

**THOMASTON-UPSON COUNTY RECREATION & PARKS DEPARTMENT
YOUTH PARTICIPANT REGISTRATION FORM
Softball**

Name _____ Mailing Address _____

City _____ Are You an Upson County Resident? YES or NO

Telephone _____ Date of Birth _____ Age _____

Male _____ Female _____ Grade _____ School _____

Team Played on Last Year _____ Any siblings playing softball (name) _____

Parent's Name _____ Email Address: _____

Business Telephone: Father _____ Mother _____

Home Telephone: Father _____ Mother _____

Doctor _____ Telephone _____

Child's Physical Condition _____

(List any physical or mental handicaps or diseases such as epilepsy, heart murmur, rheumatic fever, etc. which your child may have or any other special medical information which may affect your child's participation).

Do You Participate in Armstrong School of Dance? Yes or No

All Participants please select shirt & sock size:

*Please select SHIRT SIZE: YXS YS YM YL AS AM AL AXL A2X
SOCK SIZE: XS S M L*

The Thomaston-Upson Recreation Department would like to notify parents/guardians that photos of individual players or teams will be taken for our sponsors and promotional projects.

I/We, the above parents of the above named child, hereby give my/our approval for their participation in activities during the current season. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from activities. I/We do further hereby release, absolve, indemnify and hold harmless the Thomaston-Upson County Recreation Commission, Recreation & Parks Department, the organizers of the activity, sponsors, supervisors any or all of them. In case of injury to my/our child, I/We hereby waive all claims against the organizers, the sponsors, or any of the supervisors appointed by them except to the extent covered by insurance. I/We do certify that our ward is covered by group accident or other comparable insurance.

I/We, the parents of the above named child, hereby give my/our permission to the person in charge of the activity to take my/our child to the doctor or hospital in case of injury. I/We understand I/We will be responsible for any and all cost incurred by emergency transportation or medical treatment provided. I have received the Heads Up Concussion Fact Sheet.

PARENT'S SIGNATURE _____ DATE _____ RECEIPT NO. _____

**NOTE: NO REFUNDS AFTER LEAGUE DRAFT---Must be Upson County resident to be eligible for All Stars
ALL STAR PARENTS RESPONSIBLE FOR TRANSPORTATION & LODGING
NO GUARANTEE REQUESTS CAN BE HONORED
Registration includes jersey and socks**

PARENTAL CODE OF CONDUCT & RESPONSIBILITIES

******Contract******

The Thomaston-Upson County Recreation Department would like to share with you standards, procedures and policies for our **SOFTBALL PROGRAM**. Softball may combine age groups dependent upon registration. Softball age groups play and practice at different times.

UMPIRES

Parents should not use foul or abusive language toward any umpire. Umpires are trained to make calls. At times it will be a judgment call or an opinion of that umpire. **Remember that a parent has never over ruled an official and never will.** Understand that no one (including an umpire) is perfect...umpires call games as they see them to the best of their ability. Parents' conduct should be conduct that you would want your child or other children to model. Please remember this in your tone, your words and your actions. Youngsters are watching you and will be influenced by your behavior.

PLAYERS

Your player has registered to play softball. Playing a sport requires practice, conditioning and perseverance. Playing a team sport requires having team members present at practice to be conditioned, evaluated and trained for positions. It is important for a team sport to have all members present for practice. Players may have limited playing time if they do not adequately attend and participate in practices. Recreation league rules dictate that every player will be given the opportunity to play. All players will play a minimum of 2 innings per game. But this opportunity may be rescinded if player misses practice or has disciplinary problems. Please make sure you can get your player to practices and games.

Players/parents need to let coaches know as soon as possible if they will not be able to play in a game. This will allow coach adequate time to revise team strategy. A coach may limit playing time for missed practices and games.

