



2016 FLAG FOOTBALL PROGRAM 4TH - 5TH - 6TH GRADE

In a cooperative venture, the Kimberly and Kaukauna Recreation Departments are combining their efforts in providing a Flag Football Program for students in 4th-5th-6th grades (fall of 2016). This program is being combined as both community programs were dealing with declining numbers, which may have forced elimination of their program. The new program will be developed as follows:

1. All interested participants will complete the registration and concussion information and return, with the **\$ 20.00 registration fee**, to their respective communities by August 5, 2016.
 - *All participants will receive Team T-shirts and free mouth guards.*
2. All participants will participate in a skills assessment on **Saturday, August 13, 2016 (Rescheduled)** at 9:00 AM at Lower Grignon Park (Near the Grignon Mansion). Any registered participant unable to attend the skills assessment will be placed on a team and contacted by their coaches.
3. Adult coached teams will be formed, with both Kimberly and Kaukauna participants being placed on teams, as evenly as possible, with participants.
 - *Due to the nature of this program, no assignment requests (team/player/coach) will be considered.*
 - *Teams will have 12 -14 players with 9 playing on the field at a time for games.*
4. Games will be played on Saturdays, September 10 – October 15 with games at 9:00 – 10:00 – 11:00 AM, and rotated between Kaukauna and Kimberly sites.
 - *Teams will be allowed one (1) practice per week at the coach's discretion, plus practice on Saturdays prior to the games.*
5. Rosters and schedules will be posted on the websites: www.cityofkaukauna.com
www.vokimberly.org

To register, please complete the **Registration Information** and **Concussion Agreement** included with this form. Concussion information is available on the website: www.cdc.gov/concussion

If you have any questions or are interested in coaching, please contact:



Kimberly Park & Recreation Department
788-7507



Kaukauna Recreation Department
766-6335

2016 Flag Football Kaukauna Registration Information & Form

Grades: 4-6
Days: Games on Saturday Mornings; Practices: Once Per Week (Varies by Team)
Dates: September 10 – October 15
Times: See Game Schedule
Location: Alternates between Grignon Park and Kimberly (See Game Schedule)
Fees: \$20.00 KASD-Residents; \$30.00 Non-Residents

For more information please contact the Kaukauna Recreation Department at 766-6335.

Return the bottom of this form to: Kaukauna Recreation Department
201 West Second Street
Kaukauna, WI 54130

Rescheduled:
Skills Assessment & Draft
Saturday, August 13;
9:00am; Grignon Park



2016 Flag Football Program

Participant Name: _____ Birthdate: _____ Grade: _____ School: _____

Parent(s) Name(s): _____ Day Phone: _____ Evening Phone: _____

Mom's Cell: _____ Mom's Email: _____

Dad's Cell: _____ Dad's Email: _____

Address: _____ City: _____ Zip: _____

I hereby agree to release, discharge, indemnify and save the City of Kaukauna and its departments, employees and agents harmless from any and all liability claims, damages and causes of action and costs of defense including attorney fees and other costs of whatever kind or nature which may arise or which result from participating in the above mentioned program. This is also my written permission to have my child admitted and attended to for medical and/or dental treatment in case of sickness/injury. This release shall be binding on the player's heirs, assigns, executors and administrators.

Parent/Guardian Signature: _____

T-Shirt Size: (circle only one size): **YS (6-8)YM (10-12) YL (14-16) AS AM AL**

Concussion Agreement

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. Please visit www.cdc.gov/concussion to learn more about Concussions and their effects on athletes. 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.

I participate in: ___ Football ___ Baseball/Softball ___ Wrestling ___ Other _____

Has the athlete experienced concussion or concussion-like symptoms? _____ If yes, how many times? _____ Were they reported? _____

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: _____