



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)

# Fall Softball

## Girls 10-13

### 2019



**ACTIVITY NUMBER:** 30501

**DESCRIPTION:** The fall softball program is offered to girls ages 10 through 13. The girls will be placed on teams to play a fall season encompassing practices and inter-league/Town games for continued player development. The program is 8-weeks, outdoors, from the end of August through October. Some travel will be required for away games.

**REGISTRATION DATES:**

Online: Opens Monday, July 22 – online registration is only available to Greenwich residents. To register online go to [www.greenwichct.gov/webtrac](http://www.greenwichct.gov/webtrac)

Mail-in: Begins Monday, August 5 – application should not be postmarked earlier than August 5.

In-person: Begins Monday, August 19 – at the Parks and Recreation office. Non-residents may sign-up starting Monday, August 19. Registration closes Friday, August 23 or when the program has filled; space is limited.

**Greenwich residents are required to provide proof of residency once per calendar year for all Parks and Recreation programs.**

The primary family member is required to provide two current proofs of Greenwich residency. Family members participating in this program who are over 25 years of age require one current proof of Greenwich residency. Acceptable proof documents with resident name, date and Greenwich address are as follows: Residential Lease; Utility bill (Gas, Electric, Water, Oil); Cable, Telephone, or Internet bill (not cell phone); Credit Card or Bank Statement (No Mortgage Statement); Driver’s License or DMV CT State ID. Family members participating in this program who are under 25 years of age, require a copy of their birth certificate, passport, or guardianship on file.

**For non-residents, the primary family member as well as all participating family members who are over 25 years of age must provide identification and proof of address. Non-resident participants under 25 years of age, require a copy of birth certificate, passport or guardianship.**

**ELIGIBILITY:** 10-13 years: Must have turned 10 by the end of August. Must provide birth certificate or passport if not previously submitted for past program(s).

**SCHEDULE:** Teams will receive up to 2 practices per week and occasional games throughout the 8-weeks. Games will be scheduled weeknights and/or weekends. A full schedule will be sent out to all participants once teams are confirmed.

**LOCATIONS:** Various fields in Greenwich and away games to be determined based on the schedule.

SECTION	TIMES	DATES
F1	Mondays & Thursdays: 4 p.m. – 6 p.m. Saturdays: 9:30 a.m. – 11:30 a.m	Starts August 26 and ends on or around October 26



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**COACHES:** Volunteer coaches are needed for this program to operate. The Town of Greenwich is a member organization of the National Alliance for Youth Sports (NAYS) and provides training to all volunteers at [www.NAYS.org](http://www.NAYS.org). Coaches will also be subject to a background check.



**VOLUNTEER COACHES**

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

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

**FEES: \$138.00** payable to "Town of Greenwich" – **NO REFUNDS**

We accept Visa, MasterCard, American Express, 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.**

**COMMENTS:**

- Players supply their own fielding glove, bat, and pants. Catcher's equipment, softballs and helmets are provided.
- 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, send completed application, full payment, and proofs (if needed) to:

Fall 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 played organized baseball? 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.

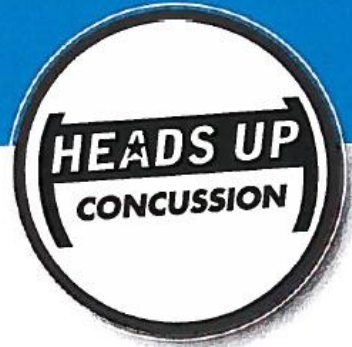
Dated at Greenwich, Connecticut, this \_\_\_\_\_ day of \_\_\_\_\_ 201\_\_\_\_\_

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

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