



## Adult Learn-to-Skate Registration 2<sup>nd</sup> SPRING 2022

### *When*

Wednesdays (5:30-6:20pm) – 2 weeks – May 4 and 11  
Wednesdays (6:30-7:20pm) – 2 weeks – May 18 and 25; Session/series ends with a celebration. More details to follow.

### *Fee Structure*

\$70 (plus \$18 Learn to Skate USA annual membership\*) Sibling discount \$10 on class only, not annual membership

\*annual memberships are valid July 1-June 30 (visit [www.learntoskateusa.com](http://www.learntoskateusa.com) to learn more about your member benefits)

For those LTS members interested in competing in our Spring Fling on May 1<sup>st</sup>, additional ice time will be available throughout April for practice or preparation for competition; See LTS Director for more details.

### *LTS Program*

All classes are 50 minutes (includes instruction and structured practice/free time activities). Skaters are grouped according to their skating ability (beginner to advanced levels) and will be tested at the end of each session/series. Certificates and/or badges will be provided to the skater upon mastering the skills within the various levels.

### *Preparing for the 1<sup>st</sup> Day of Class*

Arrive at least 15-20 minutes early to have enough time to lace up your skates and be rink side, ready to skate. **Skates are available to skaters registered for no additional cost.** Dress warm. Plenty of layers along with a jacket is suggested. Gloves and mittens are needed to protect hands as skaters learn to fall and stand back up. As for feet, one pair of lightweight socks or thinner tights work best.



*Cash, charge or check payable to IMS Iceland*

Skater Information – Please Write Clearly

Skater's First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Birthdate / Age \_\_\_\_\_ Gender \_\_\_\_\_ Parent's Name(s) \_\_\_\_\_

Address (include City and Zip code) \_\_\_\_\_

Email \_\_\_\_\_ Phone No \_\_\_\_\_ Text (Y or N) \_\_\_\_

Please sign here to confirm you have received concussion awareness info \_\_\_\_\_

Pictures of skaters are sometimes used for promotional purposes. Please sign here to opt out \_\_\_\_\_

# CONCUSSION IN YOUTH SPORTS

Information for Parents



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

## SIGNS & SYMPTOMS

*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:*

### SIGNS OBSERVED BY PARENTS OR GUARDIANS

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

### SYMPTOMS REPORTED BY THE ATHLETE

- Headache or "pressure" in the 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
- Does not "feel right"

**IT'S BETTER TO MISS ONE GAME  
THAN THE WHOLE SEASON.**



January 2021

## WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAD 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 sports.
- 2. Keep your child out of play.**  
Concussions take time to heal. Don't let your child return to play 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 second concussion. Second 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 recent concussion.** Coaches should know if your child had a recent concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

### IMPORTANT PHONE NUMBERS

FILL IN THE NAME AND NUMBER OF YOUR LOCAL HOSPITAL(S) BELOW:

Hospital Name: \_\_\_\_\_

Hospital Phone: \_\_\_\_\_

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**For immediate attention, CALL 911**

For more information, visit [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)

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