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**What you need to know about concussion:**

- A concussion is an injury to the brain that disturbs its normal functioning.
- Concussion can be caused by a bump to the head or a blow to the body.
- Concussion may occur during practices or games in any sport.
- Concussion does not always result in, or from, a loss of consciousness.

**All concussions are serious.**

- Recognition and proper management of concussions when they first occur can help prevent further injury or even death.
- Signs and symptoms of a concussion may be apparent right after the injury, but in some instances, the symptoms may not present for hours or days following the initial injury.

**To reduce concussion risk:**

- Ensure all athletes follow the safety rules and rules of the sport
- Practice good sportsmanship at all times
- Make sure the proper protective equipment is worn and fitted correctly, and maintained properly
- Review the signs and symptoms of a concussion before every sports season

**If a concussion is suspected:**

- Do not ignore the symptoms of a head injury.
- Seek medical attention right away.
- Stay out of play to allow the brain to heal and to help avoid permanent brain damage.
- Make sure coaches and parents are aware of any concussion injury.
- Allow time for rest to help the brain heal. (Sleeping is permitted ensuring the athlete can be awakened.)
- Avoid taking pain medications soon after a concussion to keep from covering up symptoms.
- Modifications also may need to be made at school and can be directed by your healthcare provider

**Prevent long-term problems:**

- Do not play with a concussion. Discourage athletes from pressuring injured athletes to play and persuade athletes to admit if they are not "just fine."
- Avoid repeat concussion. Concussions that occur before the brain recovers from a first concussion can result in long term conditions:
- **Proper recognition and management of a sports concussion can allow athletes to safely participate in sports they enjoy. Remember – "If in doubt, sit out!"**

# Tiger Volleyball Camps



**Sessions for Grades 3-8  
July 18-20, 2016**

**\*\*The Tiger Volleyball Camp is a fund raiser for the Marshfield Volleyball program. Profits from this camp directly support the Marshfield Volleyball program.**



**Marshfield Tiger Volleyball**  
 coached by  
**Dawn Sadowska**  
 1991- Present

**✘ 7 Division 1  
 State Tournament  
 Appearances**  
 ('98, '99, '01, '02, '03, '04, '06)

**✘ 9 Conference  
 Championships**  
 ('92, '97, '99,  
 '01, '02, '03, '04, '05, '06)

**✘ 88 All Conference  
 Individual Awards**

**✘ 12 All State Players**

Camp Coaching Staff will consist of  
 current coaches, players, and alumni.

**TIGER VOLLEYBALL CAMPS**  
**July 18 – 20, 2016**

**Session 1:** Girls entering grade 3

Time: 12:30 – 2:00

Cost : \$25

**\*\*\*Session 1 will be held at Madison  
 Elementary School.**

**Session 2:** Girls entering grade 4-5-6

Time: 12:30 – 2:30

Cost: \$45

**Session 3 :** Girls entering grades 7-8

Time: 3:00 – 5:00

Cost: \$45

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**Sessions 2 and 3 will be held at the  
Marshfield High School Fieldhouse**

**Registration Deadline:  
 June 30, 2016\***

**\*\*T-shirt size/availability not guaranteed with  
 late registration.**

Send registration and fee (checks  
 payable to **Marshfield High School**) to:

Dawn Sadowska  
 Marshfield High School  
 1401 E. Becker Ave.  
 Marshfield, WI 54449

Feel free to call or email me with questions:  
 715-572-5223

[sadowska@marshfield.k12.wi.us](mailto:sadowska@marshfield.k12.wi.us)

Name \_\_\_\_\_

**Circle session attending** 1 2 3

Grade entering in fall \_\_\_\_\_

Home phone number \_\_\_\_\_

**T-shirt size** Youth M L  
 Adult S M L XL

Please sign below to indicate that your child is covered by a family  
 insurance plan, and you will accept full responsibility for any injury  
 incurred while participating in the Tiger Volleyball Camp.

We/I have **read** the Parent Concussion and Head Injury  
 Information and **understand** what a concussion is and how it may  
 be caused. We/I also understand the common signs, symptoms,  
 and behaviors. We/I agree that my child must be removed from  
 practice/play if a concussion is suspected.

We/I understand that it is my responsibility to seek medical  
 treatment if a suspected concussion is reported to me. We/I  
 understand that my child cannot return to practice/play until  
 providing written clearance from an appropriate health care  
 provider to his/her coach. We/I understand the possible  
 consequences of my child returning to practice/play too soon.

I hereby consent to having my child participate in the Tiger Volleyball  
 Camp. I understand that there are physical risks in such  
 participation, and I hereby release the camp director and assistants  
 for any claims on account of any injuries that may be sustained  
 during camp. I also understand that any medical bills incurred by my  
 daughter while in attendance at the camp will be my responsibility  
 or the responsibility of my family insurance plan.

SIGNATURES of CONSENT

**PARENT** \_\_\_\_\_

**STUDENT** \_\_\_\_\_

**DATE** \_\_\_\_\_

**Mail this form and fee by June 30**