players)

Trivia Night Committee (Chair position fulfills volunteer requirements for all players)

Survey Coordinator

\*Webmaster

\*HS or Youth Registrar

Badgerland Rep

Interested in a Board Position (President, VP, Secretary, Treasurer, Youth or HS Director)

# DISREGARD THIS PAGE IF THIS IS A YOUTH REGISTRATION

## High School ONLY:

**Step 3: High School only.** All high school players must also complete the VAHS sports registration process, which includes the completion of the physical card. No fees are paid to the high school so the "Athletic Fees" do not apply.

A student athlete will have ONE registration at VAHS for all sports plus ONE registration at Verona Lacrosse Club for the spring season.

- **Complete the on-line VAHS Athletics Registration Process:**
  - Go to: <https://www.vahswildcats.com/>
    - **Steps to follow follow if you registered for a school sport already for the 2018-2019 school year.**
      - Click on Login (top menu bar).
        - After logging in, click on the player login (upper left) to access your player information. Click on Account Settings (or the listed name)
        - Click on "Registrations" on the left menu bar.
        - Click on 2018-19 VAHS Sports Registration (do NOT create a new registration, but edit the existing registration if necessary)
          - Under the fifth line below the Player Name, make sure that "Lacrosse" is listed for the question: What sport(s) are you registering for?
            - If Lacrosse is listed, you don't need to do anything further.
            - If you need to list Lacrosse, click the pencil icon and edit accordingly next to the Player & Parent/Guardian Information.
          - Review contact / medical information and edit as needed.
      - **Steps to follow if this is a new sports registration for the 2018-2019 school year.**
        - Click on "Registration Link" on right side (above Upcoming Events).
        - Create an account (upper left menu) and complete the applicable documents OR Login if you already have an account with Sports Engine..
          - Click Continue at the bottom of the page and follow the instructions to register your player.
            - If your player name is listed, simply check it before continuing (this could happen if your player used Sports Engine for an offseason league.
            - If your player name is not listed, enter the applicable contact/guardian information. Some of the information provided will be duplicative to what is requested in the VLC online registration.
        - *If you are having difficulty with this step, please contact Jody Witte-Davis at the High School at 608-845-4498 or email. Physical cards can be uploaded or handed into the office, but all other VAHS forms need to be completed online.*
    - **Physical Questions**
      - If the physical card is signed by a doctor showing it took place April 1, 2017 or after AND is on file in the high school office, you do not need a physical for the 2018-19 school year. But, you will still need an Alternate Year card. If an Alternate Year Card was signed May 1, 2018 or after, it is good for the 2018-19 school year.
      - Where do physical cards go? To Ms. Witte-Davis' office across from the vending machines at the entrance to the HS commons.

## Verona Lacrosse Club - Youth Player Code of Conduct

Players, coaches, spectators, and parents are to conduct themselves in a manner that “Honors the Game” and demonstrates respect to other players, coaches, officials and spectators. In becoming a member of the Verona Lacrosse Club an individual assumes certain obligations and responsibilities to the game of lacrosse and its participants. The essential elements in this “Code of Conduct” are HONESTY and INTEGRITY. Those who conduct themselves in a manner that reflects these elements will bring credit to the sport of lacrosse, themselves, and the Verona Lacrosse Club. It is only through such conduct that our club can earn and maintain a positive image and continue to recruit quality players.

The Verona Lacrosse Club expects the following behaviors from players:

1. I pledge to “Honor the Game” and show respect for all involved in the game including teammates, coaches, officials, and all opposing team members. **I understand the Verona Lacrosse Club supports mixed-talent teams in an effort to grow the sport of lacrosse and to help newer players develop their skills more quickly. As a player, I pledge to use my talent, skills, and knowledge accordingly in support of that goal and in an effort to be a role model for developing players and teammates.**
2. Sportsmanship and the concepts of fair play are essential to the game of Lacrosse. As a player, I understand that I represent the Verona Lacrosse Club who expects me to conduct myself in a manner that demonstrates sportsmanship in games, practices, and off the field activities.
3. I will not let winning the game be placed above the value of good sportsmanship and the concepts of fair play.
4. I will not use obscene, foul and/or derogatory language or gestures during games, practices, tournaments, or as spectators at any event where Verona Lacrosse Club members are representing our club.
5. I will refrain from any form of physical or verbal assault, bullying or harassment of teammates, coaches, officials, and all opposing team members.
6. I will not possess, use, distribute or be under the influence of drugs, alcohol, or tobacco.
7. I will follow the eligibility requirements, such as age and previous level of participation. They have been established to encourage and maximize participation, as well as promote safety.