CONCERNS

If as a parent you have questions or concerns, please be courteous and professional. Periods prior to practices or games are not appropriate times to discuss problems you may have with your players' softball experience. Coaches should be focusing attention on practice and or the game. We suggest either a telephone call, email or arrange a time to meet/discuss concerns at a mutually convenient time. Please speak with your coach first. Follow the chain of command. If you still have concerns then bring them to the attention of the Athletic Coordinator, Wes McCard. Submit concerns in writing to him. He will review, make recommendations and respond. If after this course of action, your concerns have not been sufficiently addressed, then present your written concerns to Jeff Middlebrooks, Athletic Superintendent and Director, Mindy Daniel. They will review and respond.

PARENT CONDUCT

Enthusiasm for the sport is admirable, but controlled enthusiasm is best. Always show respect for other team players, spectators and coaches. Loud and abusive yelling will not be tolerated. Parental and spectator comments should be positive and controlled.

I (we) have read the above information and accept these conditions as part of my player's commitment to the Thomaston-Upson County Recreation Department's Youth Softball Program and acknowledge the consequences of my (our) actions.

CHILD'S NAME PARTICIPATING: _____

FATHER'S (guardian) SIGNATURE/DATE _____

MOTHER'S (guardian) SIGNATURE/DATE _____

LEGAL GUARDIAN SIGNATURE/DATE _____

Sports / Recreation - Plus ACCIDENT

INSURANCE

Standard Life and Casualty Insurance Company P.O. Box 510690 Salt Lake City, UT 84151-0690
Fax: 801-538-0392 Toll Free: 800-327-0695

VOLUNTARY \$250,000 COVERAGE

- 1) PRIMARY COVERAGE - Pays regardless of other insurance, directly to you, your doctor, or hospital.
- 2) NO DEDUCTIBLE - Pays from first visit.
- 3) ALL ACTIVITIES - Sponsored and supervised by the recreation organization - except 10-12th grade football.

The policy covers participants enrolled for activities conducted by the policyholder for bodily injury caused by accidents while:

- a. Attending or participating in any regularly scheduled or authorized group activity of the policyholder which is conducted under the supervision of a leader;
- b. Traveling with other members of the policyholder as a group under the supervision of a leader.

ACCIDENT MEDICAL EXPENSES BENEFIT \$250,000 - NO DEDUCTIBLE

Pays expenses incurred within 24 months after the date of accident for doctors, dentists, surgeons, hospitals, ambulance or registered nurse for treatment (commencing within 30 days) of any covered injury, with the following limitations:

- 1) Doctor's Calls - \$40.00 first visit and \$25.00 per daily visit thereafter for non-surgical treatment.
- 2) Surgeon's fees according to schedule - \$1,300 maximum.
- 3) Anesthesiologist - 25% of the surgical allowance.
- 4) Out-patient X-ray \$25.00 per X-ray - \$125.00 maximum.
Radiologist \$25.00 per X-ray - \$125.00 maximum.
- 5) Hospital room and board limited to \$175.00 daily maximum.
- 6) Hospital miscellaneous - \$325.00 first day confined, \$225.00 second and \$100.00 daily thereafter.
- 7) Emergency Room - \$135.00 maximum.
- 8) The maximum limit for dental expenses as result of injury to natural teeth is \$500.00.
- 9) Ambulance - \$100.00 each trip - \$200.00 maximum.

HOW THE PLAN WORKS - A policy is issued to the Recreation Organization. You will be either insured from the effective date of the policy or from the date on which premium is paid, whichever is later. Because of the small charge for this protection, there is no reduction in cost for late enrollment. Your insurance will expire at the end of the Recreation Organization's policy term.

Send All Claims To:



Standard Life and Casualty
PO Box 510690
Salt Lake City, UT 84151-0690

PARTIAL DESCRIPTION ONLY - RECREATION ORGANIZATION HAS POLICY.

ONE PREMIUM per person insures that person for ALL sports and ALL other activities in which he / she participates throughout the policy period.

Please Complete Enrollment Form & Return To The Recreation Office With Correct Premium

Through Age 18
\$10.00
Per Person

ENROLLMENT FORM

I do want _____ insured
(name)

I do not want _____ insured
(name)

X _____ Date _____
(Signature of insured, parent or guardian)

Please make check payable to your recreation organization.

