



<b>For Office Use Only</b>	
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# MINORS SOFTBALL

## 12-14 YR OLDS

**FEE: \$70.00**

Registration Deadline: April 3, 2023

Games begin in June - TBA

(Games are Tuesdays and Fridays)

Practice Times Set by Coaches

**Players are encouraged to use their own helmet if able.**

For season updates and cancellations find us on **Facebook** and tune in to **WCSR**.

For season updates and cancellations find us on **Facebook** and listen to **WCSR**.

Player's Name: \_\_\_\_\_ Age (as of Jan. 1, 2023) \_\_\_\_\_

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

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

Shirt Size: \_\_\_\_\_ Pant Size: \_\_\_\_\_  
(Youth and Adult Sizes Available)

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. 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?** \_\_\_\_\_

*(Make Checks Payable to: Hillsdale Recreation Department)*

**Return this form to:**

Hillsdale Recreation Department

97 N. Broad St.

Hillsdale, MI 49242

(517) 437-6457

cityofhillsdale.org

**\*\*\*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

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**HEADS UP**

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

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