



Tae Kwon Do 2019 Registration Form

*Classes **MUST** be paid for in advance. Please make check out to "Village of Suamico" and send to 12781 Velp Avenue, Suamico, WI 54313.

Mondays 6:30 - 7:30 p.m.

\$40

Tae Kwon Do is the martial art of choice for all ages. This course will offer you a unique form of aerobic exercise and give you the opportunity to learn self-defense techniques to protect yourself and others. Through Tae Kwon Do, you build your self-control and meet people who can be friends for life.

- Uniform is not included in class cost, nor is it required.
- All youth 5-7 years of age must have a paid adult registered for the class with them.
- Classes are held at Idlewild Park, 1500 Cotton Drive.

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| <input type="checkbox"/> Session 1 January 7 - March 4
(No class January 21 & February 18) | <input type="checkbox"/> Session 4 July 22 - September 9
(No class September 2) |
| <input type="checkbox"/> Session 2 March 11 - April 29
(No class April 1) | <input type="checkbox"/> Session 5 September 16 - October 28 |
| <input type="checkbox"/> Session 3 June 3 - July 15 | <input type="checkbox"/> Session 6 November 4 - December 23
(No class November 25) |

First Name	Last Name
Gender M / F	Birthdate
Experience (Please circle one): None Beginner Intermediate Advanced	
Parents/Guardians Names (If under 18)	
Street Address	
City, State, Zip	
Daytime Phone #	Evening Phone #
Cell Phone #	Email Address
Emergency Contact Name	Emergency Contact Phone #

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 my family and release the Village of Suamico, its employees, the instructors and other participants from any liability for injuries and damages sustained while participating in these programs. I understand a physician's approval is encouraged prior to participation. If you do not wish to have your photo taken or do not want your or your child's photographs in Village publications, please notify the photographer and/or program instructor. I am providing personal information solely for the purpose of participating in Suamico recreation programs, 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 a deadline has been reached. Please be aware that a \$5 processing fee will be incurred on all refunds.

Village of Suamico • 12781 Velp Avenue • Suamico, WI 54313 • (920) 434-8410
For program information, please visit www.suamico.org.

OFFICE USE ONLY				
Date Registered:	Cash/Check/CC	Amount:	Receipt #	Staff Initials:

Suamico Recreation Department

This form must be signed by the parent/guardian and athlete prior to participation.
Please return this form to the Recreation Department with your registration.
If you have any questions you may call 434-8410.

Activity/Sport: _____

Name of Athlete: _____

Parent and Athlete Concussion Information Sheet

Reformatted from the Center for Disease Control's "Heads Up 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", "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 to the right 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 or position
- 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"

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.com and click on "Recreation".

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: _____