

2018 Junior Lancer Volleyball Registration Packet Checklist

Registration is from May 1st – May 31st

Welcome to Junior Lancer Volleyball!! This packet will assist you in registering your daughter for the 2018 Junior Lancer Volleyball season. Please use the following checklist as you go through this year's registration process. Your daughter will **ONLY** be considered registered when **ALL** the following items have been completed and returned. This packet is **DUE** May 31st.

- Online registration
- Badger Region Membership
- Junior Lancer Uniforms/Ball/Fees Form
- Parent Code of Conduct Form
- Player Code of Conduct Form
- Medical Release Form
- Concussion Form

Practices Starts July 30th

Games Start Labor Day weekend

Online Registration:

Please register each player online at:

<https://docs.google.com/forms/d/e/1FAIpQLSfbnoFBkFIdVsHnz0oT0LEdh9Xv9cwqfHg36MxNL3gb9-mBzA/viewform>

Badger Region Membership:

Players that did not play club volleyball this year need to purchase a Badger Region Membership. We use the summer membership. The WYVL \$15.00 summer membership will be good until October 31st. Use the following site to register for a Badger Region Membership. Once registered, please print out your membership card and return it with the rest of your forms.

<https://webpoint.usavolleyball.org/wp15/Intralock/Login.wp>

For those players that played club this year, your membership is good until October 31st. You will not have to pay for an extra membership, but you will need to return a print out of your membership card.

Player's Name:

Player's Grade:

Junior Lancer Uniforms/Ball/Fees Form:

Returning 5th/6th grade players, who already have uniform/ball are only required to pay the Club Fee.

7th grade players will need to purchase a new volleyball (change in weight).

ITEM	Cost	To be paid to JLVS
JLVB Fee	\$260	\$260
Ball (if needed)	\$40	
Uniform (If needed)	\$40	
Total (Check#)		

T-Shirt/Uniform Information:

Size:

Youth				Adult			
S	M	L	XL	XS	S	M	L

Name on Back (Please Print):

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Parent Code of Conduct

The parents of the Jr. Lancer Volleyball program, should be models of good sportsmanship and should lead by example by demonstrating fairness, respect and self-control.

I pledge to be responsible for my words and actions while attending, coaching, officiating or participating in a Jr. Lancer Volleyball program event and shall conform my behavior to the following code of conduct:

- I will not contact a coach immediately after a game, I will wait 24 hours in order to insure a better interaction
- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice or other Jr. Lancer Volleyball program event.
- I will place the emotional and physical well being of my child ahead of my personal desire to win.
- I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team.
- I will demand a sports environment for my child that is free from drugs, tobacco and alcohol and will refrain from their use at all Jr. Lancer Volleyball program events.
- I will remember that the game is for youth – not adults.
- I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.

I hereby agree that if I fail to conform my conduct to the foregoing while attending, coaching, officiating or participating in a Jr. Lancer Girls Volleyball program event I will be subject to disciplinary action, including but not limited to the following in any order or combination:

1. Verbal warning issued by Jr. Lancer Volleyball program
2. Written warning issued by Jr. Lancer Volleyball program
3. Suspension or immediate ejection from Jr. Lancer Volleyball match / program
4. Season suspension or multiple season suspension issued by a Jr. Lancer Volleyball program official.
5. A request from a Jr. Lancer Volleyball program official to withdraw my daughter from the program.

Father or Guardian Name Print	Signature	Date
Mother or Guardian Name Print	Signature	Date



JR. LANCER VOLLEYBALL

Player Code of Conduct

As a member of the Jr. Lancer Girls Volleyball program, I agree to follow the following code of conduct:

I will exhibit good sportsmanship at every game, practice, tournament, or any function where I am representing Jr. Lancer Volleyball.

I will be supportive of my teammates. I realize this is a team sport and will work with my teammates to encourage improvement of skills and team play.

I will listen to the coaches at all times. I will listen to and use the instruction given to me by the coaches to improve my game.

I will attend all scheduled practices and games. If I am going to miss a practice or a game I will give my coach appropriate notification of my intended absence.

I will be respectful of my teammates, coaches, adult volunteers, referees, opponents and their fans. I will use respectful language and will not speak negatively to or about any of the people mentioned above.

I will avoid the use of foul language at all times. This includes swear words, profane language and/or negative comments.

I will not use cell phones, Ipods or any other texting devices during any game, practice or other volleyball function.

I expect a sports environment that is free from drugs, tobacco and alcohol and will refrain from their use at all times.

I understand that my failure to follow any of the commitments listed above will lead to reduced playing time and possible expulsion from the Jr. Lancer Volleyball program.

