



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# **SHEBOYGAN COUNTY YMCA**

## **2025 – 2026 SPRINGERS GYMNASTICS TEAM HANDBOOK**

### **JULY 14, 2025 – JUNE 2026**



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#### **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, 2025. Male gymnasts must be minimum of 6 years old by 12/31/2025.
- 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.** The two required competitions are our two home meets, Snowflake in February and Sunshine in May. Participation in the State Meet is strongly encouraged.
- 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 \$150.00 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 child's level and how many hours/days they practice per week. See the registration form for dollar amount.

- Payment in full (15% savings.) Register online on Daxko. Search Springers or Gymnastics Team.  
– **OR** –
- Bank draft deduction: An automatic deduction from checking, savings or credit card account on the 20<sup>th</sup> of each month beginning July 20, 2025 and ending May 20, 2026.
- There is a non-refundable registration fee of \$100.00 for the bank draft option.

## MEET COMPETITION REGISTRATION AND PAYMENTS

- Register for meets online on Daxko. Search Springers or Gymnastics Team. **Meet fees are non-refundable.** If you pay the \$5 dollar fee to save your spot, you are being registered for the meet and must pay the entire meet fee even if you cannot make the meet. All late meet entries will be charged an additional \$20 if accepted into the meet.
    - YMCA Invitational Meets.....\$50.00
    - YMCA All In Large Meets .....\$70.00
      - This may only happen once or twice a season.
    - YMCA State Meet .....\$75.00
    - USAG Competition..... \$75.00 - \$150.00
      - This is just for the male gymnastics team.
- **Male Gymnasts must be USAG member**

## 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 during competition.**
- No junk food, messy food, sports drinks, etc. in the competition area. Please bring a water bottle and a healthy snack if needed!
- 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.

## 2025 – 2026 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. Bracelets and anklets cannot be taped at meets anymore so I will make sure all jewelry is removable or I understand it will have to be cut off.
- 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** \_\_\_\_\_

## 2025 – 2026 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 2025 - 2026 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 my given email address and team app is where to obtain information regarding team functions. **It is my responsibility to check my email & app for changes.**
- **I must have a current email address on file. I will notify Mariah 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 \$150.00 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 will help out with at least one other fundraising activity at other home meets during the 2025 - 2026 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. I will not post any YMCA Springers on social media.**
- 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** \_\_\_\_\_

**2025 – 2026 SPRINGERS GYMNASTICS TEAM – REGISTRATION FORM**Gymnast Name \_\_\_\_\_ Birth Date \_\_\_\_\_ ☐ M ☐ F Level \_\_\_\_\_

- **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.
- 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 20<sup>th</sup> day of each month beginning on July 20, 2025 and ending on May 20, 2026. **There are no refunds or stopped bank drafts after the State Meet.**

**This is just a checklist. You must go on Daxko to register!****ALL REGISTRATION WILL BE ON DAXKO UNDER SPRINGERS OR GYMNASTICS TEAM****Registration on Daxko opens on June 30<sup>th</sup>, 2025**

Level 1, 2, & Excel Silver (2 times a week for 1.5 hours)			
	Pay in Full: 1½ Hours	\$916.00	
	Bank Draft: 1½ Hours	\$87.00	Pay \$100.00 non-refundable deposit + \$87.00/month (11 payments) = \$1,057.00 total
Level 1, 2, & Excel Silver (3 times a week for 1.5 hours)			
	Paid in Full: 1½ Hours	\$1,300.00	
	Bank Draft: 1½ Hours	\$130.00	Pay \$100.00 non-refundable deposit + \$130/month (11 payments) = \$1,530.00
Level 3, 4, Excel Gold, & Boys (2 times a week for 2 hours)			
	Pay in Full: 2 Hours	\$1,182.00	
	Bank Draft: 2 Hours	\$115.00	Pay \$100.00 non-refundable deposit + \$115.00/month (11 payments) = \$1,365.00 total
Level 3, 4, Excel Gold, & Boys (3 times a week for 2 hours)			
	Pay in Full: 2 Hours	\$1,714.00	
	Bank Draft: 2 Hours	\$170.00	Pay \$100.00 non-refundable deposit + \$170.00/month (11 payments) = \$1,970.00 total
Level 5, 6, 7, 8, Excel Platinum & Excel Sapphire (2 times a week for 2.5 hours)			
	Pay in Full: 2½ hours	\$1,396.00	
	Bank Draft: 2½ hours	\$137.00	Pay \$100.00 non-refundable deposit + \$137.00/month (11 payments) = \$1,607.00 total
Level 5, 6, 7, 8, Excel Platinum, & Excel Sapphire (3 times a week for 2.5 hours)			
	Pay in Full: 2½ Hours	\$2,033.00	
	Bank Draft: 2½ Hours	\$203.00	Pay \$100.00 non-refundable deposit + \$203.00/month (11 payments) = \$2,333.00 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 10<sup>th</sup> 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 \_\_\_\_\_

