

# August

2024

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3 No pads - 8:30 – 10:00 a.m. Hand out info – start
4	5 5:30-7:00 p.m. No Pads	6	7	8 5:30-7:00 p.m. No Pads	9	10 8:30-10:00 a.m. No Pads
11 Equipment Handout- Tecumseh Elementary Gym 5 <sup>th</sup> & 6 <sup>th</sup> 6:00 p.m. 2 <sup>nd</sup> -4 <sup>th</sup> 7:00 p.m.	12 5:30-7:00 p.m. Pads	13	14 5:30-7:00 p.m. Pads	15	16	17 FAIR
18	19 5:30-7:00 p.m. Pads	20 5:30-7:00 p.m. Pads	21	22 5:30-7:00 p.m. Pads	23	24 8:30-10:00 a.m. Pads
25	26 5:30-7:00 p.m. Pads	27	28	29 5:30-7:00 p.m. Pads	30 5:30-7:00 p.m. Pads	31

# September

## 2024

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3 5:30-7:00 p.m. Pads	4 5:30-7:00 p.m. Pads	5 5:30-7:00 p.m. Pads	6	7 8:30 a.m. – no pads, Walk Thru practice at High School Field
8 First Youth Game	9	10 5:30-7:00 p.m. Pads	11	12 5:30-7:00 p.m. Pads	13	14
15 Second Game	16	17 5:30-7:00 p.m. Pads	18	19 5:30-7:00 p.m. Pads	20	21
22 Third Game	23	24 5:30-7:00 p.m. Pads	25	26 5:30-7:00 p.m. Pads	27	28
29 Fourth Game	30					

October

2024

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1 5:30-7:00 p.m. Pads	2	3 5:30-7:00 p.m. Pads	4	5
6 Last Game	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

# PARENTS & ATHLETES FOOTBALL MEETING & FIRST PRACTICE

Saturday, August 3, 2023  
Tecumseh Fairgrounds Ball Fields  
2nd - 6th Grade - 8:30-10:00 a.m.

If you are interested in learning about the City of Tecumseh's Youth Football program, please attend the Parent/Athlete meeting on Saturday, August 3, 2024. For those who decide to participate, equipment will be handed out on August 11, 2024 at the Tecumseh Site Elementary School.

The goal of the Youth Football program is to teach the fundamentals of football, self-confidence, physical fitness and team play; traits that are important throughout your son's life.

The City of Tecumseh's Youth Football is a member of the Youth Football League (YFL). The teams that make up the rest of the League are Pawnee City, Freeman, Humboldt, Diller, Johnson Brock and Tri-County. The City of Tecumseh Youth Football Team has no affiliation with Johnson County Central School except for the use of their facilities.

Any Johnson County Central, St. Andrews, Sterling, Pawnee City and surrounding area student, who will be in the 2<sup>nd</sup> through 6<sup>th</sup> grade this fall, is eligible to participate. The teams will compete as a 3<sup>rd</sup> and 4<sup>th</sup> grade team and a 5<sup>th</sup> and 6<sup>th</sup> grade team. We will play 5 games which are on Sunday afternoons. A nominal fee of \$35 will be charged for participation for each player. All equipment and uniforms, except shoes, will be provided. Your annual \$35 fee covers only the program's expenses as all our Coaches volunteer their time.

The FIRST practice will be immediately after the Parent-Athlete Meeting on August 3, 2024 at 8:30 a.m. All practices will be at the Tecumseh Fairgrounds Baseball Fields. Until the first game on September 8, 2024, we will practice on the dates shown on the attached calendars. After the first game, we will practice on Tuesdays and Thursdays from 5:30 -7:00 p.m.

You must fully complete the following forms: Student Participation Form, Medical Consent Form, Volunteer Form, Acknowledgment of Receipt of Concussion Fact Sheets for Athletes and Parents, Football Player's Contact Numbers Form and pay the \$35 participation fee at the meeting. You can download these forms from the City's website at [www.tecumsehne.com](http://www.tecumsehne.com) or [morrissyedallugelaw.com](http://morrissyedallugelaw.com) or get the forms at the August 3, 2024 meeting.

If you have any questions, please call Bruce Dalluge (402)335-3344 (office) or (402)335-0099 (cell).

# STUDENT PARTICIPATION FORM FOR FOOTBALL

NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

This application to compete in City of Tecumseh Youth Football is entirely voluntary on my and my parents/guardians part and is made with the understanding that we will not violate any of the Youth Football League and Team rules.

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## PARENT APPROVAL AND RELEASE FORM

I hereby give my consent for the above named athlete to participate in the City of Tecumseh Youth Football. I realize that such activity involves the potential for injury which is inherent in all activities. I acknowledge that even with the best coaching, use of the football protective gear, and observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death.

I authorize the City of Tecumseh Youth Football, through a physician of its choice, to provide emergency medical care that may become reasonable necessary for the athlete in the course of such activity. I agree not to hold the City of Tecumseh Youth Football, the coaches, the Youth Football League, or anyone acting on their behalf, responsible for any injury occurring to the above named athlete in the course of such activity.

I have read the rules of the Youth Football League and the City of Tecumseh Youth Football, and will assist my son in complying with both and will cooperate with the Coaches in their enforcement.

**I ACKNOWLEDGE THAT I HAVE READ AND UNDERSTAND THE ABOVE PARENT APPROVAL AND RELEASE FORM.**

Parents/Guardians Signatures: \_\_\_\_\_

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

Address: \_\_\_\_\_ Phone \_\_\_\_\_

## INSURANCE COVERAGE

It is required that all participating in City of Tecumseh Youth Football be covered by health and accident insurance. Many policies do not cover some athletic activities (football). Please check your policy to be sure it provides coverage.