Failure to abide by the above “Code of Conduct” could result in one of the following disciplinary actions:

- Initial warning with immediate corrective measures and notification of parent
- Player game suspension
- Player season suspension
- Player denial of future membership in Verona Lacrosse Club

**In the event a coach feels the need to address a parent about player behavior, a parent or guardian is required to attend all games and practices for a minimum of two weeks or until behavior improves.**

\_\_\_\_\_  
Player's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parents' signature

\_\_\_\_\_  
Date

Please check applicable box:  Boy  
 Girl

Circle Grade: 1 2 3 4 5 6 7 8



# PARENT & ATHLETE AGREEMENT

Related to Concussion Law WI Stat. 118.293

**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. *This form must be on file for every sports season and every youth athletic organization the athlete is involved with and must be renewed each school year (clubs- every 365 days).*

## 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 \_\_\_\_\_

Circle Program: **Boy** **Girl**      Circle Grade: **1** **2** **3** **4** **5** **6** **7** **8**

# KNOW YOUR CONCUSSION ABCs

Assess the situation    Be alert for signs and symptoms    Contact a health care provider



## Wisconsin Concussion Fact Sheet for Parents

### What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head and 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.

### What are the signs and symptoms of a concussion?

You can't 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 your child or teen is acting or feeling, if symptoms are getting worse, or if s/he just "doesn't feel right." Most concussions occur without loss of consciousness.

If your child or teen reports **one or more** of the symptoms of concussion listed below, or if you notice the symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

### SIGNS AND SYMPTOMS OF A CONCUSSION

#### SIGNS OBSERVED BY PARENTS OR GURADIANS

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events prior to the hit, bump, or fall
- Can't recall events after the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

#### SYMPTOMS REPORTED BY YOUR CHILD

##### Thinking/Remembering:

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

##### Physical:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

##### Emotional:

- Irritable
- Sad
- More emotional than usual
- Nervous

##### Sleep\*:

- Drowsy
- Sleeps less than usual
- Sleeps more than usual
- Has trouble falling asleep

\*Only ask about sleep symptoms if the injury occurred on a prior day.

Materials adapted from U.S. Dept of HHS Centers for Disease Control and Prevention

# DANGER SIGNS

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Difficult to arouse
- Severe headache or worsening headache
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

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 health care provider experienced in evaluating for concussion says they are symptom-free and provide written clearance to return to activity. This means, until permitted, not returning to:

- Physical Education (PE) class,
- Sports conditioning, weightlifting, practices and games, or
- Physical activity at recess.

## What should I do if my child or teen has a concussion?

1. Seek medical attention right away. A health care provider experienced in evaluating for concussions can direct concussion management and review when it is safe for your child to return to normal activities, including school (concentration and learning) and physical activity. If your child or teen has been removed from a youth athletic activity because of a suspected or confirmed concussion or head injury, they may not participate again until he/she is evaluated by a health care provider and receives written clearance to participate in the activity from the health care provider.
2. Help them take time to get better. If your child or teen has a concussion, her or his brain needs time to heal. Your child or teen should limit activities while he/she is recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, using a computer, texting, or playing video games may worsen or prolong concussion symptoms (such as headache or tiredness). Rest will help your child recover more quickly. Your child may become upset that he/she cannot participate in activities.
3. Together with your child or teen, learn more about concussions. Talk about the potential long-term effects of concussion and the problems caused by returning too soon to daily activities to quickly (especially physical activity and learning/concentration).

## How can I help my child return to school safely after a concussion?

Help your child or teen get needed support when returning to school after a concussion. Talk with your child's school administrators, teachers, school nurse, coach, and counselor about your child's concussion and symptoms. Your child may feel frustrated, sad, and even angry because he/she cannot keep up with schoolwork and learn as well after a concussion. Your child may also feel isolated from peers and social networks. Talk often with your child about these issues and offer your support and encouragement. As your child's symptoms decrease, the extra help or support can be removed gradually. Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed,
- Spend fewer hours at school,
- Be given more time to take tests or complete assignments,
- Receive help with schoolwork, and/or
- Reduce time spent reading, writing, or on the computer.

To download this fact sheet in Spanish, please visit: [cdc.gov/headsup/index.html](http://cdc.gov/headsup/index.html). Para obtener una copia electrónica de esta hoja de información en español, por favor visite: [cdc.gov/headsup/index.html](http://cdc.gov/headsup/index.html).