## 2025 – 2026 SPRINGERS GYMNASTICS TEAM – PRACTICE SCHEDULE

Gymnast Name \_\_\_\_\_ Level \_\_\_\_\_

**Please select the days that your gymnast will practice for the summer:**

**Level 1, 2, Si (2 or 3 days) Level 3, 4, Gold, Boys (2 or 3 days) Level 5, 6, 7, 8, P, Sa (2 or 3 days)**

**It is recommended that Level 4 and up and Excel Platinum and up practice three times a week.**

2025 SUMMER PRACTICE SCHEDULE (Optional days)			
Level	<input checked="" type="checkbox"/>	Day	Time
Girls Level 1, 2, Excel Silver		Monday	3:00pm – 4:30pm
Girls Level 3, 4, Excel Gold, Boys		Monday	4:15pm – 6:15pm
Girls Level 5, 6, 7, 8, P, Sa		Monday	6:00pm – 8:30pm
Girls Level 1, 2, Excel Silver		Tuesday	3:00pm – 4:30pm
Girls Level 3, 4, Excel Gold, Boys		Tuesday	4:15pm – 6:15pm
Girls Level 5, 6, 7, 8, P, Sa		Tuesday	6:00pm – 8:30pm
Girls Level 1, 2, Excel Silver		Wednesday	10:00am – 11:30am
Girls Level 3, Boys		Wednesday	11:15am – 1:15pm
Girls Level 4, Excel Gold		Wednesday	1:00pm – 3:00pm
Girls Level 5, 6, 7, 8, P, Sa		Wednesday	2:45pm – 5:15pm
Girls Level 1, 2, Excel Silver		Thursday	10:00am – 11:30am
Girls Level 3, 4, Excel Gold		Thursday	11:30am – 1:30pm
Girls Level 5, 6, 7, 8, P, Sa		Thursday	1:30pm – 4:00pm

**There is one required day for Levels 1-5 and Excel Silver and Gold. If you are choosing to attend 2 days a week you will pick ONE of the optional days. If you are choosing to attend 3 days a week then you will pick BOTH of the optional days for your child's level.**

2025 – 2026 SCHOOL YEAR PRACTICE SCHEDULE (Required and Optional Days)			
Level	<input checked="" type="checkbox"/>	Day	Time
Girls Level 1 & Excel Silver (Required Day)		Monday	4:00pm – 5:30pm
Option 1		Wednesday	4:00pm – 5:30pm
Option 2		Thursday	4:00pm – 5:30pm
Girls Level 2 (Required Day)		Tuesday	4:00pm – 5:30pm
Option 1		Wednesday	4:00pm – 5:30pm
Option 2		Thursday	4:00pm – 5:30pm
Girls Level 3 (Required Day)		Tuesday	5:00pm – 7:00pm
Option 1		Wednesday	5:00pm – 7:00pm
Option 2		Thursday	5:00pm – 7:00pm
Girls Level 4 and Excel Gold (Required Day)		Monday	5:00pm – 7:00pm
Option 1		Wednesday	5:00pm – 7:00pm
Option 2		Thursday	5:00pm – 7:00pm
Girls Level 5, 6, 7, 8, P, Sa Level 5 Required Day		Monday	6:00pm – 8:30pm
Option 2		Tuesday	6:00pm – 8:30pm
Option 3		Wednesday	6:00pm – 8:30pm
Option 4		Thursday	6:00pm – 8:30pm
Boys (Required Day)		Monday	4:30pm – 6:30pm
(Required Day)		Wednesday	4:30pm – 6:30pm
Third Day Option		Tuesday	5:00pm – 7:00pm

