BE Somebody who makes EVERYBODY Feel like a Somebody



Registration Form

Name:		Male Check	Female
(Last)	(First)	One:	
Address:			
City:	State:	Zip Code:	
Phone Number:()	Date of Birth:	//Age:	(As of 7/12/24)
In exchange of your accepting my or my child's any and all rights and claims for damages I or mas "OASD") AND the OSHKOSH RECREATION all injuries suffered by myself or my child at an between the undersigned and the OASD/ORD an regulations established by the ORD and that I o it as determined by the OASD/ORD. For ORD pmedia and or other entities. I agree to allow the my child at an Oshkosh Recreation Department s ORD and the terms of this release create a contrat to carefully consider the terms of this contract. Parent/Guardian Signature ATHLETE AGREEMENT As a parent/guardian and as an athlete it is importhis form, you are stating that you have read the I Concussion and Head Injury information sheet a Athlete Agreement:	DEPT. (Hereinafter referred to y activity sponsored by the OR d the terms of this release creater my child may be dropped fro rongram promotion purposes, placelease of any photographs, vide ponsored activity. This release ct. I have read and understand to tant to recognize the signs, sym Department of Public Instruction and Sudden Cardiac Arrest Infor	child, my heirs, executors, administrest SHKOSH AREA SCHOOL DISTRIBUTED AS "ORD"), its employees, successed D due to negligent acts or omissions a contract. I further agree to follow many roster at anytime if my or my ontographs, videotaping and interview ottaping or interviews in print or elect is the entire agreement between the understanding the strength of the strength of the term. Date	and assigns, for any and . This release is the entire agreement all rules and child's conduct so warrants are more form of or by myself or indersigned and the OASD/ns. I have had sufficient time and sudden cardiac arrest. By signing colastic Athletic Association (WIAA)
I, information on concussions on the Centers for D caused. I also understand the common signs, syn my parents/guardian. I understand that I must be appropriate health care provider and provide to n practice/play. I understand that after a head injur read the Sudden Cardiac Arrest Information shee cardiac arrest and report the symptoms to my coardiac arrest	nptoms, and behaviors. I unders removed from practice/play if a ny coach written clearance to pa y my brain needs time to heal au et. I understand that I should sto	tand the importance of reporting a sus a concussion is suspected. I understan urticipate in the activity from the health and that it may not heal properly if I re p activity/exercise immediately if I ha	spected concussion to my coaches and d that I must be evaluated by an th care provider before I may return to turn to practice/play too soon. I have
Athlete Signature			
Date			
PARENT AGREEMENT As a parent/guardian and as an athlete it is imposigning this form, you are stating that you have (WIAA) Concussion and Head Injury information	read the Department of Public 1	instruction's (DPI) and the Wisconsin	
I,	ters for Disease Control and Prigns, symptoms, and behaviors. wility to seek medical treatment	evention's (CDC) websites. I underst I agree that my child must be remov if a suspected concussion is reported	ed from practice/play if a concussion to me. I understand that my child

their coach. I understand concussions can have a serious effect on a young, developing brain and need to be addressed correctly. I have read the Sudden Cardiac Arrest information sheet. I understand that my child should stop activity/exercise immediately if they have any warning signs of sudden cardiac arrest. I understand it is recommended if my child has any warning signs of sudden cardiac arrest while exercising, they have a medical examination before exercising or returning to participation in their sport. I understand that I or my child should report a family history of heart problems or warning

signs of sudden cardiac arrest to the healthcare provider doing the medical examination. I understand how to request at my cost the administration of an electrocardiogram, in addition to a comprehensive physical examination required to participate in a youth athletic activity. I understand the athletic director may be able to assist me.

Parent/Guardian Signature	
Date	

Additional Information Sheets:

Concussion and Head Injury Information:

https://drive.google.com/file/d/1WPWOkQQBG350pRQTD0aMYUuLCGfVljVs/view?usp=sharing

PLEASE CHECK THE EVENTS YOU WISH TO PARTICIPATE IN AT THIS MEET.

Participants are limited to competing in three (3) events. You may only compete in your age group.

AGE GROUP: Check One. Girls 3-4 Girls 5-8 Girls 9-10 Girls 11-12 Girls 19+

Boys 3-4 Boys 5-8 Boys 9-10 Boys 11-12 Boys 19+

EVENTS: All events are 25 yards. Choose up to 3:

Lifejacket Kick Noodle Kick Inner Tube Kick Freestyle Backstroke Breaststroke

AGE GROUP: Check One. Girls 13-14 Girls 15-18 Boys 13-14 Boys 15-18

EVENTS: All events are 25 yards unless noted. Choose up to 3:

Lifejacket Kick Noodle Kick Inner Tube Kick Freestyle 50 yd Freestyle Backstroke Breaststroke