ACCIDENTAL DEATH, DISMEMBERMENT AND LOSS OF SIGHT INDEMNITY

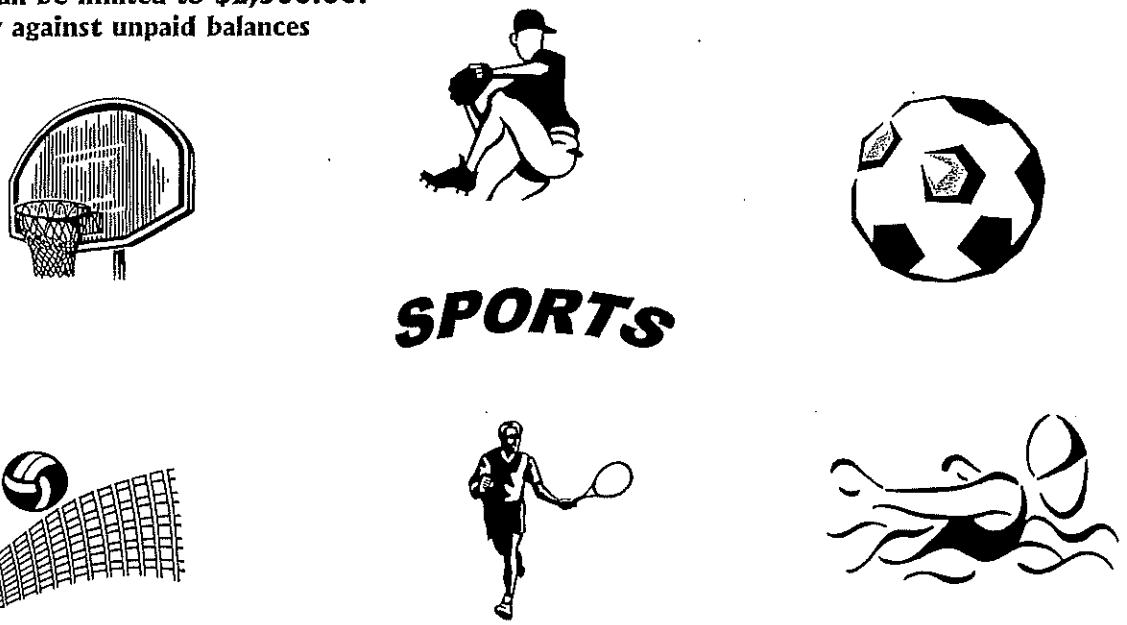
For Loss within 180 days of accident:

Life.....	\$5,000
Both hands, both feet, or sight of both eyes.....	5,000
One hand and one foot	5,000
One hand or foot, and sight of one eye	2,500
One hand or one foot.....	1,000
Sight of one eye	500
Two or more fingers or toes.....	250
One finger or one toe.....	150

NOT COVERED — (1) War, riot, civil disorder, suicide, any intentionally inflicted injury, or non-commercial air travel; (2) play, practice or travel in connection with any form of organized football in which any 10th, 11th or 12th grade student participates or adult football; (3) artificial aids such as crutches, braces, artificial limbs, hearing aids and eye glasses or prescription therefore, orthodontic treatment and appliances, or dental treatment except for injury to natural teeth, except as specifically provided for in the policy. Damage to teeth caused by biting, chewing or grinding is not covered; (4) disease, mental or bodily infirmity, aggravation of an existing condition, or hernia, regardless of cause; (5) injuries occurring while under the influence of or affected by intoxicants or narcotics; (6) insect bites, poison oak, poison ivy, warts, blisters, in-grown nails, food poisoning or any other similar condition; (7) bacterial infections except infections occurring through an open wound; (8) injuries sustained while operating or while a passenger in or on any two or three wheel motorized vehicle, or any 4-wheel motorcycles; (9) injuries resulting from fighting and/or activities in violation of any law are not covered; (10) payment of medical expenses incurred as a result of injuries suffered in automobile or motorized boat accidents shall be limited to \$2,500.00. This plan will pay against unpaid balances

according to the schedule of benefits. No benefits are payable for any expense which is paid or payable by any automobile insurance policy; (11) expense incurred for out-patient prescription drugs and medicines; (12) any charges the insured person is not legally obligated to pay; (13) elective surgery except cosmetic surgery made necessary as a result of a covered injury; (14) any loss covered under the Workmen's Compensation Act or similar law, nor confinement in a hospital owned or operated by the Federal, State, County or Local Government unless, in the absence of insurance, there is a legal obligation to pay for treatment or service; (15) traveling directly between home and the place where any activity is conducted for the purpose of attending or returning from such activity. Dependents are not covered. There is no conversion privilege.

