



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

## Girls Softball Spring 2017 Ages 9 – 14



**ACTIVITY NUMBER:** 10501

**DESCRIPTION:** The emphasis of Babe Ruth Softball is on the local league season: education, skill development, participation for players at all levels of athletic ability, and to ensure the participants have FUN. The Greenwich Girls Softball League is organized according to 1) Age: 9 & 10 years (**10U**), 11 & 12 years (**12U**), 13 & 14 years (**14U**) and 2) Ability: Intermediate Division and Senior Division. All players will participate on a house team (recreational/modified rules) and be placed in either the Intermediate or Senior Division. Additionally, participants may also have the opportunity to play on an “official rules” Babe Ruth team (10U, 12U, or 14U). *If you are interested in playing on an “official rules” team, please check the box on the second page.*

- The Intermediate softball division is designed for girls in the 10U age group and some in the 12U. Among teammates of the same experience level, players continue building and refining their fundamental skills while they begin to understand game strategy. The game is played on a 60-foot diamond with a pitching distance of 35 feet. This is a **combined player-coach pitch league**. An eleven inch ball is used and base running rules are in effect. Special rules are implemented for the development and welfare of this age group.
- The Senior division is for girls with prior experience playing softball at a more refined level. The game is played on a 60-foot diamond with a pitching distance of 40 feet. This is a **player-pitch only** division and a twelve inch ball is used. Some special base running rules are in effect. Players in this division continue building and refining their fundamental skills, defining set positions, and applying game strategies.
- A highlight of Babe Ruth Softball is the annual tournament trail. Those on an “official rules” team are eligible to participate in the CT State Tournament and will be scheduled to play with other local teams in CT and NY.

In preparation for the spring season, Greenwich Recreation is offering a pre-season clinic. This is an 8-week program held at the Eastern Greenwich Civic Center from January – March (**Separate registration & fee**).

### REGISTRATION DATES:

- Online: Opens **Monday, December 19** - online registration is only available to Greenwich residents. To register online go to [www.greenwichct.org/webtrac](http://www.greenwichct.org/webtrac) and select “Activity Registration.”
- Mail-in: Begins **Tuesday, January 3** - application should not be postmarked earlier than January 3.
- In-person: Begins **Tuesday, January 17** at the Parks and Recreation Office. Non-residents may sign-up starting Tuesday, January 17. Registration closes Friday, March 17 or when the program has filled; space is limited.

**If not yet provided in 2017, 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.*

**AGES:** 9 – 14: League age is determined by how old the player will be on December 31, 2016. Must provide birth certificate if not previously submitted for past program(s).

**DATES:** Spring softball starts April 15 (depending on field conditions) with outdoor practices. Games begin the end of April/early May and are mainly played on the weekends with occasional weeknights. The spring season ends June 17 (June 24 for any rain-outs). Players participating on an official rules team will continue play after June 17.

**LOCATION:** Various Greenwich Town softball fields: coaches will notify players of times and locations of practices. Game schedules will be provided. There may be opportunities to play recreational games with other local Babe Ruth teams. In these cases, some local travel is necessary.



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SECTION	AGES
A2	9 & 10
A3	11 & 12
A4	13 & 14

**FEES:** \$172.00 payable to: “Town of Greenwich”

We accept Visa, MasterCard, and Discover credit cards at the Town Hall Parks and Recreation Office & for online registration. **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.**

**TEAMS:** Players will be assigned to a team based on age and evaluation. Final teams will be determined after the evaluations. Our aim is to balance teams while also providing a fun experience for players.

*I would like to also play on an official rules team:* Specify field position(s) you are interested in: \_\_\_\_\_

**PLAYER EVALUTIONS:** Wednesday, March 29 at ProSwing (36 Midland Avenue, Port Chester, NY 10573).

- 9 – 11 years old: 5:30 PM – 7:00 PM
- 12 – 14 years old: 7:00 PM – 8:30 PM

Everyone is required to attend. **A separate \$20.00 fee (Cash or Check payable to “ProSwing”) will be collected at ProSwing on the morning of the evaluation.** Please bring a glove and bat and wear sneakers.



