



2018 YOUTH SAILING

Ages 8-15

\$85

All classes will be held at Sunset Beach Lane
 3378 Sunset Beach Lane, Suamico, WI 54173
Day camp minimum is 4 and the maximum is 8.

June 25 - 28 1:00 - 3:30 p.m.

**Deadline to Register
 June 8, 2018**

First Name				Last Name		
Gender	M / F	DOB/Age	Height	Weight	Experience? Yes No	
Parent/Guardian Names (If Applicable)						
T-Shirt Size	YSmall	YMedium	YLarge	Small	Medium	Large XLarge
Street Address				City, State, Zip		
Daytime Phone #				Evening Phone #		
Cell Phone #				Email Address		
Emergency Contacts Name				Emergency Contact Phone #		

I, _____ (parent or guardian of _____ a minor), a participant in a sailing program administered by Village of Suamico Recreation Department, hereby certify, attest and warrant that I/my child possess(es) the ability to swim seventy-five (75) yards in open water (Bay of Green Bay), in full clothing including footwear, without a Personal Floatation Device (PFD). I also attest that I/my child possess(es) the ability to tread water in a stationary position (without moving laterally, or swimming).

I understand participation in recreation programs involves an element of risk or danger for all participants and may cause serious injury, death or property loss and agree to assume these risks for myself/family and release the Village of Suamico, Shipyard Marine, its employees, volunteers, and other participants from any liability for injuries and damages sustained while participating in this program. I understand a physician's approval is encouraged prior to participation. I understand that my or my child's photograph may be used for promotional materials unless I notify the photographer and or program director. I am providing personal information solely for the purpose of participating in the Youth Sailing program, and would not provide this information otherwise, and do not wish for this information to be shared with parties outside of the Suamico Recreation Department.

Signature

Date

Refund Policy

Refunds will be given up to the registration deadline or the start of the program, whichever comes first. No refunds will be given after a program starts or the registration deadline has been reached. Please be aware that a \$5.00 processing fee will be incurred on all refunds.

Mail to Village of Suamico • 12781 Velp Avenue • Suamico, WI 54313 • (920) 434-8410
Please make checks payable to "Village of Suamico". For program information, please visit www.suamico.org.

OFFICE USE ONLY

Date Registered: _____ Session: _____ Cash/Check/CC _____ Amount Paid: _____ Receipt # _____ Staff: _____



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ADDITIONAL CLASS INFORMATION

Swimming Requirement: All participants are to be comfortable in open water and proficient swimmers. If you have any questions or would like to schedule a swim test please contact Nikki at 544-8476. Please note that prior to going out on the water the participants will be asked to swim from the boat dock to the first buoy and tread water in a stationary position.

What to bring to class: A well-fitting Coast Guard approved life jacket if you have one (otherwise one will be provided for the first day), water & snack, change of clothes, towel, sunscreen, sunglasses, hat and rubber-soled, closed-toe shoes that stay on in the water.

Subjects to be covered: How and why sailboats sail, sailing vocabulary, how to rig the boat, how to steer the boat, how to recover from a capsize, basic rules of the road, basic points of sailing and how to trim sails, a few racing rules, how to race (simplified), sailing games, storing of boats, sails, and equipment.

Parents/Siblings: Please note that you are not able to remain on the property during your sons/daughters class for safety purposes. You will however be able to join us for the last hour on the final day of your child's session for viewing.

Class Cancellations: All classes are held rain or shine. We will call or text you should this change.

Class Location: Classes are held at Shipyard Marine, 780 Longtail Beach Road, Suamico.

Questions? For questions on how to register, swim tests and general inquiries, please call Nikki at (920) 544-8476 or contact by email at NikkiH@suamico.org.

Parent and Athlete Concussion Information Sheet

Reformatted from the Center for Disease Control's Heads Up for Concussion in Youth Sports Program
 A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and the brain to move rapidly back and forth. Even a "ding", or "getting your bell rung", or what seems to be a mild bump or blow to the head can be serious.

What are the signs and symptoms of concussion?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If an athlete reports one or more symptoms of concussion listed below after a bump, blow or jolt to the head or body, s/he must be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom free and it's OK to return to play.

Signs Observed by Coaching Staff

- Appears dazed or stunned
- Is confused about assignment
- Forgets an instruction
- Is unsure of game, score or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

Symptoms Reported by Athletes

- Headaches or "pressure" in the head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to noise
- Feeling sluggish, hazy, foggy or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or "feeling down"

Continued on Next Page - Signature Needed!



2018 YOUTH SAILING Parent & Athlete Concussion Information Sheet Cont.

Concussion Danger Signs

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs.

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously).

Why Should an Athlete Report Their Symptoms?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

What Should You Do if You Think Your Athlete Has a Concussion?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a healthcare professional.

For further information, go to www.suamico.org under the Recreation Tab.

Parent/Guardian Agreement Statement

I have read the Concussion Awareness Information and I agree that if it appears that my child may have sustained a concussion or head injury that he/she is to be removed from any program activity until such time that a trained medical professional can examine him/her and approve their return to play in the activity, pursuant to Section 118.293 Wisconsin Statutes relating to concussions and other head injuries. In such case, I understand that I am to provide a written clearance from a trained medical professional for my child to return to play in the activity.

I have read and fully understand this statement regarding concussions.

NAME OF PARENT OF LEGAL GUARDIAN (please print): _____

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____ Date: _____

Athlete Agreement Statement

I have read the Concussion Awareness Information and I agree that if it appears that I may have sustained a concussion or head injury that I am to be removed from any program activity until such time that a trained medical professional can examine me and approve my return to play in the activity, pursuant to Section 118.293 Wisconsin Statutes relating to concussions and other head injuries. In such case, I understand that I am to provide a written clearance from a trained medical professional for me to return to play in the activity.

I have read and fully understand this statement regarding concussions.

NAME OF ATHLETE (please print): _____

SIGNATURE OF ATHLETE: _____ Date: _____