

County Commissioners of Kent County, MD * Department of Parks and Recreation

11041 Worton Rd, P.O. Box 67, Worton MD 21678 *info@kentParksAndRec.org

* KentParksAndRec.org* Facebook.com/KentParksANDRecMD* Facebook.com/KentCountyCommunityCenter

Youth Sports Registration

CO-ED Beach Volleyball, Youth Basketball, Jr. Wrestling, Road Runners Club, Youth Softball, Little Glove Bugs

Registration Open August 1st/January 2nd (Softball, Road Runners Club & Co-Ed Beach Volleyball)

\$10 Late Fee after Registration Deadline – NO EXCEPTIONS

NO REGISTRATIONS ACCEPTED AFTER OCTOBER 31st – NO EXCEPTIONS (For Fall/Winter Sports)

14 - 17 Year-Old League: Practices days vary and are subject to change once teams are formed
Cost: \$75 (resident) \$85 (non-resident). After November 18th \$85 (resident) \$95 (non-resident)

Girls & Boys Youth Basketball: Ages 6-13 Days vary beginning week of November – February
Cost: \$75 (resident) \$85 (non-resident). After Oct. 20th \$85 (resident) \$95 (non-resident)

Little Glove Bugs: Grades Pre-K- Kindergarten Days vary beginning April – early June at Worton Park
Cost: \$45 (resident) \$55 (non-resident)

Jr. Wrestling: Grades K-8 Tuesdays and Thursdays beginning November 1st at KCCC 5:15pm – 7:15pm
 Wednesdays KCHS 5p -7pm
Cost: \$75 (resident) \$85 (non-resident)

Road Runners Club: Grades 5-12 April - May from 5:30 pm – 6:30 pm Mondays & Wednesdays at KCCC & Saturdays 8:00 am - 9:00 am at Wilmer Park **Cost:** \$25 (resident) \$30 (non-resident).

Youth Softball: Ages 6-16 March - June Days vary at Worton Park
Cost: \$75.

Youth Co-Ed Beach Volleyball: Ages 10-17 March - May Days vary at Worton Park (Games Saturdays)
Cost: \$75 (resident) \$85 (non-resident).

Applying for a Scholarship?

Maximum Scholarship award for non-childcare programs is half of the registration. Scholarship awards are from September 1 – August 31 each year unless a program in which your child is enrolled ends after August (in this case the scholarship will expire at the end of the program). A new scholarship application and new supporting documentation are required each award year.

One scholarship **application** per family is required **per year** for all children eligible to participate in Kent County Parks and Recreation programs who live in the household.

If applying for a scholarship, half of the registration fee is due at the time of registration, along with the Scholarship Application and **ALL** required supporting documentation.

Notice: Program registration fees are not accepted at school sites. All payments must be made by mail, in person at the Kent County Community Center, or online <http://apm.activecommunities.com/kentparksandrec/Home> You will be required to create an account if you do not already have (never registered online for a Kent County Parks and Recreation Program before), then follow the easy steps to register for a program.

Youth Basketball League Group Practice Schedules

*** Practice Days /Times/Location subject to change once teams are formed***

Kent County M.S.	H.H. Garnett E.S.	Galena E.S.	KCCC
Monday & Wednesday 10-11 Boys @ 5:30 pm 10-11 Girls @ 6:30 pm	Monday & Wednesday 8-9 Boys @ 5:30 pm 8-9 Girls @ 6:30 pm	<i>Practice Schedule will be determined once teams are formed</i>	Tuesday & Thursday 6-7 Co-Ed @ 5:30 pm
Tuesday & Thursday 12-13 Girls @ 5:30 pm 12-13 Boys @ 6:30 pm	Tuesday & Thursday 14 -17- year-old @ 5:45 pm		

County Commissioners of Kent County, MD * Department of Parks and Recreation Youth Sports Registration

CO-ED Beach Volleyball, Youth Basketball, Jr. Wrestling, Road Runners Club, Youth Softball, Little Glove Bugs

*Please note that this may be the initial registration form, and depending on the program, additional forms may be required.
Your spot will be held pending the completion of the additional forms (if applicable).*

Registration Policies:

1. Please complete one (1) registration form for each participant and mail with payment, or for a nominal fee, register online at KentParksAndRec.org or register in person at the Community Center (no form required).
2. Registration must be completed in its entirety to be accepted.
3. Registration is accepted on a first come first served basis.
4. Refunds for all programs are subject to a \$5 processing fee and may take up to two (2) weeks to process.
5. We reserve the right to cancel or alter programs that do not meet registration requirements.

