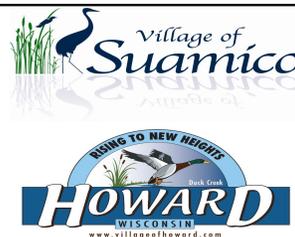




# Cheerleading 2016



**\$75**

For 10-weeks and includes your t-shirt and Cheer hair bow!

Come learn to cheer, jump, stunt, and tumble with Green Bay Fusion's Rec Cheer Program! Participants will learn sideline chants and cheers along with how to cheer on a team! They will then cheer on the athletes of the Howard/Suamico Flag Football games! Practices will be on **Wednesday** evenings and games on **Saturday** between either 9-Noon or 5-8 p.m.

**August 17 through October 15, 2016**

**Deadline to Register is August 5, 2016**

**Ages 5 - 8            5:00 - 6:30 p.m.**  
**Ages 9 - 13        7:00 - 8:30 p.m.**

Program must be paid for in advance. Please make check out to "Village of Suamico" and send to 12781 Velp Avenue, Suamico, WI 54313 or pay in person. Questions? Please contact Nikki at 434-8410.

First Name				Last Name			
Parent/Guardian							
Gender	M / F	Birthdate	Age	T-Shirt Size: YS YM YL SM MED LG			
Street Address							
City, State, Zip							
Daytime Phone #				Evening Phone #			
Cell Phone #				Email Address			
Emergency Contact				Emergency Contact Phone #			

**Concussion Information Must Be Completed. More information on back of this page.**

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, Village of Howard, Green Bay Fusion All Star Cheerleading, its employees, 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 or Howard Leisure Services 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](http://www.suamico.org).**

**OFFICE USE ONLY**

Date Registered:	Cash/Check/CC	Amount:	Receipt #	Staff Initials:
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# Cheerleading 2016 Information



## What to Wear:

Practice - Comfy clothes, socks and tennis shoes, long hair needs to be tied back, and a water bottle.

Games - T-Shirt provided with registration, long hair needs to be tied back, and a water bottle.

## Additional Information:

All practices will be held at Green Bay Fusion, 956 Circle Dr., Green Bay, WI 54304. Games will be at Akzo Nobel Park, 1600 Pinecrest Rd., Green Bay, WI 54313.

## Team Minimums/Maximums:

Minimums 6 - Maximums 12.

## Schedule:

A schedule of practices & games is below. Another schedule will be provided once the season is underway indicating what field you will be on at Akzo Nobel for cheering your games.

## Contact:

Green Bay Fusion at [www.greenbayfusion.com](http://www.greenbayfusion.com) or 920-323-5505.

### **Practices**

**Wed., August 17**

**Wed., August 24**

**Wed., August 31**

**Wed., September 7**

**Wed., September 14**

**Wed., September 21**

**Wed., September 28**

**Wed., October 5**

**Wed., October 12**

### **Games\***

**Sat., August 20**

**Sat., August 27**

**Sat., September 10**

**Sat., September 17**

**Sat., September 24**

**Sat., October 1**

**Sat., October 8**

**Sat., October 15**

**\*A schedule with cheering times for games will be handed out once the program begins.**

## Howard & Suamico Recreation Departments

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](http://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: \_\_\_\_\_