



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

SHEBOYGAN COUNTY YMCA 2024 – 2025 SPRINGERS GYMNASTICS TEAM HANDBOOK JULY 15, 2024 – JUNE 2025



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To put Christian principles into practice through programs that build healthy spirit, mind and body for all.

YMCA OF THE USA GYMNASTICS MISSION STATEMENT

To provide a YMCA competitive gymnastics program in which all interested gymnasts may develop to the maximum of their abilities.

- Placing the growth, safety and fun of each participant first, with the sport coming second and being used as a tool to accomplish the above needs.
- Developing self-confidence and self-respect in each participant by helping them have an appreciation of their worth as an individual.
- Developing respect for opponents, team members, coaches, officials and others as well.
- Providing significant role models for young people and demonstrating a quality of leadership that can be followed.
- Encouraging an understanding by each young person that he/she is important to the group working together. Full participation as a team member is emphasized rather than winning.
- Increasing the physical fitness of young people and to expand related skills according to the individual's ability.
- Creating an outlet through which parents and their children may enjoy sharing an experience together and may discover an increased awareness of one another.
- Developing a genuine concern among participants for the kind of experiences shared by others in the program and how mutually positive experiences can be generated.
- Granting recognition on the basis of participation and sportsmanship as well as individual achievement.
- Developing awareness of the value and importance of other individuals.
- Providing opportunities to improve social skills.
- Providing opportunities for personal growth through value development.

TEAM ELIGIBILITY

- Must be an **annual Sheboygan County YMCA member** (maintained for 365 days).
- Female gymnasts must be minimum of 4 years old as of July 1, 2024. Male gymnasts must be minimum of 6 years old by their first competition.
- Gymnasts must attend practices at least once a week for a minimum of 30 days prior to regular competition and 90 days prior to YMCA Nationals.
- **Participation in competitions is required.**
- Competition uniform required; see uniform order form for details.
- Adhere to YMCA Fair Play, Code of Conduct, WI YMCA Gymnastics and USAG rules.

PARENT RESPONSIBILITY

- Fulfill required work shifts for **all** home meets; 1 – 2 work shifts per child on team per event. Example: sell concessions, time events, enter scores on computer, etc.
- **YOU WILL BE CHARGED A \$75.00 FEE FOR EACH WORK SHIFT NOT MET. The fee must be paid prior to competition.**
- **Athlete Protection Training obtained and maintained annually.**

TEAM FEE PAYMENTS

Fees are based on your practice time commitment of 1 - 4 days per week. See the registration form for dollar amount.

- Payment in full (**15% savings**) Register online at www.sheboygancountyyymca.org. Session "2425" • Program "1G."
– **OR** –
- Bank draft deduction: An automatic deduction from checking, savings or credit card account on the 20th of each month beginning July 20, 2024 and ending May 20, 2025.
- Registration will be available online and at the front desk on June 21st, 2024 and thereafter.
- There is a non-refundable registration fee of \$100.00.
- Additional home meet fees must be paid.

MEET COMPETITION REGISTRATION AND PAYMENTS

- Register for meets online only at www.sheboygancountyyymca.org. Session "2425" • Program "1G." Meet fees are non-refundable. Late entries will be charged an additional \$20.00 per transaction per family with no guarantee of acceptance.
 - YMCA Invitational Meets..... \$50.00
 - YMCA All In Large Meets \$65.00
 - YMCA State Meet \$75.00
 - USAG Competition..... \$75.00 - \$150.00

→ **Must be USAG member, see USAG registration form for details.**

MEET PROCEDURES/POLICIES

The following procedures have been established for parent and gymnast participation to encourage and promote the YMCA mission statement.

Gymnasts

- **NO cell phones or electronic devices.**
- No food, sports drinks, etc. in the competition area. Water bottles recommended!
- Warm-ups are directed by a coach. Be on time for stretching.
- Gymnast's behavior must be respectful at all times to coaches, gymnasts and judges.
- All gymnasts must remain for the entire meet and awards unless they have received prior approval from the coach.
- Gymnasts must be in our team uniform for awards. The coach will confirm the uniform for awards at the conclusion of the competition.
- Gymnasts should refrain from physical activity they are not accustomed to the day of and prior to competition (swimming, hot tub, sauna, skiing, etc).
- Gymnasts should refrain from attending practice and events if absent from school for physical ailments.