To learn more about concussions go to:

[CDC.gov/headsup/index.html](http://CDC.gov/headsup/index.html); [www.wiaawi.org](http://www.wiaawi.org); [www.nfhs.org](http://www.nfhs.org)



# KNOW YOUR CONCUSSION ABCs

Assess the situation    Be alert for signs and symptoms    Contact a health care provider



## Wisconsin Concussion Fact Sheet for Athletes

### What is a concussion?

A concussion is a type of 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 occur during practices or games in any sport or recreational activity.

### What are the signs and symptoms of a concussion?

Unlike a broken arm, you can't see a concussion. Most concussions occur without loss of consciousness. 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 are feeling, if symptoms are getting worse, or if you just "don't feel right." If you think you or a teammate may have a concussion, it is important to tell someone.

### COMMON SYMPTOMS OF A CONCUSSION:

**Tell someone if you see a teammate with any of these symptoms:**

- Appears dazed or stunned
- Forgets sports plays
- Is confused about assignment or position
- Moves clumsily
- Answers questions slowly
- Repeats questions
- Can't recall events prior to the hit, bump, or fall
- Can't recall events after the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes

**Tell someone if you feel any of the following:**

**Thinking/Remembering:**

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

**Physical:**

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

**Emotional:**

- Irritable
- Sad
- More emotional than usual
- Nervous

Changes in your normal sleep patterns.

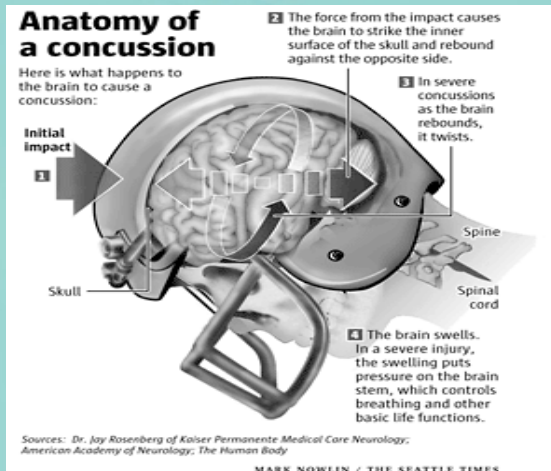


Materials adapted from the U.S. Department of Health and Human Services Centers for Disease Control and Prevention

\*Wear the proper equipment for each sport and make sure it fits well.

\*Follow the rules of the sport and the coach's rule for safety.

\*Use proper technique.



If you have a suspected concussion, you should NEVER return to sports or recreational activities on the same day the injury occurred. You should not return to activities until you are symptom-free and a health care provider experienced in managing concussion provides written clearance allowing return to activity. This means, until permitted, not returning to:

- Physical Education (PE) class,
- Sports conditioning, weight lifting, practices and games, or
- Physical activity at recess.

## What should you do if you think you have a concussion?

1. Tell your coaches and parents right away. Never ignore a bump or blow to the head even if you feel fine. If you experience symptoms of a concussion, you should immediately remove yourself from practice/play. Tell your coach right away if you think you or one of your teammates might have a concussion.
2. Get evaluated by a health care provider. A health care provider experienced in evaluating for concussion can determine if you have a concussion, help guide management and safe return to normal activities, including school (concentration and learning) and physical activity. If you have been removed from a youth athletic activity because of a suspected or confirmed concussion or head injury you may not participate again until evaluated by a health care provider and you receive written clearance to return to activity. You must provide this written clearance to your coach.
3. Give yourself time to get better. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a repeat concussion. It is important to rest until you receive written clearance from a health care provider to return to practice and play.

## Why should you tell someone about your symptoms?

1. Your chances of sustaining a life altering injury are greatly increased if you aren't fully recovered from a concussion or head injury.
2. Practicing/playing with concussion symptoms can prolong your recovery.
3. Practicing/playing with a concussion can increase your chances of getting another concussion.
4. Telling someone could save your life or the life of a teammate!

## Tell your teachers

Tell your teachers if you have suffered a concussion or head injury. Concussions often impair school performance. In order to properly rest, many students often need to miss a few days of school immediately following a concussion. When you return to school after a concussion you may need to:

- Take rest breaks as needed,
- Spend fewer hours at school,
- Have more time allowed to take tests or complete assignments,
- Suspend your physical activity (PE class and/or recess)
- Suspend your extracurricular activities (band, choir, dance, etc)
- Reduce time spent reading, writing, or on the computer.

