

# NOW Youth Basketball 2023-2024

\*\* 1<sup>st</sup>- 6<sup>th</sup> graders interested in participating in boys & girls Youth Basketball, please complete the following form and return to your child's teacher at school. Practice for some grade levels may begin in December 2023. A schedule will be handed out in advanced once participation numbers and coaches are in place. Practice will be approximately once or twice a week depending on gym availability. The schedule will be posted on our NOW School District's Facebook page and coaches will be handing out individual schedules once completed. Coaches will also be responsible for letting players/parents know of any schedule changes throughout the year. We appreciate your flexibility and understanding when those changes happen. We look forward to a fun year of learning basketball skills.

\*\*Return by **Friday, December 1<sup>st</sup>** to your homeroom teacher or Marissa Buchholz.

\*\*Contact Marissa Buchholz mbuchholz@now.k12.wi.us, or call 608-337-4420, if you have any questions.

Child's Name \_\_\_\_\_ Parents/Guardian \_\_\_\_\_

Gender                      male                      or                      female

Current Grade Level (circle one):              1<sup>st</sup>              2<sup>nd</sup>              3<sup>rd</sup>              4<sup>th</sup>              5<sup>th</sup>              6<sup>th</sup>

Primary Contact Number \_\_\_\_\_

(so coaches can send a text if there are cancellations and updates. Please include a name for each number)

Youth Participant Health Concerns, if any, list below:

---

---

---

## Concussion and Head Injury 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, 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.

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):**

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

**These are some of the more common SYMPTOMS of concussion (what an injured athlete feels):**

Headache  
Nausea  
Dizzy or unsteady  
Sensitive to light or noise  
Feeling mentally foggy  
Problems with concentration and memory  
Confused  
Slow

*Continued on back page...*

## PARTICIPATION AGREEMENT/WAIVER

I, as the parent / guardian, of \_\_\_\_\_, grant my permission for my son/daughter to participate in the Brookwood Youth Basketball program. I certify that my child is in good physical health, that he/she is physically capable of such activity, and that I have made the coaches / volunteers aware of any physical conditions that may require special attention or observation. I understand that this is a voluntary, physical activity, and that no coaches, volunteers, employees of the NOW School District, or the NOW School District itself, will be held liable or responsible for any injuries that may result from participation. I also understand that if my child begins to experience any signs/symptoms of COVID-19, that they will be held out of practices and should not enter the N-O-W facilities.

\_\_\_\_\_  
Print parent/guardian name

\_\_\_\_\_  
parent / guardian signature

\_\_\_\_\_  
date

## PARENT & ATHLETE AGREEMENT

**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.

### Parent Agreement:

- I \_\_\_\_\_ have **read** the 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 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 \_\_\_\_\_