Wisconsin Rapids Parks & Recreation Department
T-Ball/Pitch Ball League Sign-up
* Begins March 2, 2020 *

Registration accepted until spots are full!

WISCONSIN RAPIDS

Batter up! Time to swing into a new season of baseball! And we are ready! Each player receives a T-shirt and placement on a team to practice skills and play games. (Limit of 10 players per team.) Rules are adapted for the younger child. Child needs to provide hat, glove, tennis shoes and water bottle. **Everyone gets to play in field and everyone bats! No Fundraising!**

T-Ball Tykes Division: Open to players 4-6 years old (must be 4 as of June 1, 2020). All players will develop basic skills such as hitting, fielding, throwing, catching and running the bases. Players will always bat off tee. Every player will get to play every inning!

Pitch Ball Division: Open to players 6-8 years old. Basic skills will be reviewed, but emphasis will be on sportsmanship and rules. Coaches will pitch to their own team. Every player will get to play every inning and have a chance to play all positions!

Location is Witter Field. Days are Mondays and Wednesdays.

T-Ball/Tykes Division (ages 4-6)	Pitch Ball Division (ages 6-8)
Time: 6:00-6:45 p.m.	Time: 7:00-8:00 p.m.
Dates: *June 15 – July 15	Dates: June 17 – July 15

* Teams will have their FIRST practice June 15 at 6 or 7 p.m. (Tykes only.) No games on July 1.

Snack and game schedules will be distributed with the T-shirt at the first practice. The Parks & Recreation Office will email players approximately one week before the program starts.

Registration Fees: $14 Resident, $21 Non-Resident Registration **WILL NOT** be accepted without correct fee. (Non-Resident is defined as residence located outside Wisconsin Rapids city limits; i.e., Biron, Grand Rapids, Kellner, Nekoosa, Port Edwards, Rudolph, Saratoga, etc.)

Parents: You are very important in helping to make our program successful. We need you! Please volunteer to assist or coach. Don't wait; sign up today. It is very rewarding!

T-Ball/Pitch Ball League Registration Form – Please Print

Child's Name: _____ Birthdate: _____ ☐ M ☐ F
Last, First

Address: _____ Parents' Name(s): _____
Street/City

Phone #: _____ Phone 2: _____ Email: _____

Division:
☐ T-Ball Tykes ☐ Pitch Ball

I would be willing to:
☐ Coach ☐ Assistant Coach

If coaching, a Volunteer Application must be filled out; City Policy requires all volunteers to have a background check.

I, as the legal guardian or parent of the minor child Participant, recognize and acknowledge that there are certain risks of serious injury, death and property damage. Knowing all of these risks, I agree to allow participation in this program and assume the full risk of any injuries, damage or loss which the Participant may sustain as a result of participating in any and all activities connected with or associated with this program. In consideration of participation in this event, I, individually and on behalf of any minor Participant, voluntarily release and discharge, indemnify and hold harmless, the City of Wisconsin Rapids, (its elected officials, commissions and commissioners, officers, employees, volunteers and agents), from any and all claims, liability, cost and expense, arising out of or connected to participation in this event. This waiver and release is binding on the Participant's heirs, dependents, executors, administrators and assigns. In the event of an emergency, I consent and authorize medical treatment deemed necessary for the Participant's immediate care and agree that I will be responsible for payment of any and all medical services rendered. I understand that photographs or videos may be taken of the Participant during the program. I allow the Participant's image to be used in published materials and websites that promote the City of Wisconsin Rapids Parks and Recreation Department, and I agree that I will not receive compensation for use of these photographs or videos. In the event I do not wish to have the Participant's image used, I will notify the City at time of registration.

Signature: _____ Date: _____

List player requests, allergies or special needs here: _____

The City affords individuals with disabilities an equal opportunity to participate in its programs.

Return required forms with payment to 444 West Grand Avenue, Wisconsin Rapids, WI 54495-2780. For more information, please call (715) 421-8240. **Make checks payable to "CITY OF WISCONSIN RAPIDS".**

THE FOLLOWING FORMS ARE **REQUIRED FOR REGISTRATION**:

☐ This Form ☐ Concussion Form (signed by parent) ☐ Payment ☐ Volunteer Application (if coaching)

Parent & Athlete Concussion Information Sheet

Wisconsin Rapids Parks & Recreation, 444 West Grand Avenue, Wisconsin Rapids, WI 54495-2780
Phone: (715) 421-8240 / Website: parks.wirapids.org / Email: parksdepartment@wirapids.org

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.