To learn more about concussions, go to:

[www.cdc.gov/Concussion](http://www.cdc.gov/Concussion); [www.wiaawi.org](http://www.wiaawi.org); [www.nfhs.org](http://www.nfhs.org)







US LACROSSE 2 Loveton Circle, Sparks, MD 21152 | P: 410.235.6882 | F: 410.366.6735

Member ID# (if renewing and known): \_\_\_\_\_ circle one: Male Female
Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_
Mailing Address: \_\_\_\_\_
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_
Group/Team Name: \_\_\_\_\_

STEP 1 - SELECT YOUR MEMBERSHIP CATEGORY (BASED ON YOUR AGE)

- 14 and under .....\$30
15 - 18 .....\$35
Adult (19+) .....\$55

STEP 2 - SELECT ALL CATEGORIES WHERE YOU PARTICIPATE:

(Identify each category of participation to obtain insurance coverage for that category. There is no additional charge for multiple categories.)

- PLAYER
COACH (CHECK ALL THAT APPLY)
Men/Boys' Women/Girls'
Youth Youth
High School High School
College College
Post-College Post-College

Primary Team/Program: \_\_\_\_\_

- OFFICIAL (CHECK ALL THAT APPLY)
Men/Boys' Women/Girls'
Youth Youth
High School High School
College College
Post-College Post-College

Officials and coaches receive one rulebook complimentary and may purchase additional rulebooks at \$8 each. Please indicate number for each type:

- Men's NCAA Women's NCAA
Men's HS/Youth (NFHS) Women's HS/Youth (NFHS)

Total additional rulebooks purchased at \$8 each: \_\_\_\_\_

- FAN (FOR MEMBERS WHO DO NOT PARTICIPATE AS A PLAYER, COACH OR OFFICIAL - \$55, ADULT ONLY)

CHARITABLE INFORMATION:

Please consider a tax-deductible gift to support the growth of lacrosse nationwide!
US Lacrosse Fund ..... \$ \_\_\_\_\_

Total Fee (membership cost and contribution) .....\$ \_\_\_\_\_

STEP 3 - COMPLETE YOUR PAYMENT INFORMATION

- Check enclosed for \$ \_\_\_\_\_ (payable to US Lacrosse)
Please charge my credit card \$ \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. \_\_\_\_\_

Signature \_\_\_\_\_

STEP 4 - PLEASE SIGN WAIVER TO THE RIGHT

ENROLLMENT FORM AND MEMBER AGREEMENT

FOR ANY PARTICIPANT WHO IS NOT YET 18 YEARS OLD THIS WAIVER MUST BE READ AND ACCEPTED BY THE LEGAL GUARDIAN OF THE PARTICIPANT.

By signing below, I hereby verify that I have read and fully understand each of the following conditions for participation in any US Lacrosse activities and/or a US Lacrosse recognized or sanctioned event, and I agree to and accept each of the conditions below, including but not limited to the entirety of the waiver and release and mandatory individual arbitration provisions set forth in the DISPUTE AND MANDATORY ARBITRATION AGREEMENT summarized in Paragraph 7. I also verify that I have read and agreed to the terms in the Code of Conduct. If I am a parent or guardian acting on behalf of a participant who is not yet 18 years old, I agree on my behalf and on behalf of the minor participant..

ACCEPTANCE OF ALL TERMS SET FORTH IN PARAGRAPHS 1-7, INCLUDING BUT NOT LIMITED TO THE WAIVER AND DISPUTE AND MANDATORY ARBITRATION AGREEMENT IS REQUIRED FOR ACCEPTANCE OF MEMBERSHIP

In consideration of my membership as a Cross Participant, participating in more than one category of Player, Coach, Official, Referee and/or Umpire in US Lacrosse, and my participation in US Lacrosse recognized or sanctioned events, I agree to the following:

1. Waiver and Release: I am fully aware of and appreciate the risks, including the risk of catastrophic injury, paralysis and even death, as well as other damages and losses, associated with participation in a lacrosse event. I further agree on behalf of myself, my heirs, and personal representatives, that US Lacrosse, the host organization, and sponsors of any US Lacrosse recognized or sanctioned event, along with coaches, officials, referees, umpires, volunteers, employees, agents, officers and directors of these organizations, shall not be liable for any injury, loss of life or other loss or damage occurring as a result of my participation in any such US Lacrosse recognized or sanctioned event.

