



2014 BRILLION YOUTH CAMPS INFORMATION

DATES: \$25 June 9 – 13 **Girls Basketball – 1pm to 4pm**
 \$25 June 16 – 20 **Boys Basketball – 1pm to 4pm**
 \$25 June 23 – 26 **Girls Volleyball – (12:15 – 2:15pm grades 4 to 6, & 2pm to 5pm Grades 7 to 9)**
 \$20 July 28 – 30 **Football (5:30pm – 6:30pm grades 3 to 5, & 6:45pm to 8:15pm grades 6 to 8)**

SITE: Brillion Middle School

AGE: Kids entering grades 3-9 in 2014-15

COST: \$25.00 each child per for Volleyball / Basketball; \$20 for Football (Check payable to Brillion High School)

The 2014 Brillion Youth Camps will follow the same format as previous years. Coaches: Jeff Capelle, Peter Kittel, Ben Olson, and Keith Polkinghorne along with other coaching staff members and Brillion High School Players, will be conducting the camps. **Enrollment will be limited, so get your forms in early.**

PURPOSE: To be a great athlete, you must learn the fundamentals and skills of the game correctly, and you must spend time developing these fundamentals and skills. In our camps we will work hard to develop the fundamentals and give players drills and ideas they can work on by themselves to become better athlete in each sport.

FORMAT: Each session will include time for skill development, contests, and games. The players will be grouped with other players that are the same age and ability. Coaching staff members and high school players will work with players at each level.

Registration Form

BRILLION YOUTH CAMPS REGISTRATION FORM

-Please Print

Name _____ Grade in 2014-15 school year _____

Check the following that you will be participating in

_____ Boys Basketball Camp _____ Girls Basketball Camp _____ Girls Volleyball Camp _____ Football Camp

Address _____ City _____ Zip _____

School Attending _____ Parent's Name _____ Phone _____

T-SHIRT SIZE _____ Youth Large _____ Adult Small _____ Adult Medium _____ Adult Large _____ Adult X-large

I, the parent/guardian of the student athlete named above, agree that all liability or any other claim is forfeited by the participant against the Brillion School District or any other personnel involved with the camp. I also acknowledge I understand 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 on the back of this sheet. 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.

_____ # for girls basketball camp	x	\$25 = \$ _____
_____ # for boys basketball camp	x	\$25 = \$ _____
_____ # for girls volleyball camp	x	\$25 = \$ _____
_____ # for football camp	x	\$20 = \$ _____
Total owed		\$ _____

Parent's Signature _____

Please send the registration form along with \$25 or \$20 per child/camp
 (Checks payable to Brillion High School)

payment to: Brillion High School
 W1101 Cty HR
 Brillion, WI 54110

**Registration is first come, first served.
 When the maximum number is reached, the camp will be closed.**

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 may participate in a youth athletic activity unless the person returns the information sheet signed by the person and, if he or she is under the age of 19, by his or her parent 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>These are some SIGNS concussion (what others can see in an injured athlete):</p> <ul style="list-style-type: none"> 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>These are some of the more common SYMPTOMS of concussion (what an injured athlete feels):</p> <ul style="list-style-type: none"> Headache Nausea Dizzy or unsteady Sensitive to light or noise Feeling mentally foggy Problems with concentration and memory Confused Slow
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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