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 the head or body, s/he must 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 Parents/Others

- Appears dazed or stunned
- Is confused about assignment or
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Mood, behavior, or personality
- Can't recall events *prior* to hit or fall
- Can't recall events *after* hit or fall

Symptoms Reported by Athletes

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

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.

What Should You do if You Think an 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.

Parent/Guardian Agreement Statement

I have read and fully understand this information sheet regarding concussions and I agree that if it appears that my child may have sustained a concussion or head injury that he/she is to be removed from any program activity until such time that a trained medical professional can examine him/her and approve their return to play In the activity, pursuant to Section 118.293 Wisconsin Statutes relating to concussions and other head injuries. In such case, I understand that I am to provide a written clearance from a trained medical professional for my child to return to play in the activity.

Name of Athlete: _____ Sport: _____

As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions. By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

I _____ (parent/guardian) have read the Parent Concussion Information and understand what a concussion is and how it may be caused. I also understand the common signs, symptoms, and behaviors. I agree that my child must be removed from practice/play if a concussion is suspected.

I understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I understand the possible consequences of my child returning to practice/play too soon.

Parent/Guardian Signature _____ Date _____

This form must be signed by the parent/guardian prior to participation. Please return this form to Wisconsin Rapids Parks & Recreation.

Volunteer Application

Thank you for your interest in volunteering with the City of Wisconsin Rapids Parks & Recreation Department. Your application will be used to verify eligibility for a volunteer position and to register you as a volunteer with the City. It is our policy to provide equal volunteer opportunities to all. Please furnish complete and accurate information so that we can properly evaluate your application. Be aware that the use of false or misleading information or the omission of important facts may be grounds for immediate dismissal as a volunteer. You may attach any additional information that helps explain your qualifications to this application.

Name: _____ Home Phone: _____ Cell Phone: _____
Last, First, MI

Address: _____ City/State/Zip: _____

Employer/Address: _____

Job Title/Phone: _____

Are you under age 18? ❒ Yes ❒ No
If you are under 18, please provide two (2) references and attach to this application.

Have you ever been convicted of a crime (misdemeanor or felony)? ❑ Yes ❑ No

If you answered yes, please attach a separate sheet of paper and briefly describe the circumstances of your conviction, including the offense, the date, and the sentence or penalty. A conviction will not necessarily disqualify you from being a volunteer; however, it may limit where we may place you.

Emergency Contact

Name: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Liability Waiver and Release

I understand that I am offering my services to the City of Wisconsin Rapids on a volunteer basis and without compensation. I certify that all information contained in this application and attachments is true and correct to the best of my knowledge. I understand that false or misleading statements shall be sufficient grounds for disqualification as a City volunteer. I understand by signing the Volunteer Application, I hereby grant the City permission to perform a check on my background, including criminal and driving record. I understand that information collected during this background check will be limited to that appropriate to determining my suitability for particular types of volunteer work and that all such information collected during the check will be kept confidential except as otherwise provided by law. I realize that there is some risk of serious injury, or even death, and I assume all such risk. I shall release, indemnify and hold harmless the City of Wisconsin Rapids, its elected officials, employees, agents, and officers from and against all claims, demands, loss of liability of any kind or nature for any possible injury incurred during volunteer service, except I do not release reckless or so intentional tort claims. I am aware that I may terminate my volunteer participation at any time and that the City reserves the right to terminate a volunteer from their duties with or without cause at any time.

The City of Wisconsin Rapids is an Equal Opportunity Employer. We consider applicants for all positions without regard to race, religion, gender, sexual orientation, age, marital status, veteran status, disability, or any other protected status. If you need assistance at any time during this application process, please contact Human Resources at (715) 421-8215.

Signature: _____ Date: _____

Office Signature: _____ Date: _____

Availability

	Morning	Afternoon	Evening
❑ Monday	❑	❑	❑
❑ Tuesday	❑	❑	❑
❑ Wednesday	❑	❑	❑
❑ Thursday	❑	❑	❑
❑ Friday	❑	❑	❑
❑ Saturday	❑	❑	❑
❑ Sunday	❑	❑	❑

❑ Call as Needed

Volunteer Position(s)

Check all that apply:

❑ T-Ball Coach/Assistant Coach
❑ Sports Photographer
❑ Flyer Distribution
❑ Sports Aide Assistant
❑ Playing in the Park
❑ Rock Painting