2. Medical Attention: I hereby give my consent to US Lacrosse and the host organization of any US Lacrosse recognized or sanctioned event to provide, through a medical staff of its choice, customary medical/athletic training attention, transportation and emergency medical services as warranted in the course of my participation in US Lacrosse recognized or sanctioned events. Notwithstanding the foregoing, I understand and agree that neither US Lacrosse nor the host organization has any obligation to provide any such medical/athletic training attention and both the lack of any such medical/athletic training attention and the provision thereof on a voluntary basis by US Lacrosse and/or the host organization is and shall be covered by the release set forth in Paragraph 1 above.

3. Readiness to Compete: I will only participate in those US Lacrosse competitions or activities in which I believe I am physically and psychologically prepared to participate.

4. Photographic Use Release: I grant US Lacrosse the right to photograph and/or videotape me, my member child or ward and further display and use name, face, likeness, voice and appearance as deemed appropriate in all media (known or hereafter) in perpetuity. I understand that all photographs captured of me by US Lacrosse staff and/or their officially contracted event photographers/videoographers will forever be the property of US Lacrosse and may be used as deemed appropriate by US Lacrosse to include, but not be limited to: event organization publications, training/educations materials, websites, promotional materials, and/or advertisements.

5. Code of Conduct: I have read and agree to all terms in the Code of Conduct on the second page of this form, especially with regard to my responsibilities as a Player, Coach, Official, Referee and/or Umpire.

6. Insurance: Membership benefit of insurance is provided only to residents of the U.S. International members are not eligible to receive the insurance coverage.

7. DISPUTE AND MANDATORY ARBITRATION AGREEMENT: PLEASE READ CAREFULLY. I and US Lacrosse agree that any claims or disputes arising from or relating to my membership, including but not limited to participation in US Lacrosse activities and/or recognized or sanctioned events, unless resolved informally or through mediation or eligible for small-claims court, will be resolved by binding arbitration before a neutral arbitrator or panel of arbitrators. Arbitration will replace the right to go to court and may limit my and US Lacrosse's rights to discovery or appeal. I and US Lacrosse agree that we will not be able to bring a class, private attorney general, collective or other representative action in Court, nor will I or US Lacrosse be able to bring any claim in arbitration on a class, private attorney general, collective or representative basis. We will also not be able to be part of a class, private attorney general, collective, or other representative action brought by anyone else. THE FULL AND SPECIFIC TERMS OF THE MANDATORY ARBITRATION AGREEMENT ARE SET FORTH IN THE "INSURANCE" PORTION OF THE WEBSITE UNDER THE "DISPUTE AND MANDATORY ARBITRATION AGREEMENT" SECTION. I CONFIRM THAT I HAVE REVIEWED, ACCEPTED AND AGREED TO THE PROVISIONS OUTLINED HERE AND IN DETAIL IN THE "INSURANCE" PORTION OF THE WEBSITE UNDER THE "DISPUTE AND MANDATORY ARBITRATION AGREEMENT" SECTION.

If participant is under 18, then a parent or legal guardian of this participant must sign. As member, or as parent or legal guardian of a member under 18, I hereby verify by my signature below that I fully understand and accept each of the above conditions.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

All official category memberships expire 9/30, regardless of date joined.

VIEW YOUR MEMBERSHIP INFORMATION AT USLACROSSE.ORG/MEMBERSHIP QUESTIONS? CALL 410.235.6882 OR EMAIL MEMBERSHIP@USLACROSSE.ORG



# US LACROSSE CODE OF CONDUCT AND THE POSITIVE COACHING ALLIANCE

US Lacrosse and the Positive Coaching Alliance have partnered to establish and promote positive coaching throughout the sport of lacrosse. US Lacrosse is committed to preserve the "Honor of the Game" for all who enjoy the sport of lacrosse. To help fulfill this commitment, US Lacrosse requires all players, coaches, officials, parents and spectators to sign and abide by a "Code of Conduct" that embodies basic common sense principles; demonstrates consideration of others; and projects a positive image to our young men and women.

Individuals and/or teams participating in US Lacrosse events that fail to abide by this code will be subject to ejection and disqualification from future US Lacrosse events. Thank you for your help in promoting these principles.

## CODE OF CONDUCT US LACROSSE AND OFFICIALS

Officials are expected to read, understand, and abide by the US Lacrosse Code of Conduct, and the additional Code of Conduct specifics which are outlined in the Officials Manuals. These comprehensive ethics policies are minimum standards of behavior for all officials. These manuals are updated on a yearly basis, and are required reading. By agreeing to this statement you agree to familiarize yourself with and abide by these policies.

