

PARENTS & ATHLETES FOOTBALL MEETING & EQUIPMENT HANDOUT

Sunday, August 9, 2026

JCC Tecumseh Site Elementary Gym

5th - 6th Grade - 6:00 -7:00 p.m.

3rd - 4th Grade - 6:30 - 7:30 p.m.

If you are interested in learning about the City of Tecumseh's Youth Football program, please attend the Parent/Athlete meeting and equipment handout on Sunday, August 9, 2026 at the JCC Elementary Gym.

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, Fairbury, Diller, Wymore and Hanover. 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 3rd through 6th grade this fall, is eligible to participate. This year, we will only use 2nd graders on the team if our numbers are low. The teams will compete as a 3rd and 4th grade team and a 5th and 6th 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.

All practices will be at the Tecumseh Fairgrounds Baseball Fields. Until the first game on September 13, 2026, 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 or morrisseydallugelaw.com or get the forms at the August 9, 2026 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. 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.

4. If you have the REMIND App on your phone, you will need to go into your settings for the app to choose whether you want a text or a push notification from the App.

PLEASE PRINT LEGIBLY

Player name _____ Player Grade _____

Phone number for text

Print first & last name

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.

Volunteer Form

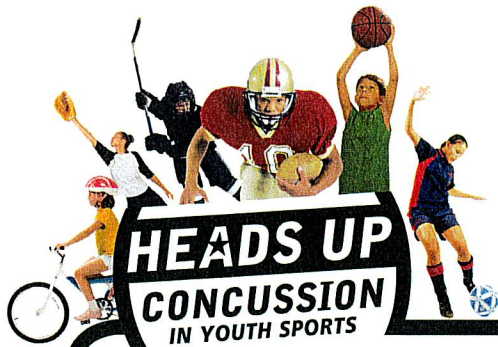
_____ can help run the concession stand.
print first & last name

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).



A Fact Sheet for PARENTS

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs Observed by Parents or Guardians

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

Symptoms Reported by Athlete

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just “not feeling right” or “feeling down”

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?

- Ensure that they follow their coach’s rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
 - However, helmets are not designed to prevent concussions. There is no “concussion-proof” helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. SEEK MEDICAL ATTENTION RIGHT AWAY.

A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

2. KEEP YOUR CHILD OUT OF PLAY.

Concussions take time to heal. Don’t let your child return to play the day of the injury and until a health care professional says it’s OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

3. TELL YOUR CHILD’S COACH ABOUT ANY PREVIOUS CONCUSSION.

Coaches should know if your child had a previous concussion. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

It’s better to miss one game than the whole season.

For more information, visit www.cdc.gov/Concussion.



Hoja Informativa para los PADRES

¿QUÉ ES LA CONMOCIÓN CEREBRAL?

Una conmoción cerebral es una lesión en el cerebro, causada por un golpe en la cabeza o una sacudida. Incluso una pequeña conmoción o lo que parece ser un golpe o sacudida leve puede ser serio.

La conmoción cerebral no puede verse. Los signos y síntomas de una conmoción pueden aparecer inmediatamente después de la lesión o puede que no aparezcan, o se hagan visibles algunos días o meses después de haber sufrido la lesión. Si su hijo tiene los signos de una conmoción cerebral o si usted nota algún síntoma, busque atención médica de inmediato.

¿CUÁLES SON LOS SIGNOS Y SÍNTOMAS DE LA CONMOCIÓN CEREBRAL?

Signos que notan los padres y los tutores

Si su hijo ha sufrido un golpe en la cabeza o una sacudida durante un juego o una práctica, obsérvelo para determinar si tiene alguno de los siguientes signos y síntomas de una conmoción cerebral:

- Luce aturrido o fuera de control
- Se confunde con la actividad asignada
- Olvida las jugadas
- No se muestra seguro del juego, la puntuación ni de sus adversarios
- Se mueve con torpeza
- Responde con lentitud
- Pierde el conocimiento (así sea momentáneamente)
- Muestra cambios de conducta o de personalidad
- No puede recordar lo ocurrido antes de un lanzamiento o un caída
- No puede recordar lo ocurrido después de un lanzamiento o un caída

Síntomas que reporta el atleta

- Dolor o "presión" en la cabeza
- Náuseas o vómitos
- Problemas de equilibrio, mareo
- Visión doble o borrosa
- Sensibilidad a la luz y al ruido
- Se siente débil, confuso, aturrido o grogui
- Problemas de concentración o memoria
- Confusión
- No se "siente bien"

¿CÓMO AYUDAR A SU HIJO A PREVENIR UNA CONMOCIÓN CEREBRAL?

