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# T-BALL - 2025

## 3-5 YR OLDS

**REGISTRATION FEE: \$30.00**

**Registration Deadline: June 6, 2025**

Games begin Monday, July 7<sup>th</sup> - (GAME DAYS: Monday and Wednesday) - Times: TBA

**Please provide a batting helmet for your player if able!**

Player's Name: \_\_\_\_\_ Age as of May 1, 2024 \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Shirt Size (Youth or Adult Sizes Available): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Parent(s): \_\_\_\_\_

Home #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

*WAIVER: I, the undersigned, hereby agree to release the City of Hillsdale and their staff, coaches and other volunteers of all claims of damages, demands, or actions whatsoever in any matter arising from my child's participation in this program. I also understand that at any time I may be asked and must provide proof of my child's age. I clearly understand that if I cannot provide proof of my child's age in a timely manner, he or she will be suspended from play until I do so. In accordance with Michigan Law, I, along with my child, have read and signed the Parent/Athlete Acknowledgement concerning concussions and understand my child may not participate without a signed copy on file with Hillsdale Recreation. Photographs may be taken at certain Recreation Department activities, and, unless the department receives signed, written objections, photos may be reproduced for publication.*

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Are you willing to be a volunteer coach?** \_\_\_\_\_

(Checks can be made out to the: Hillsdale Recreation Department)

**Return this form to:**

**Hillsdale Recreation Department  
97 N. Broad St., Hillsdale, MI 49242  
(517) 437-6457**

**\*\*\*SEE BACK FOR CONCUSSION ACKNOWLEDGEMENT\*\*\***

## 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

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PARENT OR GUARDIAN NAME SIGNED

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DATE

JOIN THE CONVERSATION ➞ [www.facebook.com/CDCHeadsUp](http://www.facebook.com/CDCHeadsUp)



TO LEARN MORE GO TO >> [WWW.CDC.GOV/CONCUSSION](http://WWW.CDC.GOV/CONCUSSION)

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

**SEXUAL ABUSE AND MOLESTATION**  
**PREVENTION**

**HILLSDALE RECREATION**



*As a youth-serving organization, Hillsdale Recreation considers the safety and well-being of the youth in its programs a top priority. We prohibit abuse and strive to proactively address reports of this type of conduct, even if it means that someone will be embarrassed or upset. We want to hear about problems or concerns and we will strive to act on them in a fair way in accordance with our policies.*

**WHAT SHOULD YOU DO IF YOU SUSPECT ABUSE?**

If you suspect that an athlete has been abused (physical, sexual, or emotional) or other inappropriate conduct has occurred, report the incident to the Recreation Director who shall then report the violation to his/her supervisor.

**We will report suspected abuse to the proper law enforcement agencies.**

In order to address the prevention of abuse and any reports of such abuse, the City of Hillsdale has adopted a Youth Sexual Abuse Prevention Policy. A copy of the Policy is made available to the participant's parent/guardian at the Recreation Department as well as online at [cityofhillsdale.org](http://cityofhillsdale.org).

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PARENT/GUARDIAN NAME - PRINTED

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PARENT/GUARDIAN NAME – SIGNED

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DATE