

# McDonnell Macks 2018-19 Sports Registration



Grades 5 – 8



Monday, April 23, 2018

## McDonnell High School Commons/Auditorium

5:00 – 5:30 pm New Athlete Orientation  
5:30 pm New & Returning Athlete Registration  
6:00 pm 2018-19 Awards Banquet

### ARE YOU INTERESTED IN PLAYING SPORTS NEXT YEAR?

On Monday, April 23, 2018 students entering grades 5-8 who are interested in participating in our athletic program in the 2018-19 school year, need to register. All incoming 5<sup>th</sup> grade students and anyone who has not played sports with McDonnell in the past **MUST** attend a mandatory meeting with the Athletic Director, Mr. Archie Sherbinow, at 5:15 p.m. in the McDonnell auditorium.

### Notre Dame Athletic Association Awards Banquet

*(for those who participated in the 2018-2019 sports season)*

Banquet will be held on Monday, April 23, 2018 beginning at 5:30 p.m. in the McDonnell High School Auditorium. Dinner will follow the awards ceremony in the commons.



**PLEASE HAVE THE ATTACHED FORMS COMPLETED AND RETURN ALL to school office on or before May 1st**  
**PLEASE DO NOT PAY YOUR ATHLETIC FEE UNTIL AFTER JULY 1, 2018. Fees can be paid during Welcome Back Week.**

### Available Sports Options:

Volleyball (Girls 5<sup>th</sup> – 8<sup>th</sup> grade) FALL SEASON  
Football (Boys 7<sup>th</sup> & 8<sup>th</sup> grade) FALL SEASON  
Cross Country (Girls & Boys 5<sup>th</sup> - 8<sup>th</sup> grade) FALL SEASON  
Basketball (Girls & Boys 5<sup>th</sup> – 8<sup>th</sup> grade) WINTER SEASON  
Track (Girls & Boys 6<sup>th</sup> - 8<sup>th</sup> grade) SPRING SEASON

## 2018-2019 NDAA ATHLETIC REGISTRATION – Grades 5 - 8

**Please print CLEARLY.** 2018-19 Athletic Fee is \$75. Please see note below regarding payment options.

Athlete's Name \_\_\_\_\_

Parents/Guardian \_\_\_\_\_

Email \_\_\_\_\_

Can the coaches communicate with you via email? (schedule changes, cancellations, etc.) Yes \_\_\_\_ No \_\_\_\_

Is it OK to share your contact information with event chair people? Yes \_\_\_\_ No \_\_\_\_

Phone (home) \_\_\_\_\_ Mom's Cell(s) \_\_\_\_\_ Dad's Cell (s) \_\_\_\_\_

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Please check the appropriate lines below. Please choose the grade entering for the 2017-18 school year.

<input type="checkbox"/> Boy	<input type="checkbox"/> St. Peter	<input type="checkbox"/> 8 <sup>th</sup> Grade	<input type="checkbox"/> Volleyball (5 <sup>th</sup> , 6 <sup>th</sup> , 7 <sup>th</sup> , 8 <sup>th</sup> girls) <i>Fall Season</i>
<input type="checkbox"/> Girl	<input type="checkbox"/> Holy Ghost	<input type="checkbox"/> 7 <sup>th</sup> Grade	<input type="checkbox"/> Football (7 <sup>th</sup> , 8 <sup>th</sup> boys) <i>Fall Season</i>
	<input type="checkbox"/> Notre Dame	<input type="checkbox"/> 6 <sup>th</sup> Grade	<input type="checkbox"/> Cross Country (5 <sup>th</sup> , 6 <sup>th</sup> , 7 <sup>th</sup> , 8 <sup>th</sup> girls & boys) <i>Fall Season</i>
		<input type="checkbox"/> 5 <sup>th</sup> Grade	<input type="checkbox"/> Basketball (5 <sup>th</sup> , 6 <sup>th</sup> , 7 <sup>th</sup> , 8 <sup>th</sup> girls & boys) <i>Winter Season</i>
			<input type="checkbox"/> Track (6 <sup>th</sup> , 7 <sup>th</sup> , 8 <sup>th</sup> girls & boys) <i>Spring Season</i>

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Emergency Contact 1 \_\_\_\_\_ Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact 2 \_\_\_\_\_ Relationship \_\_\_\_\_

