



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



Co-ed Basketball Clinics 2020-21

Co-ed for Kindergarten to 5th Grade at Eastern Greenwich Civic Center (EGCC)

Co-ed for Kindergarten to 4th Grade at Bendheim Western Greenwich Civic Center (WGCC)

ACTIVITY NUMBER: 41101

DESCRIPTION: This program is designed to enhance and sharpen existing skills as well as teach new skills, strategy, techniques, and sportsmanship. Team play is stressed through half-court games. While this is a co-ed program, 95% of the participants are male. (We offer a Girls Basketball Clinic just for girls in Kindergarten – 2nd Grade. It has a separate information sheet).

REGISTRATION DATES: Opens Wednesday, October 7 online. Online registration is only available to Greenwich residents. To register online, go to www.greenwichct.gov/webtrac and select "Activities, Passes, Tickets." Mail in registration begins Tuesday, October 13. Application cannot be postmarked earlier than October 13. There is no in-person registration. Please register your child before Tuesday, November 10, 2020. Space is limited and registration is first come, first serve.

PROOF OF RESIDENCY: 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 residence. Family members participating in this program who are over 25 years of age require one current proof of Greenwich residence.

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 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.

DATES: Saturdays, November 14, 2020 - January 9, 2021. (No session on Saturday, December 26. There are 8 sessions and there is no snow date.)

LOCATION	SECTION NUMBER	GRADES	PROGRAM TIMES
EGCC	D1	K, 1	9:00 a.m. – 9:45 a.m.
	D2	K, 1	10:00 a.m. – 10:45 a.m.
	D3	2	11:00 a.m. – 12:00 p.m.
	D4	3, 4, 5	12:15 p.m. – 1:15 p.m.

LOCATION	SECTION NUMBER	GRADES	PROGRAM TIMES
Bendheim WGCC	W1	K, 1	9:00 a.m. – 9:45 a.m.
	W2	2, 3	10:00 a.m. – 11:00 p.m.
	W3	3, 4*	11:15 a.m. – 12:15 p.m.
	W4	K,1	12:30 p.m. – 1:15 p.m.

***Experienced 3rd Graders at Bendheim WGCC should register for W3 Session.**

FEE: \$140.00 payable to “Town of Greenwich” 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. We accept Visa, Master Card, American Express and Discover credit cards for online registration.

STAFF: Experienced Instructors, subject to background check and training with the National Alliance for Youth Sports.



COVID-19 RULES:

1. All Players, Coaches and Spectators will be required to wear a face mask at all times. **This means anyone in the Gym must wear a face mask.** Players must wear face mask whether participating in play or not.
2. Only one (1) parent/guest will be permitted per player – strictly enforced.
3. Group Sizes will be limited.
4. Do not bring child if he/she is exhibiting any symptoms including, cough, sore throat, difficulty breathing, fatigue, loss of taste or smell or fever.
5. Each participant must bring their own water bottle, pre-filled at home.

COMMENTS:

- Please wear sneakers, athletic socks, gym shorts or sweats.
- Clinic T-shirt will be provided.
- Enrollment is limited in each section to maximize instruction.
- Weather updates will be available on our Recreation Sports website 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 our weather hotline number at 203-861-6100, up to one half hour before your session time.
- Mail completed application with full payment to: Youth Basketball, Dept. of Parks and Recreation, P.O. Box 2540, Greenwich, CT 06836-2540.



Program Registration (please print)

Program Name **Co-Ed Basketball** Activity # **41101** Section(s) # _____

Participant's Name _____ Gender (M/F) _____

Address _____ Town _____ Zip Code _____

Birth Date _____ Age _____ Grade _____ School _____

Parent/Guardian _____ e-mail _____

Home Phone _____ Work Phone _____ Cell _____

In case of emergency notify the following:

Name _____ Phone _____ Relationship: _____

List Physical Restrictions: _____

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:

Town of Greenwich Parks and Recreation—Anti-discrimination Policy

It is the Town of Greenwich's policy to provide full, equal and nondiscriminatory access to its park facilities, beaches and recreation areas in accordance with applicable state and federal laws. The Town's park facilities, beaches and recreation areas are open to all Town residents and other members of the general public admitted thereto in accordance with, and subject to, applicable state and federal laws, and ordinances, and regulations promulgated by the Director of Parks and Recreation and the Selectmen. It is the policy of the Town of Greenwich that all Town ordinances, regulations, policies and rules with respect to the Town's park facilities, beaches and recreation areas are applied consistently without regard to race, creed, color, national origin, ancestry, sex, sexual orientation, marital status, lawful source of income, mental retardation, mental disability or physical disability, including but not limited to blindness or deafness or any other legally protected classification.

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.org as soon as possible in advance of the event.

OFFICE USE ONLY

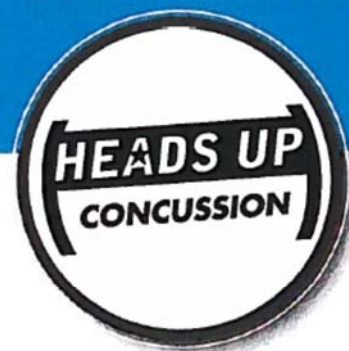
HH # _____ Check # _____ Receipt # _____ Proof _____ Initials _____

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

JOIN THE CONVERSATION ➡ www.facebook.com/CDCHeadsUp



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

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