FOR OFFICE USE ONLY
Date Received: _____
Time Received: _____
Staff Initials: _____

If mailing registration, please form with payment to: Kent County Parks and Recreation, 11041 Worton Rd, P.O. Box 67, Worton, MD 21678

Participant First & Last Name / Nick Name (if any): _____ / _____

M/F: Age: Grade: Date of Birth: / / Email:

(Very important to be able to contact you with updates - please print clearly)

Parent/Guardian Full Name (if applicable): _____

Parent/Guardian Full Name (if applicable): _____

Physical and Mailing Address: _____

City, State: _____ Zip: _____

Home Phone: Work Phone: Cell Phone:

Emergency Contact/ Relationship: _____ Phone Number: _____

PLEASE PRINT CLEARLY

Medical/Health Information

Does the participant have any allergies? (If yes, please list) _____

Does the participant take any medications? (If yes, please list) _____

Does the participant have any behaviors that staff should be made aware (ADHD, ADD, ODD, etc.)? _____

Does the participant have any medical conditions staff should be made aware (Diabetes, Epilepsy, Asthma, Heart Conditions, Frequent Ear Infections, Fevers, etc.)? _____

Medical Insurance Carrier: _____ Group/Policy #: _____

Fee: \$ **Make Check or Money Order payable to County Commissioners of Kent County, MD**

Registration fee must accompany registration form to secure spot. If applying for a scholarship, fully completed application and all required supporting documents must accompany registration form.

Emergency Contacts * Must be provided in order to reach you during program hours.

Please list two (2) persons, other than the parent/guardian.

Emergency Contact #1 Name: _____

Name	Relationship to Child	Phone Numbers
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Emergency Contact #2 Name: _____

Name	Relationship to Child	Phone Numbers
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I recognize the risks of illness and injury in any exercise/physical fitness or educational program and am participating in the Parks and Recreation program upon the express agreement and understanding that I am hereby waiving and releasing Parks and Recreation, it's officers, directors, employees, and agents from any and all claims, costs, liabilities, expense or judgment, including attorney's fees and court costs (herein, collectively "claims") arising out of my participating in the aforesaid course/activity or any illness, injury, or death resulting there from and hereby agree to indemnify and hold harmless the Parks and Recreation Department from and against all such Claims except Claims proximately caused by the gross negligence or willful misconduct of Parks and Recreation. In addition, I give permission for Kent County Parks and Recreation to take photographs of my (or my child's) participation for the purpose of archives and advertising.

Participant Signature _____ Date _____ Parent/Guardian Signature (if under 18) _____ Date _____

FOR OFFICE USE ONLY

Amount Paid: \$ _____ Date: _____ Cash/Check #: _____ Staff Initials: _____ Conf date: _____

Scholarship: _____ Date entered in ActiveNet: _____ Initials of Staff: _____

Date Withdrawal Form Received: _____ Refund Date (if applicable): _____ Office Manager Initials: _____

Amount Refunded: _____ Date Refund Submitted to Finance Department: _____

If any part of the Registration Fee is retained by the Department, please explain: _____

County Commissioners of Kent County, MD *Department of Parks and Recreation Health History Form

This form is required. Please type or print clearly
REGISTRATION WILL BE DELAYED IF INFORMATION IS INCOMPLETE.

Participant's Name: _____

Child's Physician: _____
Name Phone

Has participant experienced any of the following?

