



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)



## 2019 Summer Baseball

6's & 7's (co-ed), 8's & 9's (co-ed), 10 – 12's (boys)

ACTIVITY NUMBER: 10403

**DESCRIPTION:** Summer baseball provides 3 playing divisions: **6 & 7 year olds (Pinto)**, **8 & 9 year olds (Mustang)**, and **10 – 12 year olds (Bronco)**. These divisions vary in the following ways:

- 6 & 7, Pinto: Instructional coach-pitch for beginners.
- 8 & 9, Mustang: Combined player & coach pitching as well as instruction during game play.
- 10 – 12, Bronco: Player pitch with formal playing structure & rules. Emphasis will be on skill advancement in baseball.

\*Players in the Mustang and Bronco divisions should have prior experience playing organized baseball.

### REGISTRATION DATES:

- Online: Opens **Monday, May 13** – 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, June 3** – application should not be postmarked earlier than June 3.
- In-person: Begins **Monday, June 17** – at the Parks and Recreation Office. Non – residents may sign-up starting Monday, June 17. Registration closes Friday, June 28 or when the program has filled; space is limited.

**Proof of Greenwich residency is required once each calendar year for all Parks and Recreation programs.** The Primary account holder is required to provide two current proofs of Greenwich residency. Acceptable forms of proofs with resident name and Greenwich address are as follows: residential lease, utility bill (Gas, Electric, Water, Oil), phone, internet and/or TV service bill (No Cell/Wireless Phone Bills), credit card or bank statement (No Mortgage Statement) or valid Driver's License or Connecticut State ID card. **ALL participants** under 25, require a birth certificate or passport on file. **All non-residents must provide identification and proof of address.**

**AGES:** 6 - 12 year olds. Participants must be at least 6 years old and not turning 13 on or before April 30, 2019. Anyone new to a Parks and Recreation Baseball program, must submit proof of age (Copy of birth certificate or passport is required if not previously submitted for past program(s).

**DATES:** Season starts Monday, July 8 and continues until Friday, August 16.

**A1:** The Pinto division (6's & 7's) meets twice per week, at the same time and location, and on the same days each week for a combined practice followed by a modified game.

**A2 & A3:** Mustang (8's & 9's) and Bronco (10's – 12's) will have individual team practices scheduled at the discretion of the coaches and will play 1 – 2 games per week, mostly on weeknights at 6:00 p.m.. There may be an occasional weekend game under the lights at Teufel Field.

SECTION NUMBER	AGES
A1 (coach pitch) Pinto	6 & 7 year olds (co-ed)
A2 (player/coach pitch) Mustang	8 & 9 year olds (co-ed)
A3 (player pitch) Bronco	10 - 12 year olds (boys)

**LOCATION:** Various Town fields depending on age/division

**FEES:** A1: **\$133.00** payable to "Town of Greenwich" – **NO REFUNDS**

A2 & A3: **\$153.00** payable to "Town of Greenwich" – **NO REFUND**

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



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**SPONSORS:** Anyone who would like to sponsor a team should contact Patricia Troiano at (203) 622-2228. The cost is \$400.00 per team and the proceeds go to the Parks and Recreation Foundation Fund.

**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 is a member organization of the National Alliance for Youth Sports (NAYS) and provides certification to all coaches. Coaches will also be subject to a background check.



### **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 any clinics or meetings.

\_\_\_\_ I am not interested in head/assisting coaching, but would like to help my child's team by:

\_\_\_\_ Pitching to my child's team      \_\_\_\_ Bench Monitor

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

Email \_\_\_\_\_

### **COMMENTS:**

- Players supply their own fielding glove and bat. Catcher's equipment, baseballs, batting helmets, team shirt and hat are provided.
- 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 with full payment to:

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





## 2019 Summer Baseball



### 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 of parent or legal guardian

Relationship to participant

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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:**

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**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 T-Ball or other organized baseball?   Yes \_\_\_\_\_   No \_\_\_\_\_

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



# Program Registration (please print)

Program Name: SUMMER BASEBALL Activity # \_\_\_\_\_ Section # \_\_\_\_\_

Participant's Name \_\_\_\_\_ Gender (M/F) \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ Zip Code \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_

Specific Program Information:

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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.

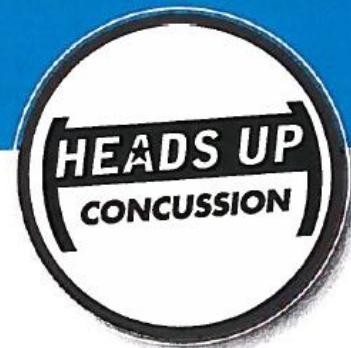
The Undersigned, the participant or parent/guardian of the above named person, who participates in programs organized by the Town of Greenwich Department of Parks and Recreation, assumes all risks and hazards incidental to the conduct of the activity and transportation to and from the activity. I am 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:

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## 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.

### SYMPOTMS 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](http://WWW.CDC.GOV/CONCUSSION)

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