



# Wisconsin Rapids Swim Club

## Swimmer Code of Conduct

The purpose of a code of conduct for athletes is to establish a consistent expectation for athletes' behavior.

Unsportsmanlike conduct, disorderly conduct, such as profanity, abusive or obscene language, excessive jockeying and baiting, etc., will not be allowed by anyone. The Parks & Recreation Department has a ZERO TOLERANCE rule. Simply put, the person will be warned, but are subject to removal from the program should the behavior continue. Program fees will not be refunded.

The City of Wisconsin Rapids Parks & Recreation Department programs require strict enforcement and compliance with School Board rules of no smoking, no food consumption and no alcoholic beverages, as well as no horseplay by participants in the natatorium, school halls and locker rooms. Please cooperate so we do not lose the privilege to use the facilities by the Board of Education.

As a member of the WRSC, we ask swimmers to comply with the following statements:

- I will respect and show courtesy to my teammates and coaches at all times.
- I will demonstrate good sportsmanship at all practices and meets.
- I will set a good example of behavior and work ethic for my younger teammates.
- I will be respectful of my teammates' feelings and personal space.
- I will have a parent/guardian notify my coach if I need to miss practice or leave early from practice.
- I will show respect for all facilities and other property (including locker rooms) used during practices, competitions, and team activities.
- I will refrain from foul language, violence, behavior deemed dishonest, offensive, or illegal.
- If I disagree with an official's call, I will talk with my coach and not approach the official directly.
- I will obey all of Central Wisconsin Swim Conference (CWSC) rules and codes of conduct. I understand that if I violate this code of conduct, I will be subject to disciplinary action determined by my coach(es) and the City of Wisconsin Rapids Parks & Recreation Department.

Swimmer (Printed): \_\_\_\_\_

Date: \_\_\_\_\_

Swimmer Signature: \_\_\_\_\_

# Parent & Athlete Concussion Information Sheet

Wisconsin Rapids Parks & Recreation, 220 3<sup>rd</sup> Avenue South, Wisconsin Rapids, WI 54495  
Phone: (715) 421-8240 / Website: [parks.wirapids.org](http://parks.wirapids.org) / Email: [parksdepartment@wirapids.org](mailto:parksdepartment@wirapids.org)

Name of Athlete: \_\_\_\_\_ Sport: \_\_\_\_\_

This form must be signed by the parent/guardian prior to participation. Please return this form to Wisconsin Rapids Parks & Recreation.

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

## Signs and Symptoms of Concussion

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If an athlete reports one or more symptoms of concussion listed below after a bump, blow, or jolt to the head or body, s/he must be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom free and it's OK to return to play.

## Signs Observed by Parents/Others

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Mood, behavior, or personality changes
- Can't recall events *prior* to hit or fall
- Can't recall events *after* hit or fall

## Symptoms Reported by Athletes

- Headaches or “pressure” in the head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to noise or light
- Feeling sluggish, hazy, foggy or
- Concentration or memory problems
- Confusion
- Just not “feeling right”

## Concussion Danger Signs

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

## Why Should an Athlete Report Their Symptoms?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

## What Should You do if You Think an Athlete has a Concussion?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

## Parent/Guardian Agreement Statement

*I have read and fully understand this information sheet regarding concussions* and I agree that if it appears that my child may have sustained a concussion or head injury that he/she is to be removed from any program activity until such time that a trained medical professional can examine him/her and approve their return to play in the activity, pursuant to Section 118.293 Wisconsin Statutes relating to concussions and other head injuries. In such case, I understand that I am to provide a written clearance from a trained medical professional for my child to return to play in the activity.

**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.**

I \_\_\_\_\_ (parent/guardian) have read the Parent Concussion 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: \_\_\_\_\_



# Wisconsin Rapids Swim Club

## Participant Waiver

I, as an adult participant or as the legal guardian or parent of the minor child participant named above (hereinafter both adult and minor participants called "Participant"), recognize and acknowledge that there are certain risks of serious injury, death and property damage. Knowing all of these risks, I agree to allow participation in this program and assume the full risk of any injuries, damage or loss which the Participant may sustain as a result of participating in any and all activities connected with or associated with this program. In consideration of participation in this event, I, individually and on behalf of any minor Participant named above, voluntarily release and discharge, indemnify and hold harmless, the City of Wisconsin Rapids, (its elected officials, commissions and commissioners, officers, employees, volunteers and agents), from any and all claims, liability, cost and expense, arising out of or connected to participation in this event. This waiver and release is binding on the Participant's heirs, dependents, executors, administrators and assigns.

In the event of an emergency, I consent and authorize medical treatment deemed necessary for the Participant's immediate care and agree that I will be responsible for payment of any and all medical services rendered.

I understand that photographs or videos may be taken of the Participant during the program. I allow the Participant's image to be used in published materials and websites that promote the City of Wisconsin Rapids Parks and Recreation Department, and I agree that I will not receive compensation for use of these photographs or videos. In the event I do not wish to have the Participant's image used, I will notify the City at registration for the program.

Parent/Guardian (Printed): \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Swimmers under your care: \_\_\_\_\_

\_\_\_\_\_