

MAILING ADDRESS:

Ware Baseball c/o Patty Orszulak
26 Dugan Rd. Ware, Ma 01082

New Player _____

Returning Player _____ Prev. Team _____



WARE BASEBALL REGISTRATION FORM

Player's name: _____ Address: _____

Home Phone: _____ Cell phone: _____ Email _____

Shirt Size (Circle One): YS YM YL YXL AS AM AL AXL Other: _____

Pant Size (Circle One): YS YM YL YXL AS AM AL AXL Estimated Waist (inches): _____

AGE as of MAY 1st _____ D.O.B. _____/_____/_____

CIRCLE the age group your child will participate in (fees listed at bottom):

T-Ball (5-6yr) Minors (7-9yr) Majors (10-13yr*) Travel Ball: 10-U 12-U 14U

*Note for Majors - 13 yr old players allowed only if not playing on any other travel or town baseball team

EVALUATIONS (Date TBD) - ONLY for NEW PLAYERS entering **7-9** and **10-13** divisions

The parent or guardian of the above named child, who is a candidate for The Ware Baseball League, hereby gives approval for his/her participation in any and all of the activities of Ware Baseball. I/We do further release, absolve, indemnify and hold harmless Ware Baseball League, Town of Ware, Organizers, Sponsors, any or all of them, in case of injury to my participant. I/we waive to the extent not covered by liability insurance and claim against any person dealing with Ware Baseball or the Town of Ware, Massachusetts. I/We will furnish a birth certificate of the above named child upon request of Ware Baseball officials.

Any registration form received after the last sign-up date of **3/5/16** is subject to a **\$20.00 late registration fee.**

PARENT/GUARDIAN NAME (printed): _____

PARENT/GURADIAN NAME (Signature): _____ Date: _____

Please list any **allergies, conditions,** and or **disabilities** that may affect your participant's ability to fully participate in Ware Baseball. _____

Head or Asst Coach Interest – List Name (CORI background check required): _____

REGISTRATION FEES:

Rec League: *T-Ball - \$50 *Minors (7-9) - \$85 *Majors (10-13) - \$85



(***\$10.00 uniform return fee refunded upon return of uniform jersey & pants after season to the HEAD COACH but no later than the last uniform return day at All Star Game-Grenville Park - Date TBD**)

Travel League: (10u, 12u) - \$220 (14u) - \$275

Please make checks payable to "Ware Baseball" at mailing address 26 Dugan Rd. Ware, Ma 01082 c/o Patty Orszulak (Registrar) – Financial Aid available

Payment Date: _____ Amount Paid: _____ Check # _____ Cash _____ Received By: _____

QUESTIONS: Please call Shawn Clark 413-531-4434 or email sclark@northernconstruction.com

WARE PARK & RECREATION VOLUNTARY WAIVER AND RELEASE FORM

In consideration of the opportunity for my minor child to participate in the Town of Ware’s voluntary or recreation program (hereinafter “athletic/recreation programs”). I, _____, the undersigned parent or legal guardian of _____, a minor, do hereby consent to my child’s participation in the athletic/recreation programs of the Town of Ware and for myself and on behalf of my minor child, do **hereby and forever release, acquit, discharge, waive, hold harmless, agree not to sue and indemnify**, the Town of Ware, the Park and Recreation Commission and all the employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic/recreation programs of the Town of Ware and on behalf of the Town of Ware and/or the Parks and Recreation Commission (hereinafter “the Releasees”), liabilities of every kind and nature, including but not limited to injury or property damage, whether known or unknown, in law or equity, which I or my minor child ever had, now have, or may have, directly or indirectly, arising from or in any way related to my child’s participation in the Town of Ware voluntary athletic/recreation programs.

I understand, recognize and acknowledge that participation in the Town of Ware voluntary athletic/recreation programs are potentially hazardous. I further understand that notwithstanding precautions taken by the Releasees, participation in these voluntary athletic/recreation programs involves a potential risk of injury or other damage. I am voluntarily allowing my child to participate in these activities with knowledge of the potential risks (including injury or other damages) that is involved. I hereby agree to expressly assume and accept any and all risks associated with my child’s participation in the voluntary athletic/recreation programs of the Town of Ware. I affirm that I have read this Waiver and Release form and that I understand the contents of this Form. I understand that my child’s participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this form, I affirm that I have decided to allow my child to participate in Town of Ware athletic or recreation programs with full knowledge that the Releasees will not be liable to me, my child, or anyone for personal injuries, property damage or other loss that my child or I may suffer as a result of my child’s participation in the voluntary Town of Ware athletic/recreation programs.

I have read the above Waiver and Release and I understand that I, for myself and on behalf of my child, are giving up substantial rights by signing this document and I certify that I, for myself and on behalf of my child, have signed this document voluntarily.

Signature of Parent or Guardian

Printed Name of Parent or Guardian Signing Above

Printed Name of Minor Child

Date

Ware Baseball

Parent, Guardian, & Player Code of Conduct

Parent/Guardian - I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this Code of Conduct Pledge.

I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or other youth sports event. I will place the emotional and physical well-being of my child ahead of a personal desire to win. I will insist that my child play in a safe and healthy environment.

I will support and respect the coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all. I will demand a sports environment for my child that is free of drugs, tobacco, and alcohol, and will refrain from their use at all youth sports events. I will remember that the game is for youth-not for adults, and that I am responsible for the actions of any persons, or fans that are at a game or practice to support my child. I will do my very best to make youth sports fun for my child.

I will ask my child to treat other players, coaches, fans, and officials, with respect regardless of race, sex, creed, or ability. I promise to help my child enjoy the youth sports experience by doing whatever I can, such as being a respectable fan, or providing transportation. I will require that my child's coach upholds the Coaches' Code of Ethics.

Player - I hereby pledge to be positive about my youth sports experience and accept responsibility for my participation by following this Players' Code of Conduct Pledge:

I will encourage good sportsmanship from fellow players, coaches, officials and parents at every game and practice by demonstrating good sportsmanship. I will attend every practice and game that I can, and will notify my coach if I cannot. I will do my very best to listen and learn from my coaches.

I will treat my coaches, other players, officials and fans with respect regardless of race, sex, creed, or abilities and I will expect to be treated accordingly. I deserve to play in an environment that is free of drugs, tobacco, and alcohol and expect adults to refrain from their use at all youth sports events. I will do my very best in school. I will remember that sports are an opportunity to learn and have fun.

- **A violation of any of the above written Codes, or the Ware Baseball Bylaws, can result in the violator being brought in front of the Ware Baseball Board of Directors, and disciplinary action could follow for the violator from probation up to suspension from Ware Baseball.**

Parent Name: _____

Signature: _____

Player Name: _____

Signature: _____

Date: _____

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.

SYMPTOMS REPORTED BY ATHLETE:

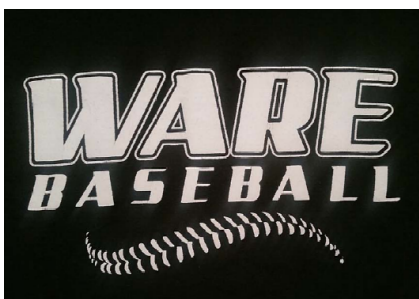
- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

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.

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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