Parents

- Gymnasts must remain in the designated spectator area during warm-ups, competition and awards.
- **Do not** approach meet officials, judges, gymnasts or coaches. A 1.0 team deduction may be taken for the disruption of the meet. It also jeopardizes the credibility of our coaches, respect of fellow gymnasts, teams and judges.

NEW!

- **The forms in the Springers handbook are fillable PDFs (available 6/21/24)**
- When using Google Chrome or Safari browsers, you must click "open with

2024 – 2025 SPRINGERS GYMNASTICS TEAM – GYMNAST CODE OF CONDUCT

As a gymnast in the Sheboygan County YMCA Springers Gymnastics Program:

- I will exhibit the values of Caring, Honesty, Respect and Responsibility at all times.
- I will work hard and honestly to improve my performance and participation.
- I will show respect for my teammates, coaches, opponents, judges and parents.
- I will treat others as I would like to be treated.
- I will follow good health and fitness principles that will enable me to perform at my best.
- I will adhere to the rules of gymnastics.
- I will thank the people who conducted the meet.
- I will have fun!

Gymnast’s Responsibilities

- I will dress properly for workouts (girls – leotards • boys – shorts, competitive shirts, and t-shirts tucked in).
- My hair will be tied back. No jewelry is allowed, except post earrings.
- I will cover all open cuts and warts prior to entering the gym.
- I will place my phone in the phone basket and will **not use** my cell phone or other electronic devices during Springer functions, practices or competitions, except to record my gymnastics. I will not post to social media.
- **I will arrive for all functions on time.**
- I will try! I will listen to the coaches and try!
- I will maintain a positive attitude toward gymnastics, my coaches, teammates and scores.
- I will eat a balanced diet and get plenty of sleep.
- I will abide by the rules established in the team handbook.
- I realize failure to meet these responsibilities may result in my suspension of the next public Springer performance, competition or practice.

Waiver

I hereby agree to waive any claim or liability they may have on the YMCA arising out of the use of the facility, and further agree that they will indemnify and save harmless the YMCA from any and all claims of every kind and description which may be brought against the YMCA on account of death, injury, or damage to persons or property received any persons by reason of the acts or omissions of the users in their use. We understand the above responsibilities and I give permission for my child to participate on all Sheboygan County YMCA Springer Gymnastics Team practices, meets and demonstrations.

Gymnast Name _____ **Signature** _____ **Date** _____

Parent/Guardian Name _____ **Signature** _____ **Date** _____

Parent/Guardian Name _____ **Signature** _____ **Date** _____

2024 – 2025 SPRINGERS GYMNASTICS TEAM – PARENT RESPONSIBILITY FORM

Please read thoroughly. This form must be on file before your child begins practice. I have read and agree to follow the information found in the 2024 - 2025 Sheboygan County YMCA Springers Gymnastics Team handbook:

I understand that I, as a team parent, play a crucial role in maintaining the culture and the success of the Sheboygan County YMCA Springers Gymnastics Team. I will discuss concerns with the coaches.

- I understand that the Sheboygan YMCA website **www.sheboygancountyyymca.org** and team app is where to obtain information regarding team functions. **It is my responsibility to check the website & app for changes.**
- **I must have a current email address on file. I will notify Denise with any changes.**
- I agree to work the required number of shifts for all meets that are hosted by the Sheboygan County YMCA Springers.
- I understand that it is my responsibility to find a replacement if I am unable to work my shifts.
- **I understand that I will be required to pay \$75.00 for each work shift and obligation that I do not complete.** We would much rather have you work your shift. If we have to hire out, it costs the YMCA extra money.
- I understand that all late entries for gymnastics competitions will have a \$20.00 fee added.
- I understand that if my child misses a class, I may arrange with Denise/Mariah to make up the class within two weeks.
- I understand that I must have prior approval to change my child’s practice time.
- I will help out with at least one other fundraising activity at other home meets during the 2024 - 2024 season, like parades and other events.

SHEBOYGAN COUNTY YMCA SPRINGER GYMNASTICS TEAM PARENT CODE OF CONDUCT

As a parent in the Sheboygan County YMCA Springers Gymnastics Team Program, I will:

- Remain in the spectator areas during all competitions and practices.
- Show interest, enthusiasm and support for my child.
- Cheer positively for our gymnasts and team.
- Keep comments positive to all gymnasts, coaches, officials and parents.
- Show respect for other competitors.
- Permit coaches to coach without interference.
- Help when a coach or official asks me to.
- Come to meets sober and refrain from drinking alcohol at contests.
- Thank the people who conducted the event.

