



FOND DU LAC RECREATION DEPARTMENT

85 Morningside Drive  
Fond du Lac, WI 54935  
Phone: 929-2885  
[www.fdlrecdept.com](http://www.fdlrecdept.com)



TO: ALL 4<sup>th</sup> & 5<sup>th</sup> GRADE PARENTS

This fall the Recreation Department will again be offering after school co-ed Kickball leagues. Games will be played on Tuesdays and Thursdays, starting on Thursday, September 20, 2018. Transportation will not be provided to games by either schools or the Recreation Department.

After School Kickball Leagues:

- 4<sup>th</sup> & 5<sup>th</sup> graders will be combined to form teams
- Games will be played on Tuesdays & Thursdays
- Teams will not be accepted into the leagues without an adult designated coach/manager, the roster signed by the School Principal, and an Emergency number for each player.
- All parents and participants must read the Wisconsin Act 172 State Concussion Law Information and have a signed form on file with the Fond du Lac School District.

If your child is interested in playing in the After School Kickball Program, please fill out the bottom portion and **return to your child's school or Athletic Coordinator by Monday, September 10, 2018.** If you have any questions, call the Recreation Department at 929-2885.

**\* A fee of \$50.00 per team will be assessed to each school. Schools will handle this fee as they see appropriate. Please check with your school to see if there is a minimal fee involved to each participant.**

The Fond du Lac School District Recreation Department does not provide accident or hospital insurance for participants in Department sponsored activities. There will be a First Aid Kit available at all games.

**\*\* THERE WILL BE A CAPTAINS & COACHES MEETING ON MONDAY, SEPTEMBER 17, 2018 AT 5:00 P.M. AT THE FOND DU LAC RECREATION DEPARTMENT CLASSROOM.**



----- CUT AND RETURN TO YOUR SCHOOL BY Monday, September 10, 2018 -----

**4<sup>th</sup> & 5<sup>th</sup> CO-ED KICKBALL 2018 Permission Slip**

Parents: Coaches for these teams are parent volunteers. **Without your assistance**, the opportunity for your child to participate may be limited.

\_\_\_\_ I can assist by being a **head coach** and will find others to assist me as needed

\_\_\_\_ I can assist by being a part of a **coaching group** (two or more adults sharing coaching responsibilities).

My Child, \_\_\_\_\_, has my permission to participate in the Rec. Department 4<sup>th</sup> & 5<sup>th</sup> Grade Co-Ed Kickball Program. Please return to your school by Monday, September 10<sup>th</sup>.

PARENT'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_

TELEPHONE \_\_\_\_\_ EMERGENCY TELEPHONE \_\_\_\_\_

Reminder: The Wisconsin Act 172, State Concussion Law Information form must be signed by a parent & player.

Signature \_\_\_\_\_ Date \_\_\_\_\_