



2022 Green Bay Area Baseball Registration Form

The Green Bay area's only Babe Ruth sanctioned league

****13 yr old baseball **14/15 yr old baseball **16-19 yr old baseball**

Green Bay Area Baseball is affiliated with the National Babe Ruth League meaning that all players in the league are covered by Babe Ruth's liability and accident insurance. For more information see our website <https://greenbaybaseball.siplay.com/site/> or contact League officials at.gb.area.baseball@gmail.com

13 – 15u baseball:

Registration Payment options for 2022: If paid by 3/1- \$100 for individual players; \$1,200 per team (limit of 12 players on team. \$150/player over 12); After 3/1- \$150 for individual player; \$1,500 per team (\$175/player over 12) Note: Formed teams need to turn in rosters to jackiemthiry@yahoo.com by 3/1.

16 – 18u baseball: *You may play 16-18u as a 19yr old if you turn 19 before Jan 1, 2022*

Registration Payment options for 2022 will be same as above.

ALL FEES are used to pay for equipment, umpires, field improvement and league insurance. All board members and coaches are volunteers and are not paid.

Note: Concession stands will be the only fundraiser. Volunteer hours will be required. Buy out option will be available.

Send form and check too:

	Green Bay Area Baseball *List age of your players league* Example: 13/15uBaseball 1600 Rustic Oaks #8, Green Bay, WI 54301
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Player info:

Last Name _____ First Name _____

Age on 4/30/22 _____ Date of Birth ___/___/___

Street Address _____ City _____ Zip _____

Home Phone# _____ Cell Phone# _____

E-M ail Address/s _____ 2021 team: _____

Parent#1-

Parent #2-

Name: _____ Phone _____

Name: _____ Phone _____

email: _____

email: _____

***Returning players remain on 2021 team.

High School player attends or plans on attending:

- East/West, NEWLHS, Notre Dame, Preble, Southwest Other

If other, please indicate the reason _____

Please indicated positions played.

Pitcher _____ Catcher _____ Infield _____ Outfield _____

Interested in Coaching: email the league by March 15th for info

- Head Coach Assistant Coach

Will you try out for league traveling team (13u, 14u, 15u, 16-18u) Yes No

LEAGUE ASSESSMENTS Dates, Times, Location to be posted on League Website and emailed out to all players.

BACK SIDE OF FORM MUST BE READ AND SIGNED TO BE ELIGIBLE FOR LEAGUE ACTIVITY

PERMISSION TO PARTICIPATE

We the parents and legal guardians of the child registered on back, who is a candidate for Green Bay Area Baseball, hereby give our approval to their participation in any and all of the activities of the league during the current season. We agree to pay and assume all risks of injury, hazards & expenses incidental to the conduct of activities and the transportation to and from activities. We consent to our child's team & game action photo to be displayed on our league website. In consideration for the opportunity of our child to participate in the activities of the league, we further release, absolve, indemnify and hold harmless the Green Bay Area Baseball and its composition including but not limited to managers, coaches, fellow players, officers, scorekeepers, umpires, groundskeepers, and the City of Green Bay from all claims and causes of action relating to any injury to my child as result of their participation in Green Bay Area Babe Ruth Baseball, whether or not such injury resulted from negligence of the Green Bay Area Baseball or its composition. We hereby agree to pay registration fees and to participate in their fundraiser if applicable, or instead of participation in said fundraiser, tender a registration fee as listed on the front that is considered a donation and may be used to defray costs of the program, such as the purchase of equipment, payment of umpires and any other normal costs associated with the operation of the league. We also agree that we shall be responsible for the return of any and all uniforms and equipment issued to our child, and that if it is lost, stolen, or damaged, so as to not be useable, we will be responsible for replacement at replacement value as indicated by the league.

Parent Signature _____ Date _____

PARENT AND PLAYER CONCUSSION INFORMATION SHEET

(A new Wisconsin State Law requires this information to be disseminated to all coaches, athletes, and parents.)

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild too severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly...** In other words, even a "ding" or a bump on the head can be serious. You can't see a concussion and most sports concussions occur without loss of consciousness. Signs & symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | | | |
|-------------------------------------|--------------------------|----------------------------------|---------------------------------|
| Headaches | Don't feel right | Pressure in head | Nausea or vomiting |
| Feeling Foggy | Sadness | Fatigue or lower energy | Feeling Sluggish |
| Neck pain | Nervousness or anxiety | Balance problems or dizziness | |
| Repeating the same question/comment | Irritability | More emotional | Blurred, double or fuzzy vision |
| Confusion | Drowsiness | Sensitivity to light or noise | |
| Amnesia | Change of sleep patterns | Concentration or memory problems | |

Signs observed by teammates, parents and coaches may include:

- | | |
|---|---|
| Appears dazed, vacant facial expression | Shows behavior or personality changes |
| Confused about assignment | can't recall events prior to hit can't recall events afterhit |
| Forgets plays | Seizures or convulsions Loses consciousness |
| Slurred speech | Answers questions slowly Moves clumsily. |
| Is unsure of game, score or opponent | Any change in typical behavior or personality |

What can happen if your child keeps on playing with a concussion or returns too soon? Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries. And concussions are no different. As a result, education of coaches, parents and students is the key for an athlete's safety.

What to do if you think your child has suffered a concussion:

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. You should also inform your child's coach if you think that your child may have a concussion. Remember that it is better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

****By signing below, you are verifying that you have read this information sheet. You also verify that Green Bay Area Baseball has provided you with concussion information. Note: if your child's coach suspects a concussion, he/she will probably not be allowed to return to play and may need to be cleared by a doctor before allowed back on the field.**

Athlete Name Printed _____ Athlete Name Signed _____ Date _____

Parent or Legal Guardian Name Printed _____ Parent or Legal Guardian Signature _____