Aunque todo deporte es diferente, hay medidas que puede tomar para protegerse.

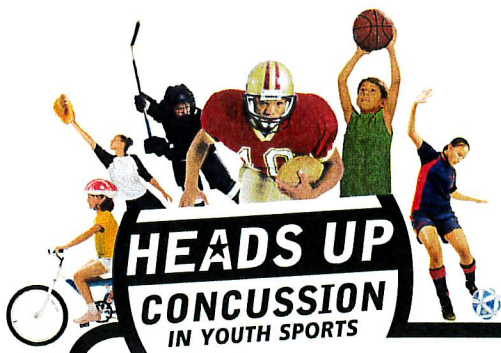
- Haga que siga las reglas impartidas por el entrenador y las reglas del deporte que practica.
- Invítelo a mantener el espíritu deportivo en todo momento.
- Haga que su hijo use el equipo protector adecuado según la actividad que realiza. El equipo de protección debe ajustarse bien, debe hacerse el mantenimiento adecuado, y el jugador debe usarlo correctamente y en todo momento.

¿QUÉ DEBE HACER SI CREE QUE SU HIJO HA SUFRIDO UNA CONMOCIÓN CEREBRAL?

- 1. Busque atención médica de inmediato.** Un profesional de la salud podrá determinar la seriedad de la conmoción cerebral que ha sufrido el niño y cuándo podrá regresar al juego sin riesgo alguno.
- 2. No permita que su hijo siga jugando.** Las conmociones cerebrales necesitan de un cierto tiempo para curarse. No permita que su hijo regrese al juego hasta que un profesional de la salud le haya dicho que puede hacerlo. Los niños que regresan al juego antes de lo debido—mientras el cerebro está en proceso de curación—corren un mayor riesgo de sufrir otra conmoción. Las conmociones cerebrales siguientes pueden ser muy serias. Pueden causar daño cerebral permanente que afectarán al niño de por vida.
- 3. Informe al entrenador del niño sobre cualquier conmoción cerebral que el niño haya sufrido recientemente.** Los entrenadores deben saber si el niño ha sufrido una conmoción recientemente en CUALQUIER deporte. El entrenador no necesariamente sabrá si el niño ha tenido una conmoción en otro deporte o actividad a menos que usted se lo diga.

Es preferible perderse un juego que toda la temporada.

Para obtener más información, visite www.cdc.gov/ConcussionInYouthSports.



A Fact Sheet for **ATHLETES**

CONCUSSION FACTS

A concussion is a brain injury that affects how your brain works.

- A concussion is caused by a bump, blow, or jolt to the head or body.
- A concussion can happen even if you haven't been knocked out.
- If you think you have a concussion, you should not return to play on the day of the injury and not until a health care professional says you are OK to return to play.

CONCUSSION SIGNS AND SYMPTOMS

Concussion symptoms differ with each person and with each injury, and they may not be noticeable for hours or days. Common symptoms include:

- Headache
- Confusion
- Difficulty remembering or paying attention
- Balance problems or dizziness
- Feeling sluggish, hazy, foggy, or groggy
- Feeling irritable, more emotional, or "down"
- Nausea or vomiting
- Bothered by light or noise
- Double or blurry vision
- Slowed reaction time
- Sleep problems
- Loss of consciousness

During recovery, exercising or activities that involve a lot of concentration (such as studying, working on the computer, or playing video games) may cause concussion symptoms to reappear or get worse.

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

- **DON'T HIDE IT. REPORT IT.** Ignoring your symptoms and trying to "tough it out" often makes symptoms worse. Tell your coach, parent, and athletic trainer if you think you or one of your teammates may have a concussion. Don't let anyone pressure you into continuing to practice or play with a concussion.
- **GET CHECKED OUT.** Only a health care professional can tell if you have a concussion and when it's OK to return to play. Sports have injury timeouts and player substitutions so that you can get checked out and the team can perform at its best. The sooner you get checked out, the sooner you may be able to safely return to play.
- **TAKE CARE OF YOUR BRAIN.** A concussion can affect your ability to do schoolwork and other activities. Most athletes with a concussion get better and return to sports, but it is important to rest and give your brain time to heal. A repeat concussion that occurs while your brain is still healing can cause long-term problems that may change your life forever.