**YOU MUST HAVE INSURANCE COVERAGE TO PLAY!**

Policy Holder Name: \_\_\_\_\_

Policy #: \_\_\_\_\_

Youth Football League  
Medical Consent Form  
(please print)

Player name \_\_\_\_\_ Birth Date \_\_\_\_\_

Age \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Parent/Guardian name(s) \_\_\_\_\_

List other parent/guardian contact numbers (cell, work, etc. and time of DAY to be reached)

IN AN EMERGENCY, IF PARENT/GUARDIAN CANNOT BE REACHED:

Notify (Name) \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Health history (Kidney, diabetes, asthma etc.) and LIST any current medication being taken

Allergy to any medication YES NO if yes, List \_\_\_\_\_

While competing do you wear: \_\_\_\_ glasses \_\_\_\_ contacts Last Tetanus Shot \_\_\_\_\_

INSURANCE CARRIER AND POLICY NUMBER \_\_\_\_\_

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunization for the above named player. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician and/or coach to contact me in the most expeditious way possible. If said physician and/or coach is not able to communicate with me, the treatment necessary for the best interest of the above named student may be given.

In the event that an emergency arises during a practice session, an effort will be made to contact the parents/guardians as soon as possible. Permission is also granted to the coaches to provide the needed emergency treatment to the athlete prior to his admission to the medical facilities.

The team coaches may apply first aid treatment until the doctor can be contacted. YES \_\_\_\_\_ NO \_\_\_\_\_

I give my consent for coaches to use their own judgement in securing medical aid and ambulance service in case the parent/guardian cannot be reached. YES \_\_\_\_\_ NO \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

## FOOTBALL PLAYER'S CONTACT NUMBERS

I will be using the text message app REMIND to contact players and parents with practice, game and other important information. Please complete the information below and return this form to me. You may list both parent/guardian's cell numbers and your player's cell number. If you or your player do not have a cell phone, you may list the cell number of another responsible adult to receive your messages. **I will be using text messages as my primary way to communicate with you.**

1. Please list below all numbers (no more than 4 numbers) you wish to be used for texts regarding youth football.

2. Indicate in the spaces provided the number of the phone and the name of the person whose number is listed. Remember to list **all numbers** you wish to be contacted.

3. If you do not have a cell phone capable of receiving texts, **you need** to list a friend or relative who can receive texts for you.

4. **I will use the App REMIND to send group messages.** Please note that the group texts will not come from my cell phone#, but a number used by REMIND. I am limited to the number of characters I can send with REMIND. So, sometimes it is necessary to continue a message on a second text message.

***PLEASE PRINT LEGIBLY***

Player name \_\_\_\_\_ Player Grade \_\_\_\_\_

Phone number for text

Print first & last name

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## CONCESSION STAND VOLUNTEERS NEEDED

Our Youth Football Program has run the concession stand at our home football games and used the money to help keep our participation fees as low as possible. Our participation fees have only been increased one time since the inception of our program. Other communities have charged up to \$400/player to participate. Our fees are extremely reasonable since it would cost over \$400 per player to just equip them to play. This year I also needed to expend money on new equipment.

I am asking your help to run the concession stand for our home games. We would try to have you work the game when your son is not playing.

Please fill out the form below and return it at the Parent & Athlete meeting on August 3, 2024, I will call you if you indicate below that you can help.

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### Volunteer Form

\_\_\_\_\_ can help run the concession stand.  
print first & last name

I have a son that plays on the (circle one)      2-3-4 grade team

5-6 grade team

My home phone number is \_\_\_\_\_.

My cell number is \_\_\_\_\_.

If you have questions, call Bruce Dalluge at 335-3344 (work) or 335-3088 (home).



# Concussion

## INFORMATION SHEET



**CDC HEADS UP**  
SAFE BRAIN. STRONGER FUTURE.

This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

### What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

### How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - Work with their coach to teach ways to lower the chances of getting a concussion.
  - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
  - Ensure that they follow their coach's rules for safety and the rules of the sport.
  - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



**Plan ahead.** What do you want your child or teen to know about concussion?

### How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

#### Signs Observed by Parents or Coaches

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

#### Symptoms Reported by Children and Teens

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not "feeling right," or "feeling down"

**Talk with your children and teens about concussion.** Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious, or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*



[cdc.gov/HEADSUP](http://cdc.gov/HEADSUP)

## CONCUSSIONS AFFECT EACH CHILD AND TEEN DIFFERENTLY.

While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' healthcare provider if their concussion symptoms do not go away, or if they get worse after they return to their regular activities.

### What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

**Children and teens** who continue to play while having concussion symptoms, or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a child or teen for a lifetime. It can even be fatal.

### What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's healthcare provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

To learn more, go to [cdc.gov/HEADSUP](https://www.cdc.gov/HEADSUP)



**Discuss the risks of concussion and other serious brain injuries with your child or teen, and have each person sign below.**

Detach the section below, and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injuries.

☐ I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete's Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Athlete's Signature: \_\_\_\_\_

☐ I have read this fact sheet for parents on concussion with my child or teen, and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian's Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian's Signature: \_\_\_\_\_

**ACKNOWLEDGMENT OF RECEIPT OF  
CONCUSSION FACT SHEETS FOR  
ATHLETES AND PARENTS**

I acknowledge that I have received the Concussion Information Sheet. I agree to share this information with my athlete(s) and all parents/guardians of my athlete(s).

Dated \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian signature

\_\_\_\_\_  
Print Player Name