



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



## 2024 Fall Softball Clinic

**ACTIVITY NUMBER:** 305011

**DESCRIPTION:** The Fall Softball Clinic is designed for beginner softball players, 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.

**ELIGIBILITY:** Children ages 7 & 8. Participants must be at least 7 years old and not turning 9 on or before program start date.

**SCHEDULE:** Clinic will be offered on Thursdays from August 29 through October 17. Rain dates are October 24 and 31. Weather and activity updates will be available by calling our Weather Information Hotline, 203-861-6100. Additionally, you can visit our Recreation Sports website at: [www.teamsideline.com/greenwichct](http://www.teamsideline.com/greenwichct).

SECTION	AGE GROUP	DAY & TIME	DATES
A1	7 & 8	Thursdays: 4:15 p.m. – 6:15 p.m.	August 29 – October 17 Rain Dates: Thursday, Oct. 24 and 31

**LOCATION:** Bruce Park

**FEES: \$167 Greenwich residents/\$187 non-residents**

We accept all major credit cards 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 \$20 administrative fee for credits and a \$25 fee for any returned checks.

### PARTICIPANT INFORMATION:

- Players supply their own fielding glove, bat, and pants. Catcher's equipment, softballs and helmets are provided.
- All participants should bring a filled water bottle labeled with their name.
- All players will receive a warm-up shirt.

### REGISTRATION:

- Online: Opens **July 1** - online registration is available to Greenwich residents. To register online go to [www.greenwichct.gov/webtrac](http://www.greenwichct.gov/webtrac), and SIGN IN to your account. **2024** residency must be verified before applying for this activity. Visit: [www.greenwichct.gov/residency](http://www.greenwichct.gov/residency).
- Mail-in for non-residents: Begins **July 15**: primary family member and all participating family members, over 25 years, must provide identification and proof of address. Participants under 25 years, require a copy of birth certificate, or legal guardianship.
- Space is limited, please register early.

**Make checks payable to: "Town of Greenwich" and mail to:**

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

**YOUTH SCHOLARSHIPS:** The Parks and Recreation Department has established a Youth Scholarship Program which provides financial assistance to qualifying residents. Visit our webpage for more information or to register: [www.greenwichct.gov/youthscholarships](http://www.greenwichct.gov/youthscholarships).

**PHOTOS:** The Parks and Recreation Department reserves the right to use program or event photographs including participants in official Town of Greenwich media only (Website, newsletter, flyers and advertisements, Facebook, and/or Instagram). Please contact the Recreation Office if you object to the use of photographs of you or your child(ren) in Town media.

# WHAT IS “GROOMING”?

## WHAT ARE SOME SIGNS AND SYMPTOMS THAT A PERSON MAY BE EXPERIENCING GROOMING AND/OR ABUSE?

- Extreme mood swings and changes
- Sleep disturbances, such as nightmares
- Inappropriate and/or excessive sexual behaviors, conversations, or knowledge
- Avoidance or fear of specific places, people, or activities
- Decreased interest in school, work, friends, or hobbies
- Isolation from family and friends
- Change in academic performance or behavior
- Increase in unexplained health issues, such as frequent headaches or stomach aches
- Being overly or fearfully obedient to other caretaker or people in positions of power
- Pain or infection to the genital areas of youth, especially if this occurs frequently
- Regressive behaviors, (e.g., thumb sucking or bedwetting in youth)

Unexplained gifts and tokens

**Grooming is a tactic where someone methodically builds a trusting relationship with a child or young adult, their family, and community to manipulate, coerce, or force the child or young adult to engage in sexual activities.**

The person grooming identifies vulnerabilities, erodes the child's or young adult's boundaries, and builds up to acts of sexual abuse and control while convincing the world around the child or young adult that they are safe in their care. Typically, by the time abuse occurs, the individual has gained trust from the family and community and has access to alone time with the child or young adult. Due to the manipulation, children/young adults struggle to recognize and/or report the abuse. The secrecy around the relationship that the grooming has led to and the power imbalance allows for the abusive behaviors to continue. Because of its stealthy nature, grooming often goes unnoticed. Some survivors of sexual abuse explain that the grooming process was just as harmful to them as the abuse itself.

Grooming can take place in any type of relationship, often where there is a power imbalance. Grooming is discussed in the context of child sexual abuse but happens whenever one person takes advantage of another's vulnerability due to age, role, situation, or capacity to consent. These relationships include, but are not limited to, adult/child, teacher/student, employer/employee, mentor/mentee, or doctor/patient relationships. It also occurs in the context of human trafficking or teen and adult abusive intimate partner relationships.

