



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)

## 2017 Fall Field Hockey Co-ed, Grades 1 - 8



**ACTIVITY NUMBER:** 30601

**DESCRIPTION:** An instructional program for grades 1 through 8. This program will focus on all the fundamentals of field hockey through practices and games. Games will be scheduled with other Town teams for grades 3 through 8 from the surrounding area, including Fairfield and Westchester Counties. **Participants in grades 1 and 2 will have a one-hour, weekly clinic on Saturdays.**

### REGISTRATION:

Online: Opens **Monday, July 24** - 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 **Monday, August 7** – application should not be postmarked earlier than August 7.

In-person: Begins **Monday August 21**– at the Parks and Recreation office. Non-residents may sign-up starting Monday August 21. Registration closes Friday, August 25 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.*

**AGE REQUIREMENT:** Must be entering 1<sup>st</sup> grade and not starting 9<sup>th</sup> grade by the start of school year.

**PROGRAM:** Program starts September 9 and ends no later than November 11. All participants will meet on Saturdays for a practice, scrimmage, or game scheduled. There will be occasional **practices** scheduled during the week (Wednesday evenings at 4:30 PM) **for grades 3 - 8.**

**LOCATION:** Saturday practices and home games will be played on Benvenuto Field (turf) at **Cos Cob Park** (22 Sound Shore Drive, Cos Cob, CT). **Local travel** will be required for participants in **grades 3 – 8** for away games that are scheduled with other Town teams.

SECTION NUMBER	GRADES	SATURDAYS @ Cos Cob Park Turf Field
A1	1 & 2	9:00 AM – 10:00 AM
A2	3 & 4	10:00 AM – 11:00 AM
A3	5 & 6	11:00 AM – 12:30 PM
A4	7 & 8	11:00 AM – 12:30 PM

**STAFF:** Experienced staff will provide instruction and coaching. All staff are required to complete a background check and are also certified through either the Positive Coaching Alliance or National Alliance for Youth Sports.

**TEAMS:** Participants will be placed on teams for games and scrimmages. Teams will be comprised of players in the grades/sections listed above. Special requests will not be guaranteed.



# 2017 Field Hockey

## Participant Information Form

Participant's Name \_\_\_\_\_

Fall 2017 Grade Level: \_\_\_\_\_ School \_\_\_\_\_

Are there any physical limitations, allergies, or physical conditions the staff or emergency personnel should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, please explain:

**Shirt Size:** Youth: Sm \_\_\_\_\_ Med \_\_\_\_\_ Lg \_\_\_\_\_ Xl \_\_\_\_\_ Adult: Sm \_\_\_\_\_ Med \_\_\_\_\_ Lg \_\_\_\_\_ Xl \_\_\_\_\_

**VOLUNTEERS:** Parents, guardians, family members and friends are encouraged to volunteer! We could not run successful recreation programs without volunteers. Extra assistance on and off the field will make this a better experience for everyone.

### VOLUNTEERS

\_\_\_\_\_ I am interested in being a team manager (helps the coaches/instructors on the field during practices and games)

\_\_\_\_\_ I am interested in serving as a team assistant (helps on the sidelines & with team communications)

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

Email \_\_\_\_\_

**FEES:** A1: **\$117.00** payable to "Town of Greenwich" – **NO REFUNDS**

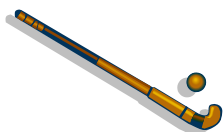
A2: **\$142.00** payable to "Town of Greenwich" – **NO REFUNDS**

A3 & A4: **\$147.00** payable to "Town of Greenwich" – **NO REFUNDS**

We accept Visa, Mastercard, and Discover credit cards at the Town Hall Recreation Office & for online registration. **There are no refunds and we do not pro-rate fees. Requests for credit from the Town 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 check.**

### COMMENTS:

- Mouth guard, eye guard, and shin guards must be worn. Bring water bottle to field.
- Players in 1<sup>st</sup> and 2<sup>nd</sup> grade are provided with sticks and balls that are returned after each Saturday session.
- Players in grades 3 - 8 must bring their own stick and ball. Everything must be well marked with players' name.
- Shirts will be provided to all participants.
- 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, send completed application, proofs (if needed), and full payment to:



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



## 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): \_\_\_\_\_

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### 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.

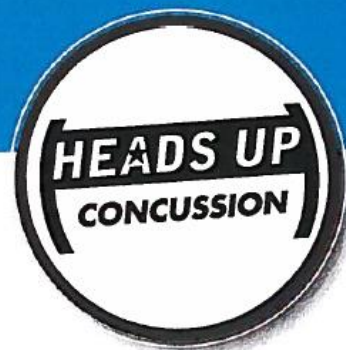
Dated at Greenwich, Connecticut, this \_\_\_\_\_ day of \_\_\_\_\_ 201\_\_.

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

---

PARENT OR GUARDIAN NAME SIGNED

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DATE

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TO LEARN MORE GO TO >> [WWW.CDC.GOV/CONCUSSION](https://www.cdc.gov/concussion)

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