

## 2017-2018 Denmark Wrestling Club Membership Registration

Parent/Guardian/Adult(s): \_\_\_\_\_  
Address: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Emergency Contact w/Phone Number(s): \_\_\_\_\_

### \*\*\*E-MAIL ADDRESS(ES):

\_\_\_\_\_

Please provide your email address to receive information about the Denmark Wrestling Club, updates on practices, notification of upcoming tournaments and other wrestling program information.

### Membership Year is now through November 30, 2018

There are three types of membership:

\_\_\_\_\_ Family: \$15 If paid by 11/30/17. After 11/30/17 the fee will be \$25. Family membership paid in full allows all family members to participate in all activities organized by the DWC. Additional fees may be required for certain activities. A family membership entitles the household head that is 18 years or older 2 ballots for DWC elections or any matter that requires a majority vote by the membership. It also includes family attendance at the Recognition Banquet.

\_\_\_\_\_ Single membership \$5 A single member is any individual 18 years or older, that does not have a child currently participating in the Denmark wrestling program at the youth, middle school or high school levels. Single membership paid in full entitles the individual 1 ballot for DWC elections or any matter that requires a majority vote by the membership and attendance at the Recognition Banquet.

\_\_\_\_\_ Non-paying Membership A non – paying member is 18 years or older and does not have a child participating in the Denmark wrestling program at the youth, middle school or high school levels. A non – paying member does not have the right to vote in elections or any matter that requires a majority vote by the membership. Attendance at the Recognition Banquet will require a nominal fee determined by the Board of Directors. A non – paying member will be entitled to attend all DWC scheduled meetings, access to communication amongst club members and has the opportunity to volunteer for DWC sponsored events. The DWC President will determine who receives non – paying membership status with the exception of a head coach, assistance coach or volunteer coach. All Head Coaches, Assistance Coaches and Volunteer Coaches for the Denmark wrestling program at the youth, middle school and high school levels will be granted non – paying membership status.

### WRESTLER INFORMATION Name(s) and Current Grade(s):

\_\_\_\_\_

\_\_\_\_\_

In consideration of our acceptance of this registration into the Denmark Wrestling Club, I, my Heirs, executors and administrators, waive and release the Denmark Wrestling Club, officers, parents, coaches, sponsors, their agents, and representatives from any and all claims or rights, to damage for injuries in training, competing, observing, or traveling to or from wrestling events. The parents/guardians for these events will assume all liability for injuries or accidents. At no time is the Denmark Wrestling Club, The Denmark School District, or any participants involved in the program liable for injuries. No injury insurance is provided. If for some reason an injury occurs, it will fall under that individual's personal health insurance. Members also acknowledge the dangers of extreme weight loss efforts which can include permanent injury and/or death and the risk involved with this type of activity.

Members hereby give the Denmark Wrestling Club and their legal representatives and assigns, the right and permission to publish, without charge, photographs taken during the 2017–2018 wrestling season at wrestling sponsored events. These photographs may be used in publications, including electronic publications, or in audiovisual presentations, promotional literature, advertising, or in other similar ways.

Proof of Insurance Company: \_\_\_\_\_ Policy# \_\_\_\_\_  
Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Forms and payment can be mailed back to the DWC Secretary. Make checks payable to Denmark Wrestling Club.

**Becky Collar**  
**423 Oak Street**  
**Denmark, WI 54208**

Following information is for Program Use Only:

Registration Fee Paid \_\_\_\_\_ Method of Payment \_\_\_\_\_ Initials \_\_\_\_\_  
Concussion Form Distributed \_\_\_\_\_ Initials \_\_\_\_\_  
Raffle Tickets Distributed \_\_\_\_\_ Initials \_\_\_\_\_

**Concussion 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, the person operating the youth athletic activity shall distribute a concussion and head injury information sheet to each person who will be coaching that youth athletic activity and to each person who wishes to participate in that youth athletic activity. No person under the age of 19 may participate in a youth athletic activity unless the person returns the information sheet signed by his or her parents 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.
3. 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.

<p><b>These are some SIGNS concussion (what others can see in an injured athlete):</b></p> <p>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</p>	<p><b>These are some of the more common SYMPTOMS of concussion (what an injured athlete feels):</b></p> <p>Headache          Nausea          Dizzy or unsteady          Sensitive to light or noise          Feeling mentally foggy          Problems with concentration and memory          Confused          Slow</p>
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Injured athletes can exhibit many or just a few of the signs and/or symptoms of concussion. However, if a player exhibits any signs or symptoms of concussion, the responsibility is simple: remove them from participation. "When in doubt sit them out." It is important to notify a parent or guardian when an athlete is thought to have a concussion. Any athlete with a concussion must be seen by an appropriate health care provider before returning to practice (including weight lifting) or competition.

**RETURN TO PLAY**

Current recommendations are for a stepwise return to play program. In order to resume activity, the athlete must be symptom free and off any pain control or headache medications. The athlete should be carrying a full academic load without any significant accommodations. Finally, the athlete must have clearance from an appropriate health care provider.

The program described below is a guideline for returning concussed athletes when they are symptom free. Athletes with multiple concussions and athletes with prolonged symptoms often require a very different return to activity program and should be managed by a physician that has experience in treating concussion.

The following program allows for one step per 24 hours. The program allows for a gradual increase in heart rate/physical exertion, coordination, and then allows contact. If symptoms return, the athlete should stop activity and notify their healthcare provider before progressing to the next level.

- STEP ONE: About 15 minutes of light exercise: stationary biking or jogging
- STEP TWO: More strenuous running and sprinting in the gym or field without equipment
- STEP THREE: Begin non-contact drills in full uniform. May also resume weight lifting
- STEP FOUR: Full practice with contact
- STEP FIVE: Full game clearance

**Before signing please read the information above Acknowledging Receipt of Education and Responsibility to report signs or symptoms of concussions.**

I, the parent/guardian hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion. I certify that I have read, understand, and agree to abide by all of the information contained in the hand out. I further certify that if I have not understood any information contained in this document, I have sought and received an explanation of the information prior to signing this statement.

\_\_\_\_\_  
 Wrestler Name(s)

\_\_\_\_\_  
 Signature of parent/guardian(s)

\_\_\_\_\_  
 Date