- Program fees are non-refundable after the State Meet.
- No credits or refunds will be issued for classes missed due to personal reasons or acts of God (snowstorm, tornado, etc.)

## 2025 – 2026 SPRINGERS GYMNASTICS TEAM – MEDICAL INFORMATION FORM

Gymnast Name \_\_\_\_\_ Birth Date \_\_\_\_\_ ☐ M ☐ F Level \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Email Address required** \_\_\_\_\_ ***please notify Mariah if email changes!***

Parent/Guardian's Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Email Address required** \_\_\_\_\_ ***please notify Mariah if email changes!***

### **Please list any other parental figures or guardian's that you would also like to receive emails:**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Email \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Email \_\_\_\_\_

### **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 2025 - 2026 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.

<b>Some SIGNS of concussion (what others can see in an injured athlete):</b> <ul style="list-style-type: none"><li>• Dazed or stunned appearance</li><li>• Change in level of consciousness or awareness Confused about assignment</li><li>• Forgets plays</li><li>• Unsure of score, game, opponent</li><li>• Clumsy</li><li>• Answers more slowly than usual</li><li>• Shows behavior changes</li><li>• Loss of consciousness</li><li>• Asks repetitive questions or memory concerns</li></ul>	<b>Some of the more common SYMPTOMS of concussion (what an injured athlete feels):</b> <ul style="list-style-type: none"><li>• Headache</li><li>• Nausea</li><li>• Dizzy or unsteady</li><li>• Sensitive to light or noise</li><li>• Feeling mentally foggy</li><li>• Problems with concentration and memory</li><li>• Confused</li><li>• Slow</li></ul>
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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** \_\_\_\_\_

## SHEBOYGAN COUNTY YMCA CHILD SAFETY PROTECTION

Any parent/guardian that will volunteer at a YMCA hosted meet or YMCA function involving minors must go through Child Safety Protection training. This is to ensure that all of our Springers and gymnast from other teams are being protected. This should be a one-time course, with a short refresher course offered each year after first completion. If you have completed Child Protection Training for work or another sport, that certificate is acceptable and can be turned in with the Team Handbook. If you have not taken a Child Protection course, please complete **ONE** of the following free courses and turn in your certificate with the Team Handbook:

- 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**.
- Safe to Compete - <https://www.safetocompete.org/training>

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

## TENTATIVE 2025 – 2026 COMPETITION SCHEDULE (KEEP THIS PAGE)

These are the meets we are planning on attending. It is not guaranteed that we will get accepted into all of them. Some meets may have a Friday evening session. Boy's meets are highlighted in blue. Registration for all meets through State opens on June 30<sup>th</sup>, 2025. Red meet fees (with \*) are due on October 1<sup>st</sup>, 2025. All other meet fees are due January 2<sup>nd</sup>, 2026. There are no meet fees for Snowflake and Sunshine as they are included with registration. Nationals meet fees will be due in February or March of 2026.

