



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

MARINETTE- MENOMINEE YMCA

2019-2020 GLIDERS TEAM HANDBOOK

SEPTEMBER 1, 2019-AUGUST 31, 2020

HEAD COACH: Brigitte Schmidt bschmidt@mymca.org



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.

Revised 8/30/19

Thank you very much for becoming a member of our Glider Family. It is our hope as coaches, that your family will be a part of ours for many years to come.

TEAM ELIGIBILITY

- Gymnast must be a **YMCA member**.
- Female gymnasts must be a minimum of 4 years old as of April 1, 2020.
- Gymnasts must attend practices at least once a week for a minimum of 30 days prior to regular competition.
- Gymnasts must have the ability to consistently and safely perform the required skills for their competitive level.
- **Participation in competitions is required.**
- Competition uniform required.
- Adhere to YMCA Fair Play & USAG rules.

PARENT RESPONSIBILITY

Parents, working together with coaches, officials, and administrators have a unique opportunity to influence the lives of young athletes. Positive support will help the gymnasts develop to their fullest potential while clarifying their personal values. A strong working parents' group is the backbone of any competitive team. Any parent whose child is a participant on the Glider's team is automatically considered a member of the team.

- It is important for the parents to support team policies and procedures, and the coaches' decisions. By cooperation and working in close harmony, the parents and coaches can create an environment in which each and every Glider can have a worthwhile and rewarding competitive gymnastics experience.
- Parents should attend and participate in team parents' meetings.
- We have formed a parent team committee to address everyone's concerns and interests for our team. If you would like to be a part of this group please let me know.
- Our parent group includes parent leaders for each level that are available to guide and answer questions. Please see our Gliders webpage for a list of "Level Parents."
- Parents will help plan for, set up, and clean up for our home meet and our team fundraising events.
- Parents will fulfill required work shifts for our yearly home meet; 1 – 2 per family. Example: sell concessions, time events, enter scores on computer, etc. **YOU WILL BE CHARGED A \$50 MEET FEE FOR EACH WORK SHIFT NOT MET.**
- Please label all clothing and equipment. (leotards, grips, sweatshirts...etc.) Check in the gym periodically for missing items. There are lockers available, but you must bring your own lock to keep your items safe.

TEAM FEE PAYMENTS

- Fees are based on your level and practice time with a commitment of 2-3 days per week. See the Y program Guide for costs per level. <http://mmymca.org/> **There are no refunds or stopped bank drafts after the YMCA State Meet.**
- No credits or refunds will be issued for classes missed due to personal reasons.
- Payment in full (10% savings.) Register online at <http://mmymca.org/>. – OR –
- Bank draft deduction: An automatic deduction from checking, savings or credit card account on the 12th of each month, beginning the date you register in September, then monthly through May, 2020.
- Meet fees are a separate nonrefundable cost and differ for each level.
- Yearly meet schedule and costs can be found under Gliders at mmymca.org.
- **Financial assistance:** The Annual Campaign is available to apply for scholarships for membership and in some

circumstances team payments. Fundraising opportunities are made available for gymnasts to earn money to pay for meet fees and team uniforms and optional apparel.

ESCROW ACCOUNTS AND PAYMENTS

- Each gymnast automatically has an escrow account through our Y financial office. This is where leotard, meet fees, and other optional costs will be charged. The escrow account will also be where any funds collected through individual fundraising stay until used.
 - All funds are recorded by Linda Crossman in our financial office, available most week days 9:00am – 1:00pm at 906-863-9983.
 - Escrow account updates will be printed monthly and kept in a binder at our welcome desk.
 - The Y welcome desk can only view printed escrow records in the binder but can take payments at any time.
 - **Due dates for escrow charges will be communicated through email.**
 - **A valid form of payment must be kept on file through your YMCA Daxko account. Any unpaid balances remaining after a due date will be charged to this account.**
 - **Parents are responsible for keeping all account information up to date including address, phone, payment information etc.**

MEET PROCEDURES/POLICIES

The following procedures have been established for parent and gymnast participation to encourage and promote the YMCA mission statement.

What to expect:

- Butterflies! Some kids get a little nervous before their first event. After that they are usually okay.
- There may be quite a bit of noise and apparent confusion.
- Children and parents may become confused, nervous, and “lost” for the first couple of meets. Don’t be afraid to ask questions; we’ve all been in this position. Every Y is set up differently, so every meet is a new experience for all of us.
- The address for each meet is provided on your competition schedule. Please “Google” the address for directions. Please get to know the parents in your child’s level; ride sharing is a great opportunity. The Rotation Schedule, containing warmup and competition times for each meet, will be emailed/ posted to Gliders webpage as soon as received by the head coach. If you need to reach your gymnasts coach on meet day, please text. **Kelly Badker 715-923-3226 Tara Poquette 715-938-0095 Brigitte Schmidt 715-927-1292 Tiffany Arsineau. 715-330-9683**
- Awards are usually held 20 minutes after each level is finished, but also may be hours after competition if there is more than one session for a level, very common in level 2 or 3. Awards, unless otherwise stated, are presented to the top 30% in each age group and trophies to the top 30% of those with team scores.
- **Arrive a minimum of 30 minutes prior to scheduled stretch/warm up time, allowing for parking, admissions and last-minute preparations.**

What to bring: (Gymnasts will rotate during competition with only: water, warm up, & footwear)

- Competition uniform, slip on footwear or socks, water bottle, Grips if used at practice, extra hair accessories & supplies (ties, clips, hairspray)
- Money for admissions and meet programs. The participants have paid their meet fees but spectators have to pay a small admission.
- Optional: Team Warm ups, Money for concessions (Food is usually available). Many meets also offer raffles, sale of gymnastics leotards, and other novelties.

