

# 2016 YOUTH SPORTS REGISTRATION FORM

## Springfield Township Parks & Recreation

12000 Davisburg Road, Davisburg, MI 48350  
(Lower level of Springfield Township Civic Center)

Office Hours: Monday–Friday, 9am–12pm and 1–5pm.

To Register: Registration will be accepted by mail, in person or in the after hours drop box. Please include a copy of the participants' birth certificate. Make checks payable to: Springfield Township Parks & Recreation. Refunds: No refunds will be given after November 30, 2015 for Basketball; March 28, 2016 for T-Ball & Coach Pitch; April 22, 2016 for Baseball & Softball. Refunds on the registrant's part will be subject to a \$5.00 administration fee per person per league.



**Step  
This Way.  
Live.  
Learn.  
Play.**

MOTHER'S FULL NAME (OR GUARDIAN) \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

FATHER'S FULL NAME (OR GUARDIAN) \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

TOWNSHIP \_\_\_\_\_ SCHOOL \_\_\_\_\_ HOME PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

MOTHER'S PHONE (OR GUARDIAN) \_\_\_\_\_ FATHER'S PHONE (OR GUARDIAN) \_\_\_\_\_

EMERGENCY CONTACT NAME (OTHER THAN PARENT) \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ PHONE NUMBER(S) \_\_\_\_\_

CHILD/PARTICIPANT FULL NAME \_\_\_\_\_ NAME TO APPEAR ON Baseball UNIFORM \_\_\_\_\_

GENDER ( M / F ) AGE \_\_\_\_\_ GRADE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ HANDED ( L / R ) YEARS EXPERIENCE \_\_\_\_\_

If you have another child in the **same league** that you would like on the **same team**, please indicate siblings name: \_\_\_\_\_

**SPECIAL REQUEST** (We cannot guarantee specific coach or team requests): \_\_\_\_\_

### Please check the league you are registering for:

#### T-Ball/Baseball/Softball

- Co-Ed T-Ball Clinic—Age 4  
(\*must be 4 by April 30th)
- Co-Ed T-Ball—Ages 5 & 6  
(\*must be 5 by April 30th)
- Co-Ed Coach Pitch—Ages 7 & 8  
(\*must be 7 by April 30th)
- Boys Baseball—Ages 9 & 10  
(\*must be 9 by April 30th)
- Boys Baseball—Ages 11 & 12  
(\*must be 11 by April 30th)

- Boys Baseball—Ages 13 & 14  
(\*must be 13 by April 30th)
- Girls Softball—Ages 9 & 10  
(\*must be 9 by & not turn 11 before 1/1)
- Girls Softball—Ages 11 & 12  
(\*must be 11 by & not turn 13 before 1/1)
- Girls Softball—Ages 13 & 14  
(\*must be 13 by & not turn 15 before 1/1)
- Girls Softball—Ages 16U  
(\*must be 15 by & not turn 17 before 1/1)

#### Basketball

- Holly Hoops Clinic  
(\*Kind – Second Grade)
- Broncho Basketball League  
(\* 3rd & 4th Grade)
- Broncho Basketball League  
(\*5th & 6th Grade)

#### Volleyball

- Volleyball Clinic

#### Football

- Football Skills

### T-Shirt Size All participants will receive a t-shirt (choose one):

- Child X-S (2-4)  Child S (6-8)  Child M (10-12)  Child L (14-16)  Adult S  Adult M  Adult L  Adult XL

### Pant Size Only participants in baseball & softball league ages 9 & 10, 11 & 12, 13 & 14 and 15 & up will receive pants (choose one):

- Child S  Child M  Child L  Child XL  Adult S  Adult M  Adult L  Adult XL

# YOUTH SPORTS MEDICAL/INFORMATION/RELEASE FORM

KNOWN MEDICAL PROBLEMS/SPECIAL CONCERNS \_\_\_\_\_

ALLERGIES \_\_\_\_\_ MEDICATIONS \_\_\_\_\_

(\*Representatives of Springfield Township Parks & Recreation are NOT permitted to administer any medications.)

