



Department of Parks & Recreation
Recreation Division – P.O. Box 2540
101 Field Point Road - Greenwich, CT 06836-2540
Phone: (203) 618-7649 - Email: Recreation@greenwichct.org



Co-ed Basketball Clinics 2017-18

Co-ed for Kindergarten to 5th Grade at International School at Dundee Gym (ISD)

Co-ed for Kindergarten to 4th Grade at Bendheim Western Greenwich Civic Center (WGCC)

ACTIVITY NUMBER: 41101

DESCRIPTION: This program is designed to enhance and sharpen existing skills as well as teach new skills, strategy, techniques, and sportsmanship. Team play is stressed through half-court games. While this is a co-ed program, 95% of the participants are male. (We offer a Girls Basketball Clinic just for girls in Kindergarten – 2nd Grade. It has a separate information sheet).

REGISTRATION DATES: Opens Monday, October 9 online. Online registration is only available to Greenwich residents. To register online, go to www.greenwichct.org/webtrac and select "Activity Registration." Mail in registration begins Monday, October 16. Application cannot be postmarked earlier than October 16. In person registration starts in the Recreation Office on Monday, October 23, if space is available. Please register your child before Thursday, November 9, 2017. Space is limited and registration is first come, first serve. If not yet provided this year, residents must provide proof of residency and non-residents must provide identification and proof of address. Proofs for Greenwich residents may include: residential lease, credit card bill, bank statement (not mortgage), utility bill (Gas, electric, water, oil), cable bill, phone bill (not cell), driver's license, DMV ID. Proofs of Greenwich residential address must be current and show resident name.

LOCATIONS: International School @ Dundee – Boys and Girls in K – 5th Grade

Bendheim Western Greenwich Civic Center – Boys and Girls in K-4th Grade

DATES: Saturdays, November 18, 2017 – February 3, 2018. (No session on Saturday, November 25, 2017, Saturday, December 23 and Saturday, December 30, 2017. (There are 9 sessions and there is no snow date.).

LOCATION	SECTION NUMBER	GRADES	PROGRAM TIMES
ISD	D1	K, 1	9:15 a.m. – 10:00 a.m.
	D2	K, 1	10:10 a.m. – 10:55 a.m.
	D3	2	11:05 a.m. – 12:05 p.m.
	D4	3, 4, 5	12:30 p.m. – 1:30 p.m.

LOCATION	SECTION NUMBER	GRADES	PROGRAM TIMES
Bendheim WGCC	W1	K, 1	9:00 a.m. – 9:45 a.m.
	W2	2, 3	9:50 a.m. – 10:50 a.m.
	W3	3, 4*	11:00 a.m. – 12:00 p.m.

*Experienced 3rd Graders at Bendheim WGCC should register for W3 Session.

STAFF: Experienced Instructors, subject to background check.

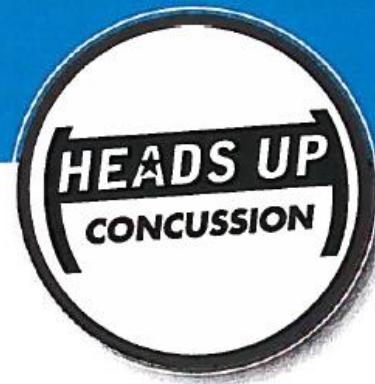
FEE: \$130.00 payable to "Town of Greenwich" There are no refunds and we do not pro-rate fees. Requests for credit will only be considered if received in writing prior to the start of the program. There is a \$15.00 administrative fee for credits and a \$25.00 fee for any returned checks. We accept Visa, Master Card, American Express and Discover credit cards only at the Town Hall Parks and Recreation Office and for on-line registration.

COMMENTS:

- Please wear sneakers, athletic socks, gym shorts or sweats.
- Clinic T-shirt will be provided.
- Enrollment is limited in each section to maximize instruction.
- Weather updates will be available on our Recreation Sports website at www.teamsideline.com/greenwichct. You can sign up for automated e-mail and/or text alerts from this website. In addition you can call our weather hotline number at (203) 861-6100, up to one half hour before your session time.
- Mail completed application with full payment to: Youth Basketball, Dept. of Parks and Recreation, P.O. Box 2540, Greenwich, CT 06836-2540.



PARENT & ATHLETE CONCUSSION INFORMATION SHEET



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF 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 an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

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 is "feeling down"

SIGNS OBSERVED BY COACHING STAFF:

- 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
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall



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

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

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

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

JOIN THE CONVERSATION  www.facebook.com/CDCHeadsUp

TO LEARN MORE GO TO >> WWW.CDC.GOV/CONCUSSION

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).





Program Registration (please print)

Program Name _____ Activity # _____ Section # _____

Participant's Name _____ Gender (M/F) _____

Address _____ Town _____ Zip Code _____

Birth Date _____ Age _____ Grade _____ School _____

Specific Program Information: _____

Parent/Guardian _____ e-mail _____

Home Phone _____ Work Phone _____ Cell _____

In case of emergency notify the following:

Name _____ Phone _____ Relationship: _____

List Physical Restriction(s): _____

INDEMNIFICATION AND RELEASE

THIS IS A LEGALLY BINDING DOCUMENT. DO NOT SIGN IT UNTIL YOU HAVE READ THE CONTENTS HEREOF AND UNDERSTAND THE SAME. IF YOU ARE IN DOUBT, CONSULT AN ATTORNEY PRIOR TO SIGNING THIS DOCUMENT.

The Undersigned (hereinafter referring to myself, my minor children or charges, my heirs and assigns) hereby agree(s) to assume all risk and bear all responsibility and to indemnify and hold the TOWN OF GREENWICH, its agents, representatives, servants, officers, and employees, harmless from and against any and all claims, demands, suits, proceedings, liabilities, judgments, awards, losses, damages arising out of injuries to any persons or property, including any and all costs and expenses incurred in the defense of such claims, demands, suits and proceedings including court costs and attorneys' fees resulting from, arising out of, or in any way related to or connected with my/our participation in the _____ program sponsored by the Town of Greenwich/use of Town of Greenwich property/facilities/apparatus or equipment thereof.

The Undersigned, does forever discharge the Town of Greenwich, its agents, representatives, servants, officers and employees from any and all claims including claims of negligence or carelessness, alleging damages and any and all causes of action which the Undersigned may have or may hereafter have, arising out of, related to, or in any manner connected with injuries or damages the Undersigned may sustain by reason of my participation in the above-described program or use of the Town of Greenwich property, facilities, apparatus or equipment.

The Undersigned, the participant or parent/guardian of the above named person, who participates in programs organized by the Town of Greenwich Department of Parks and Recreation, assumes all risks and hazards incidental to the conduct of the activity and transportation to and from the activity. I am aware that participating in any recreational program can be a dangerous activity involving many risks of injury. I further understand there is inherent risk associated with the(se) activity (ies) and authorize emergency medical treatment and transportation in my absence.

Dated at Greenwich, Connecticut, this _____ day of _____ 201____.

Signature of Participant or Parent or Guardian for participants under 18 years of age:
