



Kimberly Park & Recreation Department

426 W. Kimberly Avenue, Kimberly, WI 54136

Telephone Number: (920) 788-7507
Website: www.vokimberly.org

Fax Number: (920) 788-7509
Email: kimparkrec@gmail.com

2016 Summer Baseball Programs

Pee Wee Baseball - (ages 5 & 6 as of 8/31/2016)

This program emphasizes skill development, teamwork, baseball strategies, social interaction and game competition. Games are played on Tuesday and Thursday mornings at 9:00 & 10:00 at Roosevelt Park, June 7 thru July 21.

Village of Kimberly Resident: \$ 20.00 Non-Resident: \$ 40.00

Baseball Training Camp - (age 7 & 8 as of 8/31/2016)

This program emphasizes **advanced** skill development, teamwork, baseball strategies, and game competition. Games are played on Monday and Wednesday mornings at 9:00 & 10:00 at Roosevelt Park from June 6 thru July 20.

Village of Kimberly Resident: \$ 20.00 Non-Resident: \$ 40.00

Cub League Baseball - (age 8 - 9 - 10 as of 4/30/2016)

This instructional baseball program offers advanced skill development and challenging game competition for participants on adult coached teams. Teams play two games per week on either Mondays, Tuesdays, & Wednesdays, with Thursdays used as a makeup night. Games are held at Roosevelt & Sunset Park May thru July.

- **Skills assessment** for all first year players will be on **Wednesday, April 20 at 5:30 PM at Roosevelt Park.**

Village of Kimberly Resident: \$ 35.00 Non-Resident: \$ 55.00

The Kimberly Park & Recreation Department Baseball Programs offer options for participants age 8 to participate in the program which best meets their skill level and competitive interest.

****A \$10.00 late fee will be added to Cub League registrations received after April 1st****

Kimberly baseball hats and grey pants are required for Cub League. Although not required, they may also be purchased for participants in Pee Wee and Baseball Training Camp as well. Please enter sizes and items needed on registration page.

Kimberly Baseball Hats \$ 15.00

Grey Baseball Pants \$ 10.00

GREY PANT SIZE:

- Youth Medium
- Youth Large
- Youth X-Large

T-SHIRT SIZE:

- | | | | |
|---------------|---------|-----------------|---------|
| Youth X-Small | (2-4) | Adult Small | (34-36) |
| Youth Small | (6-8) | Adult Medium | (38-40) |
| Youth Medium | (10-12) | Adult Large | (42-44) |
| Youth Large | (14-16) | Adult – X-Large | (46-48) |
| Youth X-Large | (18) | | |

REGISTRATION:

DROP OFF: Kimberly Park & Recreation Office, 426 W. Kimberly Avenue
MAIL IN: Kimberly Park & Recreation, 515 W. Kimberly Ave., Kimberly, WI 54136

KIMBERLY PARK & RECREATION BASEBALL REGISTRATION FORM

Please PRINT CLEARLY AND FILL OUT FORM COMPLETELY Make checks payable to: VILLAGE OF KIMBERLY

PARENT(S) or GUARDIAN INFORMATION

Last Name (primary contact person):	First Name:	Date of Birth:	Primary Phone:	Secondary Phone:
Street Address:		City:	Zip Code:	E-mail:
Resident of: <input type="checkbox"/> Village of Kimberly <input type="checkbox"/> Village of Combined Locks <input type="checkbox"/> Town of Buchanan <input type="checkbox"/> Town of Harrison <input type="checkbox"/> Other _____				

Adult Coaches Needed for Cub & Minor League: Indicate here if interested in coaching or call the Park & Recreation Dept (788-7507)

Coaches Name _____ Telephone Number _____ Email _____

CHILD/CHILDRENS INFORMATION (By listing all children, allows the Kimberly Park and Recreation a complete profile of your family for future reference)

Child's First Name	Last Name (if different)	Date of Birth	M/F	Current Grade	School Presently Attending	T-Shirt Size

REGISTRATION INFORMATION (SEE Description of programs offered – registration fees – and apparel needed on first page)

Participants First Name	Program	Pants \$10.00 enter size if needed	Baseball Hat \$15.00 check if needed	Office use only

Participation Waiver: With this registration, permission is granted for participation in the various activities, and I hereby, for the participants, myself, the heirs, executors, and administrators, waiver and release any and all rights and claims for damages we may have against the Village of Kimberly, its representatives, successors, and assigns for all injuries suffered by the participants during these activities.

Concussion agreement: 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.

Parent Agreement: I have read the Parent Concussion and Head Injury 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 _____

A Fact Sheet for Parents - What is a Concussion?

A concussion is a type of brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head and can also occur from a blow to the body that causes the head and brain to move rapidly back and forth. Even what seems to be a mild bump to the head can be serious. Concussions can have a more serious effect on a young, developing brain and need to be addressed correctly. You can't see a concussion. Signs and symptoms of concussion can show up right after an injury or may not appear or be noticed until hours or days after the injury. It is important to watch for changes in how your child or teen is acting or feeling, if symptoms are getting worse, or if s/he just "doesn't feel right." Most concussions occur without loss of consciousness.

If your child or teen reports one or more of the symptoms of concussion listed below, or if you notice the symptoms yourself, seek medical attention right away. Children and teens are among those at greatest risk for concussion

Signs and symptoms of a concussion

- Appears dazed or stunned
- Is confused about events
- Answers questions slowly
- Repeats questions
- Can't recall events prior to hit bump, or fall
- Can't recall events after hit, bump, or fall
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Forgets class schedule or assignments

Physical:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Fatigue or feeling tired
- Blurry or double vision
- Sensitivity to light or noise
- Numbness or tingling
- Does not "feel right"

Thinking/Remembering:

- Difficulty thinking clearly
- Difficulty concentrating or remembering
- Feeling more slowed down
- Feeling sluggish, hazy, foggy, or groggy

Emotional:

- Irritable • Sad • Nervous
- More emotional than usual

Sleep*:

- Drowsy
- Sleeps less than usual
- Sleeps more than usual
- Has trouble falling asleep

*Only ask about sleep symptoms if the injury occurred on a prior day.

DANGER SIGNS

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

One pupil (the black part in the middle of the eye) larger than the other

- Difficult to arouse
- Severe headache or worsening headache
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech

- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

Children and teens with a concussion should NEVER return to sports or recreation activities on the same day the injury occurred. They should delay returning to their activities until a health care provider experienced in evaluating for concussion says they are symptom-free and provide written clearance to return to activity. This means, until permitted, not returning to:

Physical Education (PE) class

Sports practices or games

Physical activity at recess

What should I do if my child or teen has a concussion?

1. Seek medical attention. A health care provider experienced in evaluating for concussions can direct concussion management and review when it is safe for your child to return to normal activities, including school (concentration and learning activities) and physical activity. If your child or teen has been removed from a youth athletic activity because of a suspected concussion or head injury, they may not participate again until he/she is evaluated by a health care provider and receives written clearance to participate in the activity from the health care provider.
2. Help them take time to get better. If your child or teen has a concussion, her or his brain needs time to heal. Your child or teen should limit activities while he/she is recovering from a concussion. Exercising or doing activities that involve a lot of concentration, such as studying, using a computer, texting, or playing video games may worsen or prolong concussion symptoms (such as headache or tiredness). Rest will help your child recover more quickly. Your child may become upset that he/she cannot participate in activities.
3. Together with your child or teen, learn more about concussions. Talk about the potential long-term effects of concussion and the problems caused by returning to daily activities too quickly (especially physical activity and learning/concentration).

How can I help my child return to school safely after a concussion?

Help your child or teen get needed support when returning to school after a concussion. Talk with your child's school administrators, teachers, school nurse, coach, and counselor about your child's concussion and symptoms. Your child may feel frustrated, sad, and even angry because s/he cannot keep up with school work and learn as well after a concussion. Your child may also feel isolated from peers and social networks. Talk often with your child about these issues and offer your support and encouragement. As your child's symptoms decrease, the extra help or support can be removed gradually. Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed,
- Spend fewer hours at school,
- Be given more time to take tests or complete assignments,
- Receive help with schoolwork, and/or
- Reduce time spent reading, writing, or on the computer.

To learn more about concussion go to: www.cdc.gov/Concussion or call 1.800.CDC.INFO.