CLAIMS — Notice of claim must be given to the Recreation Organization within thirty days after the date of the accident. The policy requires that proof of claim be filed within ninety days of loss. Claim payment can be made directly to the insured or benefits may be assigned to either a doctor or hospital. Claims will be paid promptly by the company.



2019 Girls Softball Dates

Registration:	January 16th, 17th & 18th	5:00 - 7:00 PM
Coaches Meeting: (coaches only)	<u>Monday, January 28th</u>	
	7 & 8 Yr. Old League	7:00 PM
	9 & 10 Yr. Old League	7:30 PM
	11-14 Yr. old League	8:00 PM
Try-Outs:	<u>Monday, February 4th</u>	6:30 PM
	11-14 Yr. Old League	Field #1
	<u>Tuesday, February 5th</u>	6:30 PM
	7 & 8 Yr. Old League	Field #1
	9 & 10 Yr. Old League	Field #2
Drafts(Coaches Only):	<u>Wednesday, February 6th</u>	
	7 & 8 Yr. Old League	6:00 PM
	9 & 10 Yr. Old League	7:00 PM
	11-14 Yr. Old League	8:00 PM
Practice Begins:	<u>Monday, February 11th</u>	TBA
NAYS Training: (Coaches Only)	Saturday, February 16th	10:00 - Noon
	Wednesday, February 20th	6:00 - 8:00 PM
Opening Day/ Picture Day	<u>Saturday, March 23rd</u>	
Thomaston Night/ Braves Game	<u>Saturday, April 13th</u>	
Evaluations:	<u>Monday, June 24th</u>	
	7 & 8 Yr. Old League	6:00 PM
	9 & 10 Yr. Old League	6:30 PM
	11-14 Yr. Old League	7:00 PM

Jersey and socks will be provided by the Recreation Department. Players are responsible for shorts/pants, glove and cleats.

No refunds after league draft date.

For game/practice info call the sports hotline @ 706-647-4002

Thomaston-Upson has changed to the USSSA organization, from Dixie Youth organization. Therefore, the cut off dates are different, and may affect a player's abilities to advance to a higher or remain in their previous age group. For any question on this particular change, please call the Civic Center @ 706-647-9691

A Fact Sheet for YOUTH SPORTS PARENTS



This sheet has information to help protect your children or teens from concussion or other serious brain injury.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - › Work with their coach to teach ways to lower the chances of getting a concussion.
 - › Emphasize the importance of reporting concussions and taking time to recover from one.
 - › Ensure that they follow their coach's rules for safety and the rules of the sport.
 - › Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. There is no "concussion-proof" helmet. Even with a helmet, it is important for children and teens to avoid hits to the head.

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

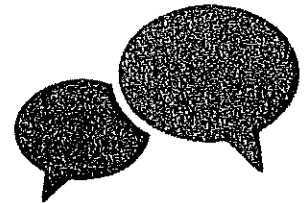
Signs Observed by Parents

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the 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 or after* a hit or fall.

Symptoms Reported by Children and Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Remind them that *it's better to miss one game than the whole season.*



Centers for Disease
Control and Prevention
National Center for Injury
Prevention and Control

GOOD TEAMMATES KNOW:

IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.

Concussions affect each child and teen differently. While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



Plan ahead.

What do you want your child or teen to know about concussion?

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.



You can also download the CDC HEADS UP app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. You may not know how serious the concussion is at first, and some symptoms may not show up for hours or days. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.

Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

Revised 12/2015



Centers for Disease
Control and Prevention
National Center for Injury
Prevention and Control

To learn more, go to www.cdc.gov/HEADSUP