



5th-8th Middle School Volleyball Camp

The purpose of this camp is to grow volleyball interest at the middle school level and to prepare 8th graders for their upcoming high school tryouts!! This camp will break off into smaller position specific groups and finish each day applying those skills in a team setting with play it out drills. All campers will be given t-shirts if their registration is received by 4/25/25. Space limited! Wait list will be made if necessary.

For questions regarding the camp please contact Jamie Wille at jwille78@gmail.com

WHO: Any Middle School Students currently in 5th, 6th, 7th or 8th grade during the 2023-2024 school year.

WHEN: May 12th, 13th, 14th and 15th
5:00 pm-6:30pm 5th and 6th grade
6:30pm-8:00pm 7th and 8th grade

WHERE: Thomas Jefferson Middle School Gym
1403 N Holden , Port Washington

COST: \$85 (5th & 6th grade students)
\$100 (7th & 8th grade students)
***\$25 increase after registration deadline**

(Checks payable to) **"Port Washington VB INC."** or
Venmo to @PW-VBall-Club

DEADLINE: April 25th, 2025

How to Register: Mail all completed registration forms to:

Port Washington Volleyball
C/O Jamie Wille
427 W Jackson St, Port Washington, WI 53074

2025 Camp Coaching Staff

Jamie Wille

- JV 1 Head Coach at PWHS
- 8th Grade TJ Head Coach
- I Am Volleyball Club Head Coach
- St. John 23rd 8th Girls Head Coach

Katy Connor

- JV2 Head Coach at PWHS
- 7th Grade TJ Head Coach

And any additional TJ Coaching Staff needed to provide the best experience for our campers!

District's Disclaimer:

"The opinions expressed (information provided) are not sponsored or endorsed by the school district or its personnel"

PARTICIPANT INFORMATION :

NAME: _____ **SCHOOL:** _____

Parent Name: _____ **Parent Email:** _____

Unisex T-Shirt size (Circle One): Youth S, M, L or Adult S, M, L, XL

Payment: Venmo or Cash/Check

GRADE ('24-'25 School Year): 5th 6th 7th 8th

POSITION for 8th graders (circle all that apply): DS/Libero Outside Hitter Right Side Middle Blocker Setter

WAIVER AND RELEASE OF ALL CLAIMS

Be aware that in signing up and participating in the identified programs/activities (the "Activities), you will be expressly assuming the risk and legal liability and waiving and releasing all claims for injuries, death, damages or loss which you and/or your minor child/ward might sustain as a result of such participation.

Port Washington Volleyball INC. (PWVB), Port Washington Volleyball INC. board members, its committees, its commissions, its officials, its agents, its volunteers, and employees are committed to conducting its programs in a safe manner. PWVB strives to reduce risks and insist that all participants follow safety rules and instructions designed to promote participants' safety. However, participants and parents/guardians of minors registering for the activities must recognize that there is an inherent risk of injury or death when participating in the activities.

You are solely responsible for determining if you or your minor child/ward is physically fit and/or adequately skilled for the activities, contemplated by this agreement. It is always advisable if the participant, child/ward is pregnant, suffers from any underlying medical condition, or has recently suffered an illness, injury or impairment, to consult a physician before undertaking any physical activity.

I recognize that there are certain risks of physical injury or death to participate in the activities and I agree to assume all risk of any and all injuries, death, damages or losses, regardless of the severity that my minor child/ward or I sustain as a result of participation or as a result of said rental or use. I further agree to waive all claims I or my minor child/ward may have or which may accrue to me or my minor child/ward as a result of participating in the activities, against PWVB.

I do hereby fully release and forever discharge PWVB from any and all claims for injuries, death damages or loss that my minor child/ward or I have or which may accrue to me or to my minor child/ward or to my family, my estate, my heirs and/or assigns arising out of my /our participation in the activities.

I have read and understand the above information, warning of risk, assumption of risk, and release of all claims, and have signed this Waiver and Release freely and knowingly. If registering online or via facsimile, my electronic or facsimile signature shall have the same legal effect as my original handwritten signature on this form.

I acknowledge that the activities or facilities may be photographed /videotaped by PWVB for promotional purposes. By participating in the activities I grant permission for my/our image(s) to be used for such purposes.

This "Waiver and Release of All Claims" must be signed by all participating adults and/or by one parent or custodial parent or guardian of children under the age of 18. Without proper signatures your registration or application cannot be processed and will be returned to you.

Parent/Guardian Signature: _____

Date: _____

PARENT/EMERGENCY INFORMATION

Parent #1: _____

Parent #2: _____

Address: _____

Address: _____

City & Zip: _____

City & Zip: _____

Phone: _____

Phone: _____

Email: _____

Email: _____



KNOW YOUR CONCUSSION ABCs

Assess
the
situation

Be alert for
signs and
symptoms

Contact a
health care
provider

Wisconsin Concussion Fact Sheet for Athletes

What is a concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious. Concussions can occur during practices or games in any sport or recreational activity.

What are the signs and symptoms of a concussion?

Unlike a broken arm, you can't see a concussion. Most concussions occur without loss of consciousness. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how you are feeling, if symptoms are getting worse, or if you just "don't feel right." If you think you or a teammate may have a concussion, it is important to tell someone.