PHYSICIANS NAME \_\_\_\_\_ CITY \_\_\_\_\_ PHONE \_\_\_\_\_

HOSPITAL PREFERRED FOR EMERGENCY TREATMENT (IF ALLOWABLE) \_\_\_\_\_

HEALTH INSURANCE PROVIDER \_\_\_\_\_

I, \_\_\_\_\_ (please print parent/guardian full name), hereby give permission to Springfield Township to secure emergency medical and surgical treatment and routing, non-surgical medical care at the most available medical facility for \_\_\_\_\_ (Please print child's/participant's full name), a minor child, while under the supervision of the aforementioned entity.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

WAIVER: I verify my child is in good health and that he/she is in good physical condition and able to participate in the activity for which he/she is enrolling and has not been advised otherwise by qualified medical personnel and that all of his/her immunizations are complete and up to date. I take full responsibility for his/her health while participating in programs and activities and acknowledge that the activity sponsored by Springfield Township could be injurious to the participant and accept his/her risk with full knowledge that some programs require the assistance of un-screened volunteers. Further, I expressly grant permission and assume full responsibility for my child's participation in any field trip and/or activity connected with the program registered for. I further agree that in the event of disciplinary action or the health of my child warrants dismissal from the activity, the child will be returned home at my expense. It is further warranted that if this form is signed by one of two parents/guardians, it is with the authority and consent of the other. The undersigned, on behalf of himself/herself, or as a parent or guardian of such individual, assumes all responsibility for the above participant while enrolled in the activities sponsored by the Parks and Recreation Department of Springfield Township, with respect to any actions taken in pursuance of such activities, either before or after the activity. Moreover, it is agreed that the Township of Springfield and its several departments, officers and employees shall not be liable for nor responsible for any property damage, and/or personal injury, and/or other loss or damage suffered by the participant, and the participant, on his/her own behalf, or as parent/ guardian of participant, release and forever discharge each of such entities and persons from any and all actions, causes of actions, claims and demands with respect to any and all such damage, injury or loss. I understand that it is my responsibility to notify the Parks and Recreation Department of any changes in health which may affect the participants' participation. In the event of any injury, permission is hereby given to the Parks & Recreation Department of Springfield Township, and to the Director, or his/her agent, or employee, to see that first aid and medical attention are given to the participant, at the discretion of the Director, or his/her agent or employee, in connection with the activity in question. Video recording may be done and/or pictures may be taken at certain Parks and Recreation parks, facilities, classes, programs and/or special events, and, unless the department receives signed, written objections, videos and photos may be reproduced for publication.

PARTICIPANT SIGNATURE OR PARENT/GUARDIAN SIGNATURE (IF UNDER 18) \_\_\_\_\_ DATE \_\_\_\_\_

**\*Each Team Will Have One Head Coach, One Assistant Coach and One Sponsor; in which they can have their children all on the same team!**

**Coaches** Would you or your husband/wife be interested in volunteering to be a Head/Assistant coach?  HEAD  ASSISTANT

If Yes, I understand that I must complete the coaches' forms, undergo a background check and by doing so that it is not a guarantee that I will be a coach. I also understand that if I am selected to be a coach that I must attend all coaches meetings and clinics. If Yes, Please List Name, Phone Number & T-Shirt Size Below.

NAME \_\_\_\_\_ PHONE \_\_\_\_\_ SHIRT SIZE \_\_\_\_\_

Is there is someone who you would like to coach with please provide their name: \_\_\_\_\_

If there is a particular sponsor you would like for your team please provide their name: \_\_\_\_\_

**Sponsors** We are in need of sponsors for our teams! Would you or your husband/wife be interested in sponsoring a team?  YES  NO  
(\$175 Broncho Basketball; \$300 Holly Hoops; \$300 Broncho Championship; \$250 T-Ball Clinic, T-Ball & Coach Pitch; \$300 All Other Leagues)

Or do you know of anyone who might be interested? If Yes, Please List Company Name, Contact Person & Phone Number

COMPANY NAME \_\_\_\_\_ CONTACT \_\_\_\_\_ PHONE \_\_\_\_\_



# Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly 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 listed below after a bump, blow, or jolt to

### 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.

the head or body, s/he should be kept 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.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or “pressure” in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness ( <i>even briefly</i> )	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can’t recall events <i>prior</i> to hit or fall	Confusion
Can’t recall events <i>after</i> hit or fall	Just not “feeling right” or “feeling down”

## 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 not only does not diminish, but 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*)

## 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.*

### *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.

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

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.

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, or 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.

It's better to miss one game than the whole season. For more information on concussions, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

\_\_\_\_\_  
Student-Athlete Name Printed

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date