10/25/2025	10/26/2025	LACROSSE*
11/1/2025	11/2/2025	MANITOWOC*
11/7/2025	11/9/2025	HEART OF THE VALLEY (KIMBERLY)*
12/6/2025	12/7/2025	GREEN BAY*
12/13/2025	12/14/2025	FOND DU LAC*
DEC 2025	DEC 2025	JUDGES CUP*
1/16/2026	1/18/2026	WAUSAU
1/24/2026	1/25/2026	M&M CHALLENGE
1/31/2026	2/1/2026	SHEBOYGAN (SNOWFLAKE)
2/7/2026	2/8/2026	MARINETTE MENOMINEE
2/14/2026	2/15/2026	HARLEY MEET
2/20/2026	2/22/2026	SOUTH WOOD COUNTY (WI RAPIDS)
2/27/2026	3/1/2026	SALTO
2/28/2026	3/1/2026	GREEN COUNTY (MONROE)
3/6/2026	3/8/2026	KETTLE MORAINES (PORT WASHINGTON)
3/14/2026	3/15/2026	BOYS STATE MEET (M&M)
MARCH 2026	APRIL 2026	GIRLS STATE MEET (TIME AND PLACE TBD)
MAY 2026	MAY 2026	SHEBOYGAN (SUNSHINE)
JUNE 2026	JUNE 2026	YMCA NATIONALS (TIME AND PLACE TBD)

### List of Scheduled No Practice Days

- September 1<sup>st</sup>, 2025: Monday (Labor Day)
- November 25<sup>th</sup> - 27<sup>th</sup>, 2025: Tuesday - Thursday (Thanksgiving Break)
- December 23<sup>rd</sup> - 25<sup>th</sup>, 2025: Tuesday - Thursday (Christmas Break)
- December 30<sup>th</sup>, 2025 - January 1<sup>st</sup>, 2026: Tuesday - Thursday (New Year's Break)
- February 2<sup>nd</sup>, 2026: Monday (Break after Snowflake)
- March or April TBD: Break after State
- May 25<sup>th</sup>, 2026: Monday (Memorial Day)

### How to Join the Team App

1. Download and Register: download "Stack Team App" from the app store and create a free account
2. Search for our Team: our team name is "Sheboygan YMCA Springers"
3. Request Membership: you should be prompted to join the team
4. Acceptance: I will approve your request and then you will have access to any posts I will share

# SPRINGERS 2025 - 2026 UNIFORM ORDER FORM (KEEP THIS PAGE)

- Order is due by August 8th, 2025; 50% down with order, balance due by October 1st, 2025
- A \$20.00 processing fee will be assessed if final payment is not received by October 1st, 2025
- Orders placed after August 8th will be charged 20% more due to no volume pricing.

**There is a 5% tariff on the total invoice of the Girls Leo's so that amount was determined by the leo price before tax**

<input checked="" type="checkbox"/> Girl's Items		<input checked="" type="checkbox"/> YOUTH Size		<input checked="" type="checkbox"/> ADULT Size		<input checked="" type="checkbox"/> Price	<input checked="" type="checkbox"/> Sales Tax
<input type="checkbox"/>	<b>Girls Competitive Uniform</b>	<input type="checkbox"/> XS	<input type="checkbox"/> LG	<input type="checkbox"/> XS	<input type="checkbox"/> LG	\$225.00	\$12.38
	(Required)	<input type="checkbox"/> SM		<input type="checkbox"/> SM	<input type="checkbox"/> XL		
		<input type="checkbox"/> MD		<input type="checkbox"/> MD		Tariff Price	\$11.25
<input type="checkbox"/>	<b>Girls Uniform Briefs</b>	Same size as Leo				\$15.00	\$0.83
	(Optional)					Tariff Price	\$0.75
<input type="checkbox"/>	<b>Girls Bra</b>	Same size as Leo				\$21.50	\$1.19
	(Optional)					Tariff Price	\$1.08
<input checked="" type="checkbox"/> Boy's Competitive Uniform		<input checked="" type="checkbox"/> YOUTH Size		<input checked="" type="checkbox"/> ADULT Size		<input checked="" type="checkbox"/> Price	<input checked="" type="checkbox"/> Sales Tax
<input type="checkbox"/>	<b>Boys Uniform Pants</b>	<input type="checkbox"/> XS	<input type="checkbox"/> LG		<input type="checkbox"/> LG	\$38.00	\$2.09
	(Required)	<input type="checkbox"/> SM	<input type="checkbox"/> XL	<input type="checkbox"/> SM	<input type="checkbox"/> XL		
		<input type="checkbox"/> MD		<input type="checkbox"/> MD			
<input type="checkbox"/>	<b>Boys Uniform Shorts</b>	<input checked="" type="checkbox"/> YOUTH Size		<input checked="" type="checkbox"/> ADULT Size		\$31.00	\$1.71
	(Required)	<input type="checkbox"/> XS	<input type="checkbox"/> LG		<input type="checkbox"/> LG		
		<input type="checkbox"/> SM	<input type="checkbox"/> XL	<input type="checkbox"/> SM	<input type="checkbox"/> XL		
		<input type="checkbox"/> MD		<input type="checkbox"/> MD			
<input type="checkbox"/>	<b>Boys Uniform Shirt</b>	<input checked="" type="checkbox"/> YOUTH Size		<input checked="" type="checkbox"/> ADULT Size		\$65.00	\$3.58
	(Required)	<input type="checkbox"/> XS	<input type="checkbox"/> LG		<input type="checkbox"/> LG		
		<input type="checkbox"/> SM	<input type="checkbox"/> XL	<input type="checkbox"/> SM	<input type="checkbox"/> XL		
		<input type="checkbox"/> MD		<input type="checkbox"/> MD			
	<b>Boys Red Socks (Required)</b>					\$5.00	\$0.28

**Total Amount Due**

\$ \_\_\_\_\_

**50% payment due with order**

Acct 1-106-7424

**Gymnast Name** \_\_\_\_\_

**Phone #** \_\_\_\_\_

**Check #** \_\_\_\_\_

**Credit Card #** \_\_\_\_\_

**Exp Date** \_\_\_\_\_ **Sec Code** \_\_\_\_\_

**Cardholder's Name** \_\_\_\_\_



## 2025 – 2026 SPRINGERS GYMNASTICS TEAM – REGISTRATION CHECKLIST

Gymnast Name \_\_\_\_\_ Level \_\_\_\_\_  
Sheboygan County YMCA Member ID # \_\_\_\_\_ Expiration Date \_\_\_\_\_  
Current USAG Membership # (boys only) \_\_\_\_\_

**PLEASE CHECK OFF WHEN EACH PAGE IS READ, SIGNED, AND FULLY COMPLETED!**

### FORMS

- ☐ 2025 - 2026 Gymnast Code of Conduct (review with child, signatures required)
- ☐ 2025 - 2026 Parent Responsibility (signatures required)
- ☐ 2025 – 2026 Registration Form
- ☐ 2025 – 2026 Practice Schedule
- ☐ 2025 – 2026 Medical Information Form (one per child)
- ☐ 2025 – 2026 Concussion Form (review with child, signatures required) Concussion training is available through the CDC  
- <https://headsups.cdc.gov/>
- ☐ Child Protection Training
- ☐ Registered for 2025 – 2026 Practices in Daxko
- ☐ Joined the Team App

### TEAM FEES – TWO OPTIONS

- Paid in full: register online on Daxko. Search Springers or Gymnastics Team
- Bank draft: register online on Daxko. Search Springers or Gymnastics Team. **There are no refunds or stopped bank drafts after the YMCA State Meet.**

**Uniform Orders** will be due on August 8<sup>th</sup>. There will be leos and jackets in the gym for sizing from July 14<sup>th</sup> until August 8<sup>th</sup>. You will pay at the front desk and then the order and receipt will be put in my mailbox.

**Competition Registration** is due on September 1<sup>st</sup>. Registration will open on June 30<sup>th</sup>. If you choose the \$5 option you are committing to attending the meet and the full price must be paid on the specified date. **There are no refunds for meets.**

**The Team Handbook and Checklist must be completely filled out and your child must be registered for practices in Daxko before being handed in. The handbook must be handed in at least one day prior to your child's first practice so it can be processed. Please complete as much as you can on a computer or phone so it is legible for me to read. After filling it out, please print the handbook and sign the pages. The Team Handbook can then be handed in to the front desk and will be put in my mailbox.**

I, \_\_\_\_\_ parent/guardian of \_\_\_\_\_ have reviewed the 2025 – 2026 Springers Gymnastics Team Handbook and agree to the policies and procedures.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

□