**COACHES:** Coaches are ESSENTIAL to this program. Acceptance of ALL applicants and number of teams depends on the number of coaches. The Town of Greenwich promotes the ideals of the Positive Coaching Alliance and provides complimentary certification to all coaches. All coaches are subject to a background check. Coaches of official rules teams are required to take the **Babe Ruth** Introductory Certification Course (online).



### **COACHES' MEETING:**

Anyone interested in coaching must attend the following coaches' meeting on **Thursday, April 6<sup>th</sup>** in the Parks and Recreation Conference Room located on the 2<sup>nd</sup> floor of Town Hall:

- **Intermediate** Softball (Ages 9-11): **5:00 PM**
- **Senior** Softball (Ages 12 – 14): **6:00 PM**

### **VOLUNTEER COACHES**

\_\_\_\_\_ I am interested in ☐ **Head Coaching** ☐ **Assistant Coaching** and will complete the online Babe Ruth coaching certification course as well as fill out the required background check consent form

\_\_\_\_\_ I am not interested in head/assisting coaching, but would like to help my child's team a **manager**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Babe Ruth certification course available at: <https://www.baberuthcoaching.org/coaches/>

**SPONSORS:** Anyone who would like to sponsor a team should contact Patricia Troiano at [ptroiano@greenwichct.org](mailto:ptroiano@greenwichct.org) or (203) 622-2228. The cost is \$400.00 and the proceeds go to the Parks and Recreation Scholarship Fund. Checks must be made payable to the Parks and Recreation Scholarship Fund. **Page 2 of 6**



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#### COMMENTS:

- Players must bring their own glove, bat, and water bottle (Team helmets provided, but may bring own – helmets must have protected face cage). Team catcher's gear is provided. **No metal cleats or jewelry.**
- Team shirts and socks will be provided. Pants, shorts, and/or sliders must be purchased separately.
- **Team pictures** will be taken on **Saturday, April 29** at the Bendheim Western Greenwich Civic Center.
- Game schedules and weather updates will be available on our Recreation Sports web site at [www.teamsideline.com/greenwichct](http://www.teamsideline.com/greenwichct). You can sign up for automated e-mail and/or text alerts from this website. In addition, you can call the weather hotline number at (203) 861-6100.
- If mailing application and payment, please send to the following address:

Girls Softball  
Department of Parks and Recreation  
P.O. Box 2540  
Greenwich, CT 06836-2540



## Consent For Treatment Form

(To be given to emergency personnel if necessary)

As parent (or legal guardian) of \_\_\_\_\_, I hereby give my consent for any emergency medical treatment as approved by his/her coach or other adult escort, in case of illness or injury while playing or in related activities. I understand that this is to prevent undue delay and to assure prompt treatment.

\_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Relationship to participant

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Work phone

\_\_\_\_\_  
Cell phone

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Physician Phone

\_\_\_\_\_  
Dentist Name

\_\_\_\_\_  
Dentist Phone

Any allergies or medical/physical conditions the staff should be aware of? YES NO

If yes, please explain:

Parents will be notified in case of serious illness or injury as quickly as they can be reached, but this information will make immediate treatment possible.

Has your child previously played organized softball/baseball? Yes \_\_\_\_\_ No \_\_\_\_\_



## 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:

\_\_\_\_\_

HH# \_\_\_\_\_ Check# \_\_\_\_\_ Receipt# \_\_\_\_\_ Proof \_\_\_\_\_ Initials \_\_\_\_\_



## 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.

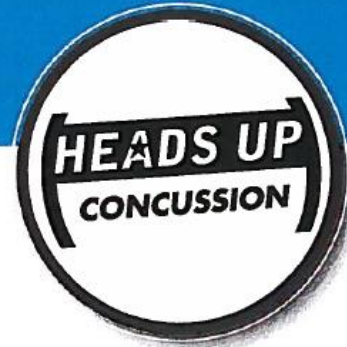
### WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

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.

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STUDENT-ATHLETE NAME PRINTED

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STUDENT-ATHLETE NAME SIGNED

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DATE

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PARENT OR GUARDIAN NAME PRINTED

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PARENT OR GUARDIAN NAME SIGNED

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DATE

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**HEADS UP**

TO LEARN MORE GO TO >> [WWW.CDC.GOV/CONCUSSION](http://WWW.CDC.GOV/CONCUSSION)

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