



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

2017 Girls Softball - Junior Division Ages 7 & 8



ACTIVITY NUMBER: 105011

DESCRIPTION: Junior softball is designed for beginners, ages 7 & 8, to teach them the fundamentals of softball. Among teammates of their own age, players will learn the basic skills of the game, including throwing, catching, and hitting. This is a coach-pitch league and special rules and equipment are applied for the development and welfare of this young age group.

REGISTRATION DATES:

- **Online: Monday, January 30** - online registration is only available to Greenwich residents. To register online go to www.greenwichct.org/webtrac and select "Activity Registration."
- **Mail-in: Monday, February 13** - application should not be postmarked earlier than February 13.
- **In-person: Monday, February 27** at the Parks and Recreation Office. Non-residents may sign-up starting Monday, February 27. Registration closes Friday, March 31 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. Resident primary addressee must provide two proofs and any household member 25 years or older must provide one proof for the purchase of passes, activities or tickets.

Proofs for Greenwich residents may include: residential lease, utility bill (Gas, electric, water, oil), credit card bill, bank statement (not mortgage), cable bill, phone bill (not cell), driver's license, DMV ID. Proofs of Greenwich residential address must be current and show resident name.

AGE REQUIREMENT: 7 & 8 years - League age is determined by how old the player will be on December 31, 2016. Must provide copy of birth certificate, passport or baptismal record if not previously submitted for past program(s).

PROGRAM: Program starts April 22 (depending on field conditions) and teams will play weekly on Saturday mornings until June 17. Start times may vary. There may also be occasional team practices scheduled at the discretion of the coaches.

LOCATION: Greenwich Town fields: coaches will notify players of times and locations of practices and games. Game schedules will be provided.

SECTION NUMBERS	AGES	TIME
A1	7 & 8	9:30 AM – 11:30 AM

FEES: \$157.00 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.**



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TEAMS: Players will be assigned to a team based on school and/or home address location. We make no guarantees, but will try to handle special requests or accommodations on a “first-come, first-serve” basis. Volunteer coaches with a child registered will coach the team that their child is assigned to.

SPONSORS: Anyone who would like to sponsor a team should contact Patricia Troiano at 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. Sponsors will receive their logo and/or business information on the team uniform, the league schedule, and logo with hyperlink on our sports recreation website.

COACHES: Volunteer coaches are ESSENTIAL to this program. Acceptance of ALL applicants and number of teams depends on the number of volunteer coaches. The Town of Greenwich promotes the ideals of the Positive Coaching Alliance and provides certification to all coaches. Coaches will also be subject to a background check.



Anyone interested in coaching must attend the following:

1. Positive Coaching Alliance Level I Coaches’ Workshop: **Tuesday, March 28, 7:00 PM** at the Eastern Greenwich Civic Center (90 Harding Road, Old Greenwich)
2. Coaches’ meeting: **Tuesday, April 18 at 5:00 PM** in the Parks & Recreation Conference Room located on the second floor of Town Hall (101 Field Point Road, Greenwich, CT).

**VOLUNTEER COACHES ARE ESSENTIAL TO THIS PROGRAM
WITHOUT THEM THERE IS A POSSIBILITY YOUR CHILD MAY NOT HAVE A TEAM TO PLAY ON**

_____ I am interested in ☐ **Head Coaching** ☐ **Assistant Coaching** and will fill out the required background check and attend the meetings listed.

Name _____ Phone _____

Email _____

COMMENTS:

- Players must bring their own glove, bat, and water bottle (Team helmets are provided, but players may bring their own). **No metal cleats or jewelry.**
- Team shirts and hats/visors will be provided.
- **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. 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:



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



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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 played tee ball or any other organized baseball/softball? Yes _____ No _____

MUST ALSO COMPLETE PROGRAM REGISTRATION AND RELEASE ON THE NEXT PAGE



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.

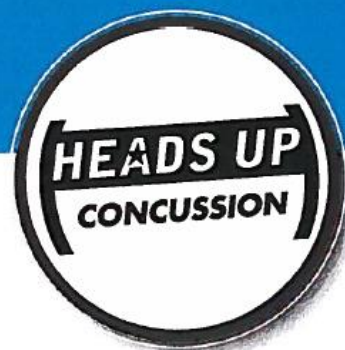
WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

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.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

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HEADS UP

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

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