Type	Yes	No	Type	Yes	No	Type	Yes	No
Eating Disorder			Menstruation Problems			Frequent Earaches		
Sleeping Disorder			Bowel/Bladder Disorder			Asthma		
Posture Problems			Eye Problems			Diabetes		
Dental Problems			Wear Glasses or Contacts			Anemia		
Skin Problems			Hearing Difficulties			Speech Problems		
Allergies			If yes, explain:					
Illness/Disability			If yes, explain:					
Behavioral Problems			If yes, explain:					
Currently taking Medicine			If yes, explain:					
Additional medical information or special conditions staff should know:								

Medical Insurance Carrier: _____ Group/Policy #: _____

Parent/Guardian Name: _____ Home # _____ Work #: _____

Emergency Contact #1 Name: _____
Name Relationship to Child Phone Numbers

Emergency Contact #2 Name: _____
Name Relationship to Child Phone Numbers

****Emergency contacts must also be listed separately on pick up Authorization Form if also authorized to pick up your child****

The above health history is correct to the best of my knowledge, and the person herein described has permission to engage in all prescribed camp activities except as noted. Authorization for treatment: I hereby give permission to the medical personnel selected by the camp director to order x-rays, routine tests, treatment, and necessary transportation for my child. In the event that I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to secure and administer treatment, including hospitalization, for my child as named above. The completed forms may be photocopied for trips out of camp.

Parent/Guardian Signature

Date

***IF YOU CAN NOT SIGN THIS FORM FOR RELIGIOUS REASONS YOU MUST PROVIDE A SIGNED LEGAL WAIVER WITH THIS FORM.**

**County Commissioners of Kent County, MD *Department of Parks and Recreation
Academic Requirement and Expectations Acknowledgement**

Participant

As a participant in Kent County youth sports, I understand the importance of school and that playing sports is a privilege to be earned, not a right freely given. I understand that quality performance in the classroom, both academically and behaviorally, is a condition for eligibility in Kent County youth sports. I will work with Kent County Parks & Recreation and my coach to uphold myself to the standards as set forth in the following criteria:

- Continued attendance in school without suspension or other serious disciplinary action

I also understand that a suspension from school is a suspension from participating in sports until such a time that I am reinstated in school. I will work in full cooperation with Kent County Parks & Recreation in this matter.

Participant Signature

Date

Parent/ Guardian

As a parent/guardian of a youth sports participant, I understand the importance of school and that playing sports is a privilege to be earned, not a right freely given. I understand that quality performance in the classroom, both academically and behaviorally, is a condition for eligibility in Kent County youth sports. I will work with Kent County Parks & Recreation and the team coach to uphold my child/participant to the standards as set forth in the following criteria:

- Continued attendance in school without suspension or other serious disciplinary action

I also understand that a suspension from school is a suspension from participating in sports until such a time that my child/participant is reinstated in school and I will inform both the head coach and the league administration of such suspensions. I will work in full cooperation with Kent County Parks & Recreation in this matter.

Parent/Guardian Signature

Date

<u>Youth Basketball Location</u> (Please circle one)			
Kent County M.S.	H.H. Garnett E.S.	Community Center	Galena E.S.
<u>Youth Basketball Shorts Size: Please Specify</u> <u>Youth or Adult (Circle One)</u>			
<u>YOUTH:</u>	Small (6-8)	Medium (10-12)	Large (14-16)
<u>ADULT:</u>	Small	Medium	Large XL * Other (Size _____)
* Additional cost may apply			
<u>All Sports: Shirt/Tank Style Shirt Size: Please Specify</u> <u>Youth or Adult (Circle One)</u>			
<u>YOUTH:</u>	Small (6-8)	Medium (10-12)	Large (14-16)
<u>ADULT:</u>	Small	Medium	Large XL * Other (Size _____)
* Additional cost may apply			
<u>Jr. Wrestling/ Road Runner Club Level of Experience: (Circle one)</u>			
Beginner (0-1 years)	Novice (1-2 years)	Experienced (2-3 years)	Advanced (4+ years)

County Commissioners of Kent County, MD * Department of Parks and Recreation
Youth Sports Waiver, Release of Liability and Uniform Policy

Please Read BEFORE Signing

In consideration of being allowed to participate in any way in Kent County Parks & recreation youth sports programs, related events and activities, the undersigned acknowledges, appreciates and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; AND
2. I KNOWINGLY AND FREELY ASSUME ALL RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; AND
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring the hazard to the attention of the nearest official immediately; AND
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS KENT COUNTY PARKS & RECREATION, their officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leasers of premises used to conduct the event ("RELEASES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE.

For Participants of Minority Age

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all Releases, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE.

Photo Consent

My signature also reflects my permission for my child to be photographed or videotaped for the purposes of advertising and archives for Kent County Parks & Recreation.

Uniform Return/Replacement Policy

Basketball, Road Runners Club, Volleyball and Softball – The basketball uniform for league play is part of the registration cost and yours to keep after the season has concluded. However, if for any reason your uniform is lost, stolen, ordered wrong size or damaged beyond repair during the playing season; a replacement fee will be charged for a replacement. A regulation uniform must be worn in order to be eligible to play in any league game or contest.

Wrestling - The wrestling singlet uniform is the property of the Kent County Parks and Recreation Department. Uniforms will be issued at the start and collected at the end of the season. Participants are responsible for the care and cleaning of this uniform. Failure to return your uniform at the end of the season will result in you being charged the full replacement cost of the uniform.

Participant's First and Last Name

Parent/Guardian Signature

Date

Failure to comply with these standards may result in disciplinary actions by the following organizations:

- City of Annapolis
- Anne Arundel County
- Arlington County
- City of Baltimore
- Baltimore County
- City of Bowie
- Calvert County
- Charles County
- City of Frederick
- City of Gaithersburg
- City of Greenbelt
- Harford County
- Howard County
- Kent County
- Maryland National Capital Park & Planning Commission
- Montgomery County
- Ocean City
- Queen Anne's County
- City of Rockville
- St. Mary's County
- City of Takoma Park
- Talbot County
- U.S. Lacrosse
- City of Westminster
- Worcester County

County Commissioners of Kent County, MD
Department of Parks and Recreation
Youth Sports Code of Conduct

As a Player, I understand that I must follow these rules to stay in good standing:

1. Respect the game, play fairly and follow rules and regulations
2. Show respect for authority to the officials of the game and of the league
3. Demonstrate good sportsmanship before, during and after the game
4. Will not post or communicate content that would harm KCPR or KCPR's reputation on Social Media
5. Be courteous to opposing teams and treat all players and coaches with respect
6. Be modest when successful and gracious in defeat
7. Respect the privilege of the use of public facilities
8. Refrain from the use of drugs, tobacco, alcohol and abusive language

Name: _____ Signature: _____ Date: _____

As a Parent/Guardian, I recognize that parents/guardians are the most important role models for their children, and that sports help to develop a sense of teamwork, self-worth and sportsmanship. As such, I agree to abide by the following:

1. Encourage good sportsmanship by demonstrating positive support for all players, coaches, fans and officials, at practices and other sporting events
2. Place the well-being of my child before a personal desire to win
3. Advocate a sports environment for my child that is free of drugs, tobacco, alcohol and abusive language, and refrain from their use during youth sporting events
4. Encourage my child to play by the rules and respect the rights of other players, coaches, fans and officials
5. Will not post or communicate content that would harm KCPR or KCPR's reputation on Social Media
6. Be responsible for my own behavior and also for the behavior of family members.

Name: _____ Signature: _____ Date: _____

As a Coach, I recognize that coaches are role models for their team members & all participants involved in the activity, and that sports help to develop a sense of teamwork, self-worth & sportsmanship. As such, I agree to abide by the following:

1. Place the emotional and physical well-being of my players ahead of a personal desire or external pressure to win
2. Will not post or communicate content that would harm KCPR or KCPR's reputation on Social Media
3. Lead by example by demonstrating fair play and sportsmanship to all involved
4. Provide a sports environment for my team that is free of drugs, tobacco, alcohol and abusive language and refrain from their use at all sporting events
5. Respect the game and league officials and communicate with them in an appropriate manner.
6. Be knowledgeable of the league rules and regulations, and teach these rules to all players on my team
7. Encourage my team members to play by the league rules and respect the rights of other players, coaches, fans and officials
8. Be responsible for my own behavior and for the behavior of my team members, their parents and fans

Name: _____ Signature: _____ Date: _