**“IT’S NOT LIKE HE WORE A SIGN SAYING, ‘I’M A SEXUAL PREDATOR.’ HE WAS THAT COOL UNCLE.”**  
-Adam, RAINN Speakers Bureau, [rainn.org/survivor-stories](http://rainn.org/survivor-stories)

**"HE WAS SOMEONE WHO WAS ALWAYS ON MY SIDE. WHEN I WOULD GET IN TROUBLE WITH MY PARENTS, HE WOULD TELL THEM THAT I SHOULD COME OVER TO HIS HOUSE FOR THE NIGHT. MY PARENTS COULD SENSE SOMETHING WAS OFF—IT SEEMED ODD THAT I WAS SPENDING SO MUCH TIME ALONE WITH AN ADULT. THEY EVEN ASKED ME ABOUT IT, BUT I TOLD THEM THAT EVERYTHING WAS FINE. I NOW REALIZE THAT THIS WAS ALL AN EFFECT OF GROOMING."**

-Pierre, RAINN Speakers Bureau, [rainn.org/survivor-stories](http://rainn.org/survivor-stories)

## WHAT CAN I DO TO PREVENT GROOMING AND ABUSE?



If you suspect that child abuse has already occurred, it is your personal responsibility if you are a mandated reporter to make a report to the DCF careline at 1-800-842-2288.

You should not investigate suspicions or allegations of child physical or sexual abuse or evaluate the credibility or validity of such allegations as a condition for reporting. Become familiar with that responsibility as well as any other reporting mandates or policies that exist given your role.

There may be situations in which you may identify boundary crossing or potential grooming behaviors, but do not have reason to suspect abuse has occurred. In these situations, it's important to know how to intervene and how to create safe communities for preventing sexual abuse.

## WHAT ARE SOME RED FLAGS THAT SOMEONE IS GROOMING?

- 🚩 Targeting a specific individual or “type” of individual (*particular age, gender, appearance, etc.*)
- 🚩 Showing favoritism or special treatment to someone
- 🚩 Building trust with families & communities to gain increased access to the child or young adult
- 🚩 Building trust with the child or young adult, including positioning themselves as a particularly strong and safe presence in that person’s life, sometimes focused on a perceived vulnerability or need.
- 🚩 Finding excuses to spend time alone with the child or young adult
- 🚩 Isolating a child or young adult from caretakers, peers, and friends
- 🚩 Requesting that the child or young adult keeps secrets from other caregivers and friends
- 🚩 Beginning to erode physical boundaries through unnecessary physical contact with the child or young adult (*back pats or massaging, putting an arm around them, etc.*)
- 🚩 Exposing the child or young adult to sexual and/or age-inappropriate conversations, media, and behaviors
- 🚩 Giving gifts to the child or young adult without an appropriate occasion for doing so
- 🚩 Frequent contact with the child or young adult via social media or text
- 🚩 Expressing unusual interest in youth’s sexual development, such as comments on body during puberty
- 🚩 Emotionally identifying with youth, including excessive interest or engagement in children’s media or spending an excessive amount of time around youth

# CONCUSSION INFORMATION SHEET

This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.



## HEADS UP CONCUSSION



### WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

### HOW CAN I SPOT A POSSIBLE CONCUSSION?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just “don’t feel right” after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

#### SIGNS OBSERVED BY PARENTS OR COACHES

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the 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 or after a hit or fall.

#### SYMPTOMS REPORTED BY CHILDREN AND TEENS

- Headache or “pressure” in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not “feeling right,” or “feeling down.”

## WHAT ARE SOME MORE SERIOUS DANGER SIGNS TO LOOK OUT FOR?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

## WHAT SHOULD I DO IF MY CHILD OR TEEN HAS A POSSIBLE CONCUSSION?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.

## HOW CAN I HELP KEEP MY CHILDREN OR TEENS SAFE?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - » Work with their coach to teach ways to lower the chances of getting a concussion.
  - » Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
  - » Ensure that they follow their coach's rules for safety and the rules of the sport.
  - » Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



TO LEARN MORE GO TO >> [cdc.gov/HEADSUP](http://cdc.gov/HEADSUP)

JOIN THE CONVERSATION AT

↳ [www.facebook.com/CDCHEADSUP](https://www.facebook.com/CDCHEADSUP)

Content Source: CDC's HEADS UP campaign. Customizable HEADS UP fact sheets were made possible through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).



2024

### 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.

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Signature or 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.

**MUST ALSO COMPLETE PROGRAM REGISTRATION AND RELEASE ON THE NEXT PAGE**



**2024 Activity  
Program Registration**  
Email: [recreation@greenwichct.gov](mailto:recreation@greenwichct.gov)



H/H #

<b>Program Name:</b>	<b>Activity #:</b>		<b>Section #:</b>	
Participant's Name:	Gender:			
Birth date:	Age:	School:	Grade:	
Parent/Guardian:				
Address:	Town:	State:	Zip Code:	
Cell Phone:	Email:			
Additional information:				
<b>In Case of Emergency:</b>				
Name:	Phone:	Relationship:		
List any physical restriction:				
Allergies:				

**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 \_\_\_\_\_ 202\_\_\_.

**Signature of Participant:** \_\_\_\_\_  
(or Parent or Guardian for participants under 18 years of age)

<b>Date:</b>	<b>Check#</b>	<b>Receipt#</b>	<b>Proof _</b>	<b>Initials</b>
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The Town complies with all applicable federal and state laws regarding non-discrimination, equal opportunity, affirmative action, and providing reasonable accommodations for persons with disabilities. If you require an accommodation to participate, please contact the Commissioner of Human Services at 203-622-3800 or [Demetria.nelson@greenwichct.gov](mailto:Demetria.nelson@greenwichct.gov) as soon as possible.