



CITY OF ORTING  
PARKS & RECREATION DEPARTMENT

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110 TRAIN ST SE, PO BOX 489, ORTING WA 98360  
Phone: (360) 893-2219 EXT. 120 • FAX: (360) 893-6809  
www.cityoforting.org

## YOUTH BASEBALL/SOFTBALL REGISTRATION FORM

**PLEASE BE SURE TO BRING THE BIRTH CERTIFICATE AND MEDICAL INFORMATION FOR LEAGUE PLAYERS. \*\*\*PLAYERS WILL NOT BE ABLE TO PLAY WITH OUT IT!\*\*\***

PLAYER'S NAME: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_

PLAYER'S D.O.B.: \_\_\_/\_\_\_/\_\_\_ **LEAGUE AGE** (As of April 30<sup>th</sup> (Girls Mod. & Reg Fastpitch as of Jan. 1st) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Street Address: \_\_\_\_\_ City \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Coach (Previous, Request or Non Request): \_\_\_\_\_ **Shirt Size: Youth/Adult** \_\_\_\_\_

SIBLING/BUDDY PLAYING IN SAME AGE GROUP? YES \_\_\_\_\_ NO \_\_\_\_\_

\*IF YES, NAME: \_\_\_\_\_

\*NOTE: U-10 & above Boys must enter a draft – siblings may have same team request. NO Buddy requests

Parents: Please check if you or anyone you know would like to volunteer as a:

Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_ Umpire \_\_\_\_\_ Sponsor \_\_\_\_\_ Team Parent \_\_\_\_\_

Name & Phone Number of Volunteer: \_\_\_\_\_

**I, the parent/guardian of the above player, WILL HEREBY AGREE TO THE FOLLOWING: To conduct myself, my family members and guests in a proper manner at all practices and games. I WILL NOT consume any tobacco or alcohol products or curse in the presence of players. I WILL NOT belittle any coach, player, official or other spectator at any sporting event or Orting Parks & Recreation function. I WILL assume all risks and hazards incidental to such participation, including transportation to and from any sporting event. I WILL also agree to turn in any and all uniforms/equipment that belongs to the Orting Parks & Recreation at the end of the season or agree to pay in full for it, at an amount determined solely by the Orting Parks & Recreation Board of Directors. I also understand there are NO refunds after the 3<sup>rd</sup> Practice of the Season. I WILL make any and ALL complaints that I may have in writing and submit them to the Orting Parks & Recreation Board of Directors at the above address. I understand any verbal complaints will not be considered. By signing below, I agree to abide by all the above and that all above information is correct on my child.**

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

<u>League/Division offered:</u>	<u>Age group:</u>	<u>Registration Fee:</u>
Shetland (T-Ball)	Boys/Girls 5 & 6 yrs old	\$55.00
Pinto (Coach Pitch)	Boys/Girls 7 & 8 yrs old	\$60.00
Girls Modified Fastpitch & Fastpitch	Girls 9 - 14 yrs old	\$70.00
Mustang (9/10)/Bronco (11/12)/Pony (13/14)	Boys 9 -14 yrs old	\$75.00

First child full fee, 2<sup>nd</sup> child \$5.00 off, 3<sup>rd</sup> child and on \$10.00 off regular fee, (does not apply to late registrations).

\*\*\*There is a late registration fee of \$10.00 per player registered late\*\*\*

Registration Fees include: Uniform (Shirt/Hat), Trophy, Use of Fields, Umpires, Restrooms, etc.

Orting Parks & Recreation Use Only

Date Received: \_\_\_/\_\_\_/\_\_\_ Concussion Form: \_\_\_\_\_ Medical Info: \_\_\_\_\_ Birth Certificate: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Rec'd By: \_\_\_\_\_

Discounted Amount: \_\_\_\_\_ Reason: \_\_\_\_\_



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**PLEASE READ AND SIGN ALL APPLICABLE RELEASES, UNSIGNED RELEASES WILL  
CONSTITUTE AN INCOMPLETE APPLICATION**

Parent/Guardian Waiver and Release (to be signed if participant is under age 18):  
I hereby grant my full consent and authorization for the above-named minor child to engage in activities offered by the Orting Parks and Recreation Department. I certify I am the parent or legal guardian of the above-named child; that I have read and understand the foregoing "Participant Waiver and Release"; and that, in consideration of the City allowing this child to participate in the Orting Parks Department's activities or use City facilities, I join in the waiver and release without reservation and agree to release and waive any claim or right of recovery I might have arising out of any injury, death or damage this child may sustain as against the City of Orting, the Orting School District, the Orting Community Center, the Orting Lions Recreation Park, all its officials, employees and agents. I agree photographs may be taken of this child during such activities and may be used for promotional purposes.

**Parent/Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Parent/Guardian Medical Consent (to be signed if participant is under age 18):  
As the parent or legal guardian, I authorize Orting Parks and Recreation Department staff to render first aid to the above-named minor child in the event of injury. Also, I authorize a licensed medical professional to examine this minor child and, in the event of injury, to render such care as he or she deems necessary for the treatment of such injury. I further authorize the Orting Parks and Recreation Department to send this child to the hospital or licensed medical professional most accessible in the event of an injury or accident.

**Parent/Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Concussion Form (separate form to be signed by both participant and parent/guardian):  
I have been given a copy of the Concussion Information Sheet as part of the Registration Form. I have read it, understand it and have signed it. I will comply with what is it saying and notify the coach and the Orting Parks and Recreation Department if I feel my child has any signs of a concussion.

**Parent/Guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Player Name: \_\_\_\_\_  
Player Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_



City of Orting Parks & Recreation  
**Concussion Information Sheet**

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 to 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 and 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	Amnesia
“Pressure in head”	“Don’t feel right”
Nausea or vomiting	Fatigue or low energy
Neck pain	Sadness
Balance problems or dizziness	Nervousness or anxiety
Blurred, double, or fuzzy vision	Irritability
Sensitivity to light or noise	More emotional
Feeling sluggish or slowed down	Confusion
Feeling foggy or groggy	Concentration or memory problems (forgetting game plays)
Drowsiness	Repeating the same question/comment
Change in sleep patterns	

**Signs observed by teammates, parents and coaches include:**

Appears dazed  
 Vacant facial expression  
 Confused about assignment  
 Forgets plays  
 Is unsure of game, score, or opponent  
 Moves clumsily or displays incoordination  
 Answers questions slowly  
 Slurred speech  
 Shows behavior or personality changes  
 Can’t recall events prior to hit  
 Can’t recall events after hit  
 Seizures or convulsions  
 Any change in typical behavior or personality  
 Loses consciousness

**What can happen if my child keeps on playing with a concussion or returns to 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 athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete’s safety.

**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. The new “Zackery Lystedt Law” in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time”

**and**

“...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child’s coach if you think that your child may have a concussion. Remember, its better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports>

By signing below, I have read the Concussion Information Sheet. I understand the information and will inform the Coach and the Orting Parks and Recreation Department if I feel there is any signs of a concussion for the player.

\_\_\_\_\_  
Athlete Name Printed                      Athlete Signature                      Date

\_\_\_\_\_  
Parent or Legal Guardian Printed                      Parent or Legal Guardian Signature                      Date