## THE CODE OF CONDUCT

Players, coaches, spectators and parents are to conduct themselves in a manner that "Honors the Game" and demonstrates respect to other players, coaches, officials and spectators. In becoming a member of the lacrosse community an individual assumes certain obligations and responsibilities to the game of lacrosse and its participants. The essential elements in this "Code of Conduct" are HONESTY and INTEGRITY. Those who conduct themselves in a manner that reflects these elements will bring credit to the sport of lacrosse, themselves, their team and their organization. It is only through such conduct that our sport can earn and maintain a positive image and make its full contribution to youth sports in the United States and around the world. US Lacrosse supports the following behaviors for those participating or involved in any way with US Lacrosse in general:

- The essential elements of the "Code of Conduct" must be adhered to.
- Sportsmanship and teaching the concepts of fair play are essential to the game and must be taught and developed both at home and on the field during practices and games.
- The emphasis on winning should never be placed above the value of good sportsmanship, the concepts of fair play, or the skills of the game.
- Derogatory comments are unacceptable. Use positive reinforcement with players and adults alike. It should be remembered that criticism once made can never be retracted.
- The safety and welfare of the players are of primary importance.
- Coaches must always be aware of the tremendous influence they have on their players. They are to strive to be positive role models in dealing with young people, as well as with adults.
- Officials are expected to conduct themselves as professionals and in a manner that demonstrates courtesy and fairness to all parties, while exercising their authority on the field.
- Adults involved with the game must never permit anyone to openly or maliciously criticize, badger, harass, or threaten an official.
- Knowledge of the Rules of Lacrosse must be respected and adhered to by all who participate in the game of lacrosse, both in the letter and the spirit of the game. Attempts to manipulate rules in an effort to take unfair advantage of an opponent, or to teach deliberate unsportsmanlike conduct, is considered unacceptable conduct.
- Eligibility requirements, such as age and previous level of participation, must be followed. They have been established to encourage and maximize participation, as well as promote safety.



# Verona Lacrosse Club Scholarship Request

The Verona Lacrosse Club (VLC) provides registration fee scholarship assistance to families who demonstrate a need or hardship that prohibits their child the opportunity to play the game of lacrosse without some financial relief. Note that scholarships are not intended to waive the entire registration fee, but only to assist. Financial assistance is not provided for the annual U.S. Lacrosse membership fee and/or equipment purchase or rental.

**Eligibility:** Families receiving free or reduced school lunch programs qualify for scholarship assistance. Other families experiencing hardship may also qualify. The VLC President and Treasurer will review each circumstance for scholarship awards.

**Scholarship Requirements:**

1. *Participation:* Scholarship recipients are expected to attend a minimum of 80% of scheduled practices and games.
2. *Volunteerism:* Scholarship recipient families are expected to volunteer the minimum commitment identified in the VLC Volunteer Policy. Alternatively, scholarship recipient families can fulfill all volunteer requirements through board-level or other seasonal volunteer opportunities. Failure to fulfill the volunteer requirements may result in scholarship ineligibility in future years.
3. *Payment:* Players will be liable for the registration fee balance remaining after the application of the scholarship amount. If that balance is not paid by the date agreed upon, the player will not be able to practice or play games until payment is made.

**Application Deadline and Requirements:** Completed applications with supporting documentation of your need must be postmarked or received by the VLC President and Treasurer no later than February 15, 2019. Scholarship funds will be applied only toward VLC registration fees. Online registration forms and forms required for high school level play must also be completed and given to the appropriate Age Level Director.

**Scholarship Award Date:** Applicants will be notified of their scholarship award no later than March 1, 2019.

Parent/Guardian Name: \_\_\_\_\_

Address, City, State, Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

2018 Income: \_\_\_\_\_ 2017 Income: \_\_\_\_\_

Our family qualifies for:  Free Lunch  Reduced Lunch  Other Hardship (explained below)

Player 1 (Name, Age, Grade, Girl/Boy): \_\_\_\_\_

Player 2 (Name, Age, Grade, Girl/Boy): \_\_\_\_\_

Player 3 (Name, Age, Grade, Girl/Boy): \_\_\_\_\_

Please explain as thoroughly as possible your request for financial assistance: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Authorized Parent/Guardian Name (print) \_\_\_\_\_

Authorized Parent/Guardian Signature: \_\_\_\_\_