Parent Responsibilities

- I will have my child at practice and to meets and demonstrations on time.
- I will be sure my child is dressed properly for the event.
- **I will enforce the rule stating NO cell phones or other electronic devices used during Springer functions, practices or competitions except to record my child’s gymnastics. No posting on social media of other springers and/or coaches.**
- I will attend the parent’s meetings.
- I will cover all my child’s open wounds and warts.
- I will encourage my child with lots of praise!!
- I will encourage my child to get plenty of sleep and eat a balanced diet.
- I will abide by the rules established in the team handbook.
- I will pick my child up immediately after all Springer functions.

Waiver

I hereby agree to waive any claim or liability they may have on the YMCA arising out of the use of the facility, and further agree that they will indemnify and save harmless the YMCA from any and all claims of every kind and description which may be brought against the YMCA on account of death, injury, or damage to persons or property received any persons by reason of the acts or omissions of the users in their use. We understand the above responsibilities and I give permission for my child to participate on all Sheboygan County YMCA Springer Gymnastics Team practices, meets and demonstrations.

Photo Release

I grant the Sheboygan County YMCA Springers Gymnastics Team and persons acting for or through them the rights to use, reproduce, assign and/or distribute photographs, films, videotapes and sound recordings of myself or my minor child or ward, for whom I am authorized to give this permission on behalf of the named minor, for use in materials they may create.

Gymnast Name _____ **Parent/Guardian Name** _____

Parent/Guardian Signature _____ **Date** _____

2024 – 2025 SPRINGERS GYMNASTICS TEAM – REGISTRATION FORM

Gymnast Name _____ Birth Date _____ M F Level _____
 Address _____ City _____ State _____ Zip _____
 Phone 1 _____ Phone 2 _____ Email _____

- **All Springers must be an ANNUAL Sheboygan County YMCA member. It is your responsibility to stay current with your membership.**
- There are two options for payment: payment in full or bank draft deduction. Registration available on June 21st, 2024.
- If you choose the bank draft option, a \$100.00 non-refundable deposit is due at registration.
- Your monthly fee will be deducted from your checking, savings or credit card on the 20th day of each month beginning on July 20, 2024 and ending on May 20, 2025. **There are no refunds or stopped bank drafts after YMCA State Meet.**

Please choose the practice and fee schedule which best fits your needs:

<input checked="" type="checkbox"/>	Practice ONE Time per Week Schedule (1 ½, 2 or 2 ½ Hour Practices)		
	Pay in Full: 1½ Hours	\$459.00	Register online at www.sheboygancountyyymca.org . Session 2425 • Program 1G
	Bank Draft: 1½ Hours	\$38.82	Pay \$100.00 non-refundable deposit + 11 months of \$38.82 = \$527.00 total
	Pay in Full: 2 Hours	\$592.00	Register online at www.sheboygancountyyymca.org . Session 2425 • Program 1G
	Bank Draft: 2 Hours	\$52.73	Pay \$100.00 non-refundable deposit + 11 months of \$52.73 = \$680.00 total
	Pay in Full: 2½ Hours	\$700.00	Register online at www.sheboygancountyyymca.org . Session 2425 • Program 1G
	Bank Draft: 2½ Hours	\$64.00	Pay \$100.00 non-refundable deposit + 11 months of \$64.00 = \$804.00 total
<input checked="" type="checkbox"/>	Practice TWO Times per Week Schedule (1 ½, 2 or 2 ½ Hour Practices)		
	Pay in Full: 1½ Hours	\$889.00	Register online at www.sheboygancountyyymca.org . Session 2425 • Program 1G
	Bank Draft: 1½ Hours	\$83.82	Pay \$100.00 non-refundable deposit + 11 months of \$83.82 = \$1,022.00 total
	Pay in Full: 2 Hours	\$1,147.00	Register online at www.sheboygancountyyymca.org . Session 2425 • Program 1G
	Bank Draft: 2 Hours	\$110.82	Pay \$100.00 non-refundable deposit + 11 months of \$110.82 = \$1,319.00 total
	Pay in Full: 2½ Hours	\$1,355.00	Register online at www.sheboygancountyyymca.org . Session 2425 • Program 1G
	Bank Draft: 2½ Hours	\$132.55	Pay \$100.00 non-refundable deposit + 11 months of \$132.55 = \$1,558.00 total
<input checked="" type="checkbox"/>	Practice THREE Times per Week Schedule (1 ½, 2 or 2 ½ Hour Practices)		
	Pay in Full: 1½ Hours	\$1,291.00	Register online at www.sheboygancountyyymca.org . Session 2425 • Program 1G
	Bank Draft: 1½ Hours	\$125.82	Pay \$100.00 non-refundable deposit + 11 months of \$125.82 = \$1,484.00 total
	Pay in Full: 2 Hours	\$1,664.00	Register online at www.sheboygancountyyymca.org . Session 2425 • Program 1G
	Bank Draft: 2 Hours	\$164.82	Pay \$100.00 non-refundable deposit + 11 months of \$164.82 = \$1,913.00 total
	Pay in Full: 2½ Hours	\$1,974.00	Register online at www.sheboygancountyyymca.org . Session 2425 • Program 1G
	Bank Draft: 2½ Hours	\$197.27	Pay \$100.00 non-refundable deposit + 11 months of \$197.27 = \$2,270.00 total
<input checked="" type="checkbox"/>	Practice FOUR Times per Week Schedule (1 ½, 2 or 2 ½ Hour Practices)		
	Pay in Full: 1½ Hours	\$1,665.00	Register online at www.sheboygancountyyymca.org . Session 2425 • Program 1G
	Bank Draft: 1½ Hours	\$164.91	Pay \$100.00 non-refundable deposit + 11 months of \$164.91 = \$1,814.00 total
	Pay in Full: 2 Hours	\$2,142.00	Register online at www.sheboygancountyyymca.org . Session 2425 • Program 1G
	Bank Draft: 2 Hours	\$214.82	Pay \$100.00 non-refundable deposit + 11 months of \$214.82 = \$2,363.00 total
	Pay in Full: 2½ Hours	\$2,519.00	Register online at www.sheboygancountyyymca.org . Session 2425 • Program 1G
	Bank Draft: 2½ Hours	\$254.18	Pay \$100.00 non-refundable deposit + 11 months of \$254.18 = \$2,796.00 total

Bank Draft Information

Monthly Bank Draft Deduction \$ _____ Name on Account _____

Bank Name _____ Routing # _____

Checking Account # _____ Savings Account # _____

-or-

Credit Card # _____ Exp Date _____ Sec Code _____

I give my permission for the Sheboygan County YMCA to automatically deduct my team fee payment from my checking, savings or credit card account. I have read and understand that any payment method changes and cancellations must be given to the Sheboygan YMCA in writing by the 10th of the month in order for the change to take effect that month. I understand that the \$100.00 deposit is non-refundable under any circumstances.

Parent/Guardian Signature _____ **Date** _____

Receipt # _____ \$ Amount _____ Date _____ Staff _____

2024 – 2024 SPRINGERS GYMNASTICS TEAM – PRACTICE SCHEDULE

Gymnast Name _____ Level _____

Please the day(s) and time(s) that your gymnast will practice for the summer:

2024 SUMMER PRACTICE SCHEDULE			
Level	<input checked="" type="checkbox"/>	Day	Time
Girls Level 6, 7, 8, G, P, D, Sa		Monday	10:00am – 12:30pm
Girls Level 1, 2		Monday	12:15pm – 1:45pm
Girls Level 3, 4, Si		Monday	1:30pm – 3:30pm
Girls Level Boys		Monday	3:15pm – 5:15pm
Girls Level 1, 2		Tuesday	3:30pm – 5:00pm
Girls Level 3, 4, Si, Boys		Tuesday	4:45pm – 6:45pm
Girls Level 6, 7, 8, G, P, D, Sa		Tuesday	6:00pm – 8:30pm
Girls Level 1, 2		Wednesday	3:30pm – 5:00pm
Girls Level 3, 4, Si, Boys		Wednesday	4:45pm – 6:45pm
Girls Level 6, 7, 8, G, P, D, Sa		Wednesday	6:00pm – 8:30pm
Girls Level 1, 2		Thursday	10:00am – 11:30am
Girls Level 6, 7, 8, G, P, D, Sa		Thursday	11:30am – 2:00pm
Girls Level 3, 4, Si		Thursday	2:00pm – 4:00pm

Please the day(s) and time(s) that your gymnast will practice for the school year:

2024 – 2024 SCHOOL YEAR PRACTICE SCHEDULE (tentative)			
Level	<input checked="" type="checkbox"/>	Day	Time
Girls Level 1, 2, Si		Monday	4:15pm – 5:45pm
Girls Level 3, 4, Boys		Monday	5:00pm – 7:00pm
Girls Level 6, 7, 8, G, P, D, Sa		Monday	6:00pm – 8:30pm
Girls Level 3, 4, Boys		Tuesday	4:00pm – 6:00pm
Girls Level 1, 2, Si		Tuesday	5:30pm – 7:00pm
Girls Level 6, 7, 8, G, P, D, Sa		Tuesday	6:00pm – 8:30pm
Girls Level 1, 2, Si		Wednesday	4:15pm – 5:45pm
Girls Level 3, 4, Boys		Wednesday	5:00pm – 7:00pm
Girls Level 6, 7, 8, G, P, D, Sa		Wednesday	6:00pm – 8:30pm
Girls Level 3, 4, Boys		Thursday	4:00pm – 6:00pm
Girls Level 1, 2, Si		Thursday	5:30pm – 7:00pm
Girls Level 6, 7, 8, G, P, D, Sa		Thursday	6:00pm – 8:30pm

- Additional practice is \$20.00 per day. Gymnast must get approval before request. Equipment accommodations will be considered, but not promised.
- Please take into account all vacations, holidays, religious observances and other personal activities prior to registering for your child’s practice time.
- Program fees are non-refundable after the YMCA State Meet.
- Make-up classes will be allowed only with one week prior approval.
- No credits or refunds will be issued for classes missed due to personal reasons.
- Please contact Denice for practice requests at 920-451-8000 x123 or dnugent@sheboygancountyymca.org

2024 – 2025 SPRINGERS GYMNASTICS TEAM – MEDICAL INFORMATION FORM

Gymnast Name _____ Birth Date _____ M F Level _____

Address _____ City _____ State _____ Zip _____

T-Shirt Size: **YOUTH:** XS SM MD LG - or - **ADULT:** SM MD LG XL

Mother's Name _____ Phone 1 _____ Phone 2 _____

Address _____ City _____ State _____ Zip _____

Email Address required _____ *please notify Denice if email changes!*

Father's Name _____ Phone 1 _____ Phone 2 _____

Address _____ City _____ State _____ Zip _____

Email Address required _____ *please notify Denice if email changes!*

Emergency Contact (*other than parents*)

Name _____ Relationship _____

Phone 1 _____ Phone 2 _____

Child's Physician _____ Phone _____

Preferred Hospital _____

Preferred Ambulance _____

Medications taken on a regular basis _____

Allergies Latex
 Other (please specify) _____

Special Concerns (*physical, medical, emotional*)

Health Insurance Information

Company _____ Policy # _____ Group # _____

Address _____ Phone # _____

Emergency Plan

In case of emergency, I hereby give permission to the physician selected to secure proper treatment for my child up to and including injections, anesthesia, hospitalization and/or surgery.

Parent/Guardian Signature _____ **Date** _____

Date the child is starting the 2024 - 2025 Sheboygan County YMCA Springers Gymnastics Team _____

Date contract received _____ *for office use only*

CONCUSSION INFORMATION - WHEN IN DOUBT, SIT THEM OUT!

- 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.
- 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.
- 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.

Some SIGNS of concussion (what others can see in an injured athlete): <ul style="list-style-type: none">• Dazed or stunned appearance• Change in 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	Some of the more common SYMPTOMS of concussion (what an injured athlete feels): <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 1: About 15 minutes of light exercise: stationary biking or jogging
- Step 2: More strenuous running and sprinting in the gym or field without equipment
- Step 3: Begin non-contact drills in full uniform. May also resume weightlifting
- Step 4: Full practice with contact
- Step 5: Full game clearance

