



Brookwood Youth Volleyball

Grades 3rd - 8th

Greetings,

It's time for youth volleyball! This year, grades 3rd through 8th are able to participate. Students who are hoping to participate in Junior High track this spring should not be discouraged from doing youth volleyball. The schedule will work around track practices and events.

WHO: 3rd-8th grade girls

WHEN: March & April

WHAT: Practices with 2-3 playdates against area schools (one will be hosted at Brookwood). Practice and playdate schedule will be announced at a later date.

If you have any questions please email:

Dawn Waddell at: DawnWaddell@tomah.education or Ann Anderson at: annanderson4030@gmail.com

***Please return the form by Monday, January 23rd, 2023
to your child's classroom teacher or to the elementary office.***

Yes, I'm interested in participating in the Brookwood Youth Volleyball Program

Name: _____ **Grade:** _____

Parent's Name: _____

Parent's email: _____ **Parent's phone number:** _____

(Please fill out other side)

PARTICIPATION AGREEMENT/WAIVER

I, as the parent/guardian, of _____, grant my permission for my child to participate in the Brookwood Youth Volleyball program. I certify that my child is in good physical health, that they are physically capable of such activity, and that I have made the coaches/volunteers aware of any physical conditions that may require special attention or observation. I understand that this is a voluntary, physical activity, and that no coaches, volunteers, employees of the Norwalk-Ontario-Wilton School District, or the Norwalk-Ontario-Wilton School District itself, will be held liable or responsible for any injuries that may result from participation. I also understand that if my child begins to experience any signs/symptoms of COVID-19, that they will be held out of practices and should not enter the N-O-W facilities.

Print parent/guardian name

parent/guardian signature

date

PARENT & ATHLETE AGREEMENT

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.

Parent Agreement:

- I _____ have **read** the 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 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 _____