Gymnasts

- **NO cell phones or electronic devices.**
- No food in the competition area.
- 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.
- 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 present themselves in the proper attire. A deduction for inappropriate attire will be applied for any infraction.
- No bare midribs, backless leotards, leotards with "spaghetti" straps, T-shirts or Boxer shorts.
- NO underwear (including sport bras) should be exposed.
- The leg opening on competitive leotards must NOT be cut or rolled above the gymnast's hipbone.
- Hair secured away from the face so as to not obscure her vision of the apparatus.
- No jewelry, with the exception of one pair of stud earrings, one per ear. All other piercing should be REMOVED, not covered.
- Accept the received score without criticism or comment.

Parents

- Parents and spectators 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.

CODE OF CONDUCT

As a gymnast in the M&M Gliders 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 conduct meets.
- I will have fun!

Gymnast's Responsibilities

- I will dress properly for workouts (leotards or athletic clothing, no baggy attire).
- My hair will be tied back. No jewelry is allowed, except post earrings.
- I will cover all open cuts and warts prior to entering the gym.
- I will enter and exit through the YMCA front entrance.
- I will **not use** cell phones or other electronic devices during Glider functions, practices or competitions, except to record my gymnastics. I will not post to social media. If a gymnast needs to be contacted during practice, call the YMCA at 906-863-9983.
- **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 Glider performance,

competition or practice.

PARENT RESPONSIBILITY AGREEMENT

I understand that I, as a team parent, play a crucial role in the success of the Marinette–Menominee YMCA Gliders Gymnastics Team.

- I understand that the YMCA website mmymca.org is where to obtain information regarding team functions. **It is my responsibility to check the website for changes.**
- **I must have a current email address on file. I will notify Brigitte Schmidt with any changes.**
- **I will read all Gliders Team emails as they contain important and time sensitive team information.**
- **I understand keeping my gymnast's YMCA membership current our responsibility.**
- I agree I or a family member will work the required number of volunteer shifts for all meets that are hosted by the M&M Gliders.
- 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 a \$50.00 meet fee for each work shift and obligation that I do not complete.** We would much rather have you work your shift and be a part of our event, buy out is not an option. If we have to hire out, it costs the YMCA extra money.
- I understand that my child should avoid missing practice as this negatively affects her success and commitment to the Team. Gymnasts desiring to achieve the maximum of their abilities will practice at every available opportunity. All absences, late arrivals or early departures must be excused by a parent email, bschmidt@mmymca.org, prior to practice.
- I will help out with at least one other fundraising activity other home meets during the 2019 – 2020 season.
- I will have my child at practice and to meets and demonstrations on time.
- I will be sure my child is dressed properly.
- **I will enforce the rule stating NO cell phones or other electronic devices may be used during M&M Glider functions, practices or competitions except to record my child's gymnastics. No posting 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 M&M Glider functions.

As a parent in the M&M Gliders Gymnastics Team Program, I will:

- Remain in the spectator areas during all competitions.
- Understand that parents are asked to not spectate during practices to allow for optimal focus.
- 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.

2019 – 2020 M&M GLIDER REGISTRATION WAIVERS AND AGREEMENTS

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 Marinette-Menominee YMCA Glider Gymnastics Team practices, meets and demonstrations.

Photo Release

I grant the Marinette-Menominee Gliders 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.

Fees and Payments Agreement

I give my permission for the Greater Marinette-Menominee YMCA to deduct any team escrow fees remaining after due date from my checking, savings or credit card account on file.

If I choose to pay for team through monthly payments, I give my permission for the Greater Marinette-Menominee YMCA to automatically deduct my team fee payment from my checking, savings or credit card account on file. I have read and understand that any payment method changes and cancellations must be given to the Greater Marinette-Menominee YMCA in writing by the 1st of the month in order for the change to take effect that month.

Parent/Guardian
Signature **Date** _____

I, _____ parent/guardian of _____
have reviewed and agree to follow the 2019 – 2020 M&M Gliders Gymnastics Team waivers, agreements and policies.

Parent/Guardian
Signature _____ **Date** _____

FORMS BELOW TO BE COMPLETED IN ONLINE REGISTRATION

2019 – 2020 GLIDERS GYMNASTICS TEAM – MEDICAL INFORMATION FORM

Name of Child _____ **Birth Date** _____

Level _____

Address _____ **City** _____ **State** ____ **Zip** _____

Mother's Name _____ **Phone 1** _____ **Phone 2** _____

Address _____ **City** _____ **State** ____ **Zip** _____

Email Address Required _____ *please notify Denice if email changes!*

Father's Name _____ **Phone 1** _____ **Phone 2** _____

Address _____ **City** _____ **State** ____ **Zip** _____

Email Address Required _____ *please notify Brigitte if email changes!*

Emergency Contact *(other than parents)*

Name _____ **Relationship** _____

Phone 1 _____ **Phone 2** _____

Medications taken on a regular basis _____

Allergies _____

Special Concerns *(physical, medical, emotional)* _____

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.

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

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** _____