118.293 CONCUSSION AND HEAD INJURY

- (1) In this section:
 - (a) "Credential" means a license or certificate of certification issued by this state.
 - (b) "Health care provider" means a person to whom all of the following apply:
 1. He or she holds a credential that authorizes the person to provide health care.
 2. He or she is trained and has experience in evaluating and managing pediatric concussions and head injuries.
 3. He or she is practicing within the scope of his or her credential.
 - (c) "Youth athletic activity" means an organized athletic activity in which the participants, a majority of whom are under 19 years of age, are engaged in an athletic game or competition against another team, club, or entity, or in practice or preparation for an organized athletic game or competition against another team, club, or entity. "Youth athletic activity" does not include a college or university activity or an activity that is incidental to a nonathletic program.
- (2) In consultation with the Wisconsin Interscholastic Athletic Association, the department shall develop guidelines and other information for the purpose of educating athletic coaches and pupil athletes and their parents or guardians about the nature and risk of concussion and head injury in youth athletic activities.
- (3) 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.
 - (a) 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.
 - (b) A person who has been removed from a youth athletic activity under par. (a) 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.
- (4)
 - (a) Any athletic coach, official involved in an athletic activity, or volunteer who fails to remove a person from a youth athletic activity under sub. (4) (a) is immune from civil liability for any injury resulting from that omission unless it constitutes gross negligence or willful or wanton misconduct.
 - (b) Any volunteer who authorizes a person to participate in a youth athletic activity under sub. (4) (b) is immune from civil liability for any injury resulting from that act unless the act constitutes gross negligence or willful or wanton misconduct.
- (5) This section does not create any liability for, or a cause of action against, any person.

Possible Information Sheets

Coaches: <http://www.wiaawi.org/health/CoachGuide.pdf>

Parents: <http://www.wiaawi.org/health/ParentFactSheet.pdf>

Parents: <http://www.wiaawi.org/health/NFHSParentGuide.pdf>

Athletes: <http://www.wiaawi.org/health/AthleteFactSheet.pdf>

Order CDC materials: <http://wwwn.cdc.gov/pubs/ncipc.aspx#tbi4>

SHEBOYGAN COUNTY YMCA STATEMENT ACKNOWLEDGING RECEIPT OF CONCUSSION INFORMATION

Statement Acknowledging Receipt of Education and Responsibility to report signs or symptoms of concussion to be included as part of the "Participant and Parental Disclosure and Consent Document".

I, _____ (*student/athlete name*) hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion. I also acknowledge my responsibility to report to my coaches, parent(s)/guardian(s) any signs or symptoms of a concussion. I certify that I have read, understand, and agree to abide by all of the information contained in 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.

Printed Name of Student/Athlete _____

Signature of Student/Athlete _____ **Date** _____

I, the parent/guardian of the student athlete named above, hereby acknowledge having received education about 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 in 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.

Printed Name of Parent/Guardian _____

Signature of Parent/Guardian _____ **Date** _____

**** PLEASE READ, SIGN AND RETURN THIS FORM TO YOUR COACH. ****

2024 – 2025 SPRINGERS GYMNASTICS TEAM – REGISTRATION CHECKLIST

Gymnast Name _____ Level _____

Sheboygan County YMCA Member ID # _____ Expiration Date _____

Current USAG Membership # (*boys only*) _____

FORMS

- 2024 - 2025 Gymnast Code of Conduct (review with child, signatures required)
- 2024 - 2025 Parent Responsibility (signatures required)
- 2024 – 2025 Registration Form
- 2024 – 2025 Practice Schedule (changes in your practice selection may alter your fees)
- 2024 – 2025 Medical Information Form (one per child)
- 2024 – 2025 Concussion Form (review with child, signatures required) Concussion training is available through the CDC - <https://headsop.cdc.gov/>
- USA Gymnastics - Complete the **U110 Course**. It is free. If you are not a USAG member, create a free [account](#). Select the [U110 course](#) and complete all 3 parts. Save your completion certificate. Event and team volunteers may follow [this link](#).

The U.S. Center for Safe Sport - [Safe Sport Trained](#). This is one course that satisfies the requirement. There is a small fee to complete but it is one single course.

- Praesidium - This option is free if you use the code below. Use [this link](#) to complete the **YMCA Competitive Sports** learning path. Use registration code: **reg-yusa-698-gymnastics**.

TEAM FEES – TWO OPTIONS

- Paid in full: register online at www.sheboygancountyyymca.org. Session "2425" • Program "1G."
- Bank draft: return completed form to the attention of Steve Mueller. **There are no refunds or stopped bank drafts after the YMCA State Meet.**
- Meet competitions: register online only at www.sheboygancountyyymca.org. Session "2425" • Program "1G."

I, _____ parent/guardian of _____ have reviewed the 2024 – 2025 Springers Gymnastics Team Handbook and agree to the policies and procedures.

Parent/Guardian Signature _____ Date _____

Click on button to email forms to Steve Mueller.

Please note! If forms were opened in Google Chrome or Safari browsers, this feature will not work. Save the handbook as your child's name and attach it in an email to Steve at smueller@sheboygancountyyymca.org.