COMMON SYMPTOMS OF A CONCUSSION:

Tell someone if you see a teammate with any of these symptoms:

- Appears dazed or stunned
- Forgets sports plays
- Is confused about assignment or position
- Moves clumsily
- Answers questions slowly
- Repeats questions
- Can't recall events prior to the hit, bump, or fall
- Can't recall events after the hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes

Tell someone if you feel any of the following:

Thinking/Remembering:

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

Physical:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

Emotional:

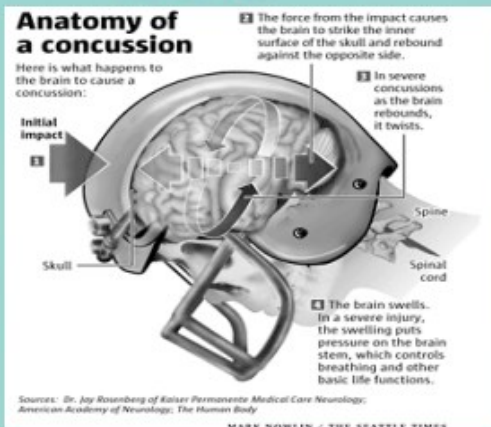
- Irritable
- Sad
- More emotional than usual
- Nervous

Changes in your normal sleep patterns.



Materials adapted from the U.S. Department of Health and Human Services Centers for Disease Control and Prevention

- *Wear the proper equipment for each sport and make sure it fits well.
- *Follow the rules of the sport and the coach's rule for safety.
- *Use proper technique.



If you have a suspected concussion, you should NEVER return to sports or recreational activities on the same day the injury occurred. You should not return to activities until you are symptom-free and a health care provider experienced in managing concussion provides written clearance allowing return to activity. This means, until permitted, not returning to:

- Physical Education (PE) class,
- Sports conditioning, weight lifting, practices and games, or
- Physical activity at recess.

What should you do if you think you have a concussion?

1. Tell your coaches and parents right away. Never ignore a bump or blow to the head even if you feel fine. If you experience symptoms of a concussion, you should immediately remove yourself from practice/play. Tell your coach right away if you think you or one of your teammates might have a concussion.
2. Get evaluated by a health care provider. A health care provider experienced in evaluating for concussion can determine if you have a concussion, help guide management and safe return to normal activities, including school (concentration and learning) and physical activity. If you have been removed from a youth athletic activity because of a suspected or confirmed concussion or head injury you may not participate again until evaluated by a health care provider and you receive written clearance to return to activity. You must provide this written clearance to your coach.
3. Give yourself time to get better. If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a repeat concussion. It is important to rest until you receive written clearance from a health care provider to return to practice and play.

Why should you tell someone about your symptoms?

1. Your chances of sustaining a life altering injury are greatly increased if you aren't fully recovered from a concussion or head injury.
2. Practicing/playing with concussion symptoms can prolong your recovery.
3. Practicing/playing with a concussion can increase your chances of getting another concussion.
4. Telling someone could save your life or the life of a teammate!

Tell your teachers

Tell your teachers if you have suffered a concussion or head injury. Concussions often impair school performance. In order to properly rest, many students often need to miss a few days of school immediately following a concussion. When you return to school after a concussion you may need to:

- Take rest breaks as needed,
- Spend fewer hours at school,
- Have more time allowed to take tests or complete assignments,
- Suspend your physical activity (PE class and/or recess)
- Suspend your extracurricular activities (band, choir, dance, etc)
- Reduce time spent reading, writing, or on the computer.

To learn more about concussions, go to:

www.cdc.gov/Concussion; www.wiaawi.org; www.nfhs.org



PARENT & ATHLETE AGREEMENT

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.

Parent Agreement:

I _____ have **read** the Parent Concussion and Head Injury 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 _____

Athlete Agreement:

I _____ have **read** the Athlete Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused.

I understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I understand that I must be removed from practice/play if a concussion is suspected. I understand that I must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I understand the possible consequence of returning to practice/play too soon and that my brain needs time to heal.

Athlete

Signature _____ Date _____

Questions and Contact Information

Name _____ Date _____

Address _____

City _____ Zip _____ County _____

Phone _____ Email _____

Age _____ School _____ School District _____

Check all that apply
I participate in:

<input type="checkbox"/> Football	<input type="checkbox"/> Baseball/Softball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Hockey
<input type="checkbox"/> Soccer	<input type="checkbox"/> Golf	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Wrestling
<input type="checkbox"/> Track & Field	<input type="checkbox"/> Cross Country	<input type="checkbox"/> Cheerleading	<input type="checkbox"/> Skiing/Snowboarding
<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Tennis	<input type="checkbox"/> Swimming & Diving	
<input type="checkbox"/> Other _____			

Name of Current Team _____

1. Have you ever had a concussion? _____, if yes, how many? _____
2. Have you ever experienced concussion symptoms? _____ Did you report them? _____

Emergency Contacts:

Name: _____ Relationship: _____

Phone Number: _____

Name: _____ Relationship: _____

Phone Number: _____

Please complete this form and return to the person operating the youth athletic activity.