Player Name(Print)_____

Player Grade Level_____

Player Signature _____

Date_____

Parent Signature_____

Date_____



USAV YOUTH & JUNIOR VOLLEYBALL PLAYER MEDICAL RELEASE FORM

This **must be** completed - legibly - and signed in all areas by both the player and his/her parent or guardian. I understand and agree that this document will be kept in the possession of authorized adult team personnel and that reasonable care will be used to keep this information confidential. **By signing this form the participant affirms having read and agreed to the terms and conditions listed below.**

Club: _____ Team Name: _____

Male Female

First Name _____ Last Name _____ Birth Date _____ Age _____

Primary Contact: Parent or Guardian

Name: _____ Address: _____
 City, State & Zip _____
 Primary Phone: _____ Alternate Phone: _____

Secondary Contact: Parent/Guardian Other _____

Name: _____
 Primary Phone: _____ Alternate Phone: _____

Primary Insurance Co _____ Primary Group/Policy # _____ / _____

Family Physician Name _____ Physician Phone _____

Please elaborate on any medical conditions of which we should be aware:

Please list any medications currently being taken:

In the past 24 months, have you been tested, diagnosed and/or treated for a concussion: Yes No
 If yes, provide the date (months and year), who performed the testing/diagnosing/treatment and what was the outcome:

Please list any allergies:

If None, please write None.

Participant Signature _____ Date: _____
(regardless of age):

Participant, _____, has my permission to participate in training, competition, events, activities and travel sponsored by USA Volleyball or any of its Regional Volleyball Associations (RVAs). I approve of the leaders who will be in charge of this program. I recognize that the leaders are serving to the best of their ability. I certify that the participant has full medical insurance with the company listed above. I understand and agree that this document will be kept in the possession of authorized adult team personnel and that reasonable care will be used to keep this information confidential. I agree to allow the authorized adult team personnel to release this information in the event of a medical emergency to a third party medical provider. I also certify to the best of my knowledge that the participant named hereon is physically fit to engage in the activities described above.

Parent/Guardian Signature: _____ Date: _____

Relationship to Participant: _____

If, during the course of my daughter's/son's activities in volleyball, she/he should become ill or sustain an injury, I hereby **authorize** you to obtain emergency medical/dental care. I will assume financial responsibility for the bills incurred through my insurance company.

Signature: _____ Date: _____
 Parent/Guardian

or

I do not authorize emergency medical/dental care for my daughter/son.
 Signature: _____ Date: _____
 Parent/Guardian



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

Emotional:

- Irritable
- Sad
- More emotional than usual
- Nervous

Changes in your normal sleep patterns.

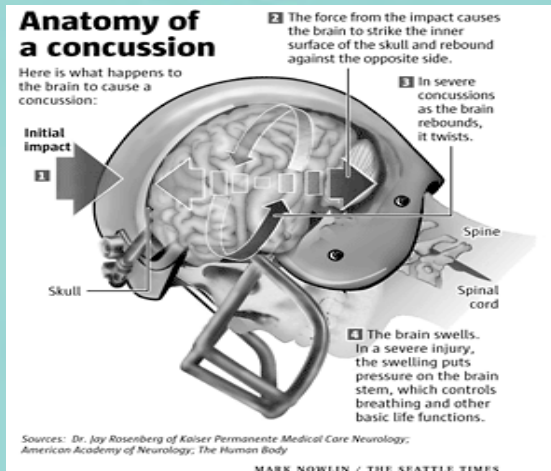
Physical:

- 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"



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

- *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; www.wiaawi.org; 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



WISCONSIN DEPARTMENT OF
PUBLIC INSTRUCTION



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, weight lifting, 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 learn more about concussions go to:

www.cdc.gov/Concussion; www.wiaawi.org; www.nfhs.org





PARENT & ATHLETE AGREEMENT

Related to Concussion Law 2011 – Wisconsin Act 172

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 completed for every sports season and every youth athletic organization the athlete is involved with.*

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 _____



125 South Webster Street,
PO Box 7841,
Madison, WI 53707-7841

PHONE 608-266-3390
TOLL FREE 800-441-4563
WEB SITE <http://www.dpi.wi.gov>



Questions and Contact Information

Related to Concussion Law 2011 – Wisconsin Act 172

Name _____ Date _____

Address _____

City _____ Zip _____ County _____

Phone _____ Email _____

Age _____ School _____ School District _____

Check all that apply *(This document must be completed at the beginning of every athletic season)*

I participate in:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Football | <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Basketball | <input type="checkbox"/> Hockey |
| <input type="checkbox"/> Soccer | <input type="checkbox"/> Golf | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Track & Field | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Skiing/Snowboarding |
| <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Tennis | <input type="checkbox"/> Swimming & Diving | |
| <input type="checkbox"/> Other _____ | | | |

Name of Current Team _____

1. Have you ever had a concussion? _____, if yes, how many? _____
2. Have you ever experienced concussion symptoms? _____ Did you report them? _____

Emergency Contacts:

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

Please complete this form and return to the person operating the youth athletic activity.