Home # \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_

Insurance company \_\_\_\_\_ Policy # \_\_\_\_\_

Parent Employer (for insurance) \_\_\_\_\_

Physicians Name \_\_\_\_\_ Phone \_\_\_\_\_

Dentists Name \_\_\_\_\_ Phone \_\_\_\_\_

Are you allergic to any drugs? \_\_\_\_\_ If so what \_\_\_\_\_

Do you have any other allergies/ (i.e. bee sting, Dust ....) \_\_\_\_\_

Do you suffer from Asthma \_\_\_\_\_ Diabetes \_\_\_\_\_ Epilepsy \_\_\_\_\_

Are you on any medication \_\_\_\_\_ If so what? \_\_\_\_\_

Ever had a head injury? \_\_\_\_\_ If yes, when \_\_\_\_\_ Lose Consciousness? \_\_\_\_\_

Do you wear contacts? \_\_\_\_\_

Other medical issues \_\_\_\_\_

I authorize school personnel to transport my son daughter to a physician's office and/or emergency room for treatment in the event medical care is needed while he/she is involved in either co-curricular or extra-curricular activities. Further I authorize the Physician and Hospital staff to treat my son/ daughter, as they deem necessary in an emergency situation. This authorization is granted should I be unable to be reached, and a reasonable effort has been made to do so.

PARENT/ GUARDIAN SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

**2018-19 ND Athletic Fee is \$75 per athlete for the year.**

**Registration payments will be accepted AFTER July 1, 2018.**

**You may also pay during Welcome Back Week.**

**2018-2019 NDAA ATHLETIC MANDATORY VOLUNTEER FORM**

Please print CLEARLY.

Athlete's Name \_\_\_\_\_

Parents/Guardian \_\_\_\_\_

The Notre Dame Athletic Association is an individual organization and is not funded by the school. The \$75 annual athletic fee covers only a portion of the costs to run the program (coach fees, referee fees, equipment costs, uniforms, maintenance, etc.). **Fundraising and volunteering are required.**

**Please choose a minimum of one area below that you are able to assist.**

*(This section only is one per family. The rest of the form is per athlete.)*

\_\_\_\_ **Coaching** - Individual organizes, runs practices, games and tournaments and is in charge of workers for games. This person is also in charge of facilities.

Sport(s) \_\_\_\_\_ Boys \_\_\_ Girls \_\_\_ Grade \_\_\_

\_\_\_\_ **Team Parent** - In charge of team uniforms, scheduling parents to work clock, book & concessions stand for games, be lead parent on tournaments your team is in. One is needed for each tournament.

*(Possible Tournaments we could host - Volleyball - 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup>, 8<sup>th</sup> Boys basketball - 5<sup>th</sup>, 6<sup>th</sup> Girls basketball - 5<sup>th</sup>, 6<sup>th</sup>)*

Sport(s) \_\_\_\_\_ Boys \_\_\_ Girls \_\_\_ Grade \_\_\_

\_\_\_\_ **Work at concession stand or at the door for basketball tournament fundraisers.** It will be your responsibility to sign up on VolunteerSpot.

\_\_\_\_ I would consider being a part of the Notre Dame Athletic Association board. Please contact me with more details.

In addition to the choice(s) above, please check the boxes below confirming you have read and accept.

\_\_\_\_ I accept and understand that a team parent will contact me to ask for assistance with the operation of games and tournaments. Duties that may be required at these events are taking tickets, running the clock, concessions, etc.

\_\_\_\_ I accept and understand that a minimum of one case of chocolate must be sold **per athlete** **OR** we will pay a \$30.00 opt out fee **per athlete**. The chocolate fundraiser is the only fundraiser the association conducts and is handed out in September.

Must choose one or the other → \_\_\_\_\_ We plan to sell chocolate (number of cases \_\_\_\_\_ **per athlete**.)

\_\_\_\_\_ We will pay the \$30 per athlete opt out fee. (should be paid at Welcome Back Wednesday)

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**The Notre Dame Athletic Association meets the second Wednesday of each month.**

**Please note that with a student participating in the athletic program, you are an important part of this association.**

**\*\* Participation at these meetings is greatly appreciated and strongly suggested. \*\***

# KNOW YOUR CONCUSSION ABCs

Assess the situation    Be alert for signs and symptoms    Contact a health care provider



## Wisconsin Concussion Fact Sheet for Athletes

### What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious. Concussions can occur during practices or games in any sport or recreational activity.

### What are the signs and symptoms of a concussion?

Unlike a broken arm, you can't see a concussion. Most concussions occur without loss of consciousness. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how you are feeling, if symptoms are getting worse, or if you just "don't feel right." If you think you or a teammate may have a concussion, it is important to tell someone.

### COMMON SYMPTOMS OF A CONCUSSION:

**Tell someone if you see a teammate with any of these symptoms:**

- Appears dazed or stunned
- Forgets sports plays
- Is confused about assignment or position
- Moves clumsily
- Answers questions slowly
- Repeats questions
- Can't recall events prior to the hit, bump, or fall
- Can't recall events after the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes

**Tell someone if you feel any of the following:**

**Thinking/Remembering:**

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

**Physical:**

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

**Emotional:**

- Irritable
- Sad
- More emotional than usual
- Nervous

Changes in your normal sleep patterns.



Materials adapted from the U.S. Department of Health and Human Services Centers for Disease Control and Prevention



WISCONSIN DEPARTMENT OF  
PUBLIC INSTRUCTION

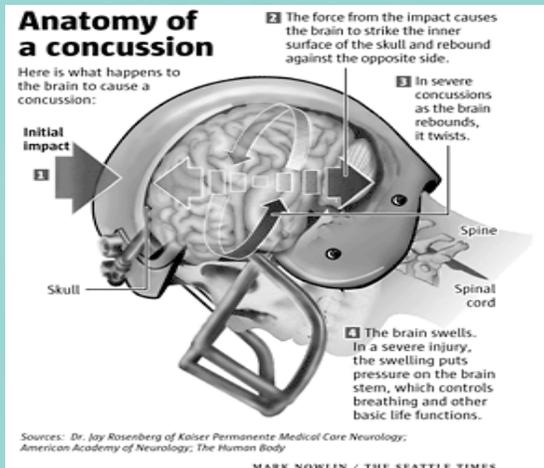


\*Wear the proper

Equipment for each sport  
and make sure it fits well.

\*Follow the rules of the  
sport and the coach's rule  
for safety.

\*Use proper technique.



If you have a suspected concussion, you should NEVER return to sports or recreational activities on the same day the injury occurred. You should not return to activities until you are symptom-free and a health care provider experienced in managing concussion provides written clearance allowing return to activity. This means, until permitted, not returning to:

- Physical Education (PE) class,
- Sports conditioning, weight lifting, practices and games, or
- Physical activity at recess.

## What should you do if you think you have a concussion?

1. Tell your coaches and parents right away. Never ignore a bump or blow to the head even if you feel fine. If you experience symptoms of a concussion, you should immediately remove yourself from practice/play. Tell your coach right away if you think you or one of your teammates might have a concussion.
2. Get evaluated by a health care provider. A health care provider experienced in evaluating for concussion can determine if you have a concussion, help guide management and safe return to normal activities, including school (concentration and learning) and physical activity. If you have been removed from a youth athletic activity because of a suspected or confirmed concussion or head injury you may not participate again until evaluated by a health care provider and you receive written clearance to return to activity. You must provide this written clearance to your coach.
3. Give yourself time to get better. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a repeat concussion. It is important to rest until you receive written clearance from a health care provider to return to practice and play.

## Why should you tell someone about your symptoms?

1. Your chances of sustaining a life altering injury are greatly increased if you aren't fully recovered from a concussion or head injury.
2. Practicing/playing with concussion symptoms can prolong your recovery.
3. Practicing/playing with a concussion can increase your chances of getting another concussion.
4. Telling someone could save your life or the life of a teammate!

## Tell your teachers

Tell your teachers if you have suffered a concussion or head injury. Concussions often impair school performance. In order to properly rest, many students often need to miss a few days of school immediately following a concussion. When you return to school after a concussion you may need to:

- Take rest breaks as needed,
- Spend fewer hours at school,
- Have more time allowed to take tests or complete assignments,
- Suspend your physical activity (PE class and/or recess)
- Suspend your extracurricular activities (band, choir, dance, etc)
- Reduce time spent reading, writing, or on the computer.

To learn more about concussions, go to:

[www.cdc.gov/Concussion](http://www.cdc.gov/Concussion); [www.wiaawi.org](http://www.wiaawi.org); [www.nfhs.org](http://www.nfhs.org)



# KNOW YOUR CONCUSSION ABCs

Assess the situation    Be alert for signs and symptoms    Contact a health care provider



## Wisconsin Concussion Fact Sheet for Parents

### What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head and can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious.

Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly.

### What are the signs and symptoms of a concussion?

You can't see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how your child or teen is acting or feeling, if symptoms are getting worse, or if s/he just "doesn't feel right." Most concussions occur without loss of consciousness.

If your child or teen reports **one or more** of the symptoms of concussion listed below, or if you notice the symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion.

### SIGNS AND SYMPTOMS OF A CONCUSSION

#### SIGNS OBSERVED BY PARENTS OR GURADIANS

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events prior to the hit, bump, or fall
- Can't recall events after the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

#### SYMPTOMS REPORTED BY YOUR CHILD

##### Thinking/Remembering:

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

##### Physical:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

##### Emotional:

- Irritable
- Sad
- More emotional than usual
- Nervous

##### Sleep\*:

- Drowsy
- Sleeps less than usual
- Sleeps more than usual
- Has trouble falling asleep

\*Only ask about sleep symptoms if the injury occurred on a prior day.

Materials adapted from U.S. Dept of HHS Centers for Disease Control and Prevention



# DANGER SIGNS

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Difficult to arouse
- Severe headache or worsening headache
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Children and teens with a suspected concussion should NEVER return to sports or recreation activities on the same day the injury occurred. They should delay returning to their activities until a health care provider experienced in evaluating for concussion says they are symptom-free and provide written clearance to return to activity. This means, until permitted, not returning to:

- Physical Education (PE) class,
- Sports conditioning, weightlifting, practices and games, or
- Physical activity at recess.

## What should I do if my child or teen has a concussion?

1. Seek medical attention right away. A health care provider experienced in evaluating for concussions can direct concussion management and review when it is safe for your child to return to normal activities, including school (concentration and learning) and physical activity. If your child or teen has been removed from a youth athletic activity because of a suspected or confirmed concussion or head injury, they may not participate again until he/she is evaluated by a health care provider and receives written clearance to participate in the activity from the health care provider.
2. Help them take time to get better. If your child or teen has a concussion, her or his brain needs time to heal. Your child or teen should limit activities while he/she is recovering from a concussion. Exercising or activities that involve a lot of concentration, such as studying, using a computer, texting, or playing video games may worsen or prolong concussion symptoms (such as headache or tiredness). Rest will help your child recover more quickly. Your child may become upset that he/she cannot participate in activities.
3. Together with your child or teen, learn more about concussions. Talk about the potential long-term effects of concussion and the problems caused by returning too soon to daily activities to quickly (especially physical activity and learning/concentration).

## How can I help my child return to school safely after a concussion?

Help your child or teen get needed support when returning to school after a concussion. Talk with your child's school administrators, teachers, school nurse, coach, and counselor about your child's concussion and symptoms. Your child may feel frustrated, sad, and even angry because he/she cannot keep up with schoolwork and learn as well after a concussion. Your child may also feel isolated from peers and social networks. Talk often with your child about these issues and offer your support and encouragement. As your child's symptoms decrease, the extra help or support can be removed gradually. Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed,
- Spend fewer hours at school,
- Be given more time to take tests or complete assignments,
- Receive help with schoolwork, and/or
- Reduce time spent reading, writing, or on the computer.

To download this fact sheet in Spanish, please visit: [cdc.gov/headsup/index.html](http://cdc.gov/headsup/index.html). Para obtener una copia electrónica de esta hoja de información en español, por favor visite: [cdc.gov/headsup/index.html](http://cdc.gov/headsup/index.html).

To learn more about concussions go to:

[CDC.gov/headsup/index.html](http://CDC.gov/headsup/index.html);

[www.wiaawi.org](http://www.wiaawi.org);

[www.nfhs.org](http://www.nfhs.org)





# PARENT & ATHLETE AGREEMENT

Related to Concussion Law WI Stat. 118.293

**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. *This form must be on file for every sports season and every youth athletic organization the athlete is involved with and must be renewed each school year (clubs- every 365 days).*

## Parent Agreement:

I \_\_\_\_\_ have **read** the Parent 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 Athlete 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 \_\_\_\_\_