HOW CAN I HELP PREVENT A CONCUSSION?

Every sport is different, but there are steps you can take to protect yourself.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.

It's better to miss one game than the whole season.

For more information, visit www.cdc.gov/Concussion.



Hoja Informativa para los ATLETAS

¿QUÉ ES LA CONMOCIÓN CEREBRAL?

La conmoción cerebral es una lesión del cerebro que:

- Es causada por un golpe en la cabeza o una sacudida
- Puede cambiar el funcionamiento normal del cerebro
- Puede ocurrir en cualquier deporte durante las prácticas de entrenamiento o durante un juego
- Puede ocurrir aun cuando no se haya perdido el conocimiento
- Puede ser seria aun si se piensa que sólo se trata de un golpe leve

¿CUÁLES SON LOS SÍNTOMAS DE LA CONMOCIÓN CEREBRAL?

- Dolor o "presión" en la cabeza
- Náuseas (sentir que quieres vomitar)
- Problemas de equilibrio, mareo
- Visión doble o borrosa
- Molestia causada por la luz
- Molestia causada por el ruido
- Sentirse debilitado, confuso, aturdido o grogui
- Dificultad para concentrarse
- Problemas de memoria
- Confusión
- No "sentirse bien"

¿QUÉ DEBO HACER SI CREO QUE HE SUFRIDO UNA CONMOCIÓN CEREBRAL?

- **Dile a tus entrenadores y a tus padres.** Nunca ignores un golpe en la cabeza o una sacudida aun cuando te sientas bien. También dile al entrenador si crees que uno de tus compañeros de equipo sufrió una conmoción.

- **Ve al médico para que te examine.** Un médico u otro profesional de la salud podrá decirte si sufriste una conmoción cerebral y cuándo estarás listo para volver a jugar.

- **Tómate el tiempo suficiente para curarte.** Si sufriste una conmoción cerebral, tu cerebro necesitará tiempo para sanar. Es más probable que sufras una segunda conmoción mientras tu cerebro esté en proceso de curación. Las segundas conmociones y cualquier conmoción adicional pueden causar daños al cerebro. Por eso es importante que descanses hasta que un médico u otro profesional de la salud te permitan regresar al campo de juego.

¿CÓMO PUEDO PREVENIR UNA CONMOCIÓN CEREBRAL?

Aunque todo deporte es diferente, hay medidas que puedes tomar para protegerte.

- Sigue las reglas de seguridad del entrenador y las reglas del deporte que practicas.
- Mantén el espíritu deportivo en todo momento.
- Utiliza los implementos deportivos adecuados, incluido el equipo de protección personal. Para que este equipo te proteja, debe:
 - Ser adecuado para el deporte que practicas, tu posición en el juego y tipo de actividad
 - Usarse correctamente y ajustarse bien a tu cuerpo
 - Usarse en todo momento durante el juego

Es preferible perderse un juego que toda la temporada.

Para obtener más información, visite www.cdc.gov/ConcussionInYouthSports.

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

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
August 2026						
2	3	4	5	6	7	8
9 Equip Handout @ JCC Elementary 5-6 @ 6-7pm 3-4 @ 630-730	10 No Pad Practice 5:30-7:00 pm	11 No Pad Practice 5:30-7:00 pm	12	13	14	15
16	17 Pad Practice 5:30-7:00 pm	18	19 Pad Practice 5:30-7:00 pm	20	21 Pad Practice 5:30-7:00 pm	22
23	24 Pad Practice 5:30-7:00 pm	25 No Pad Practice 5:30-7:00 pm	26	27 Pad Practice 5:30-7:00 pm	28	29
30	31 Pad Practice 5:30-7:00 pm					

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
September 2026						
		1 No Pad Practice 5:30-7:00 pm	2 Pad Practice 5:30-7:00 pm	3	4	5
6	7	8 Pad Practice 5:30-7:00 pm	9	10 Pad Practice 5:30-7:00 pm	11	12 No Pad Practice @ JCC H.S. Football Field 8:30-10:00 a.m.
13 First Game	14	15 Pad Practice 5:30-7:00 pm	16	17 Pad Practice 5:30-7:00 pm	18	19
20	21	22 Pad Practice 5:30-7:00 pm	23	24 Pad Practice 5:30-7:00 pm	25	26
27	28	29 Pad Practice 5:30-7:00 pm	30	October 1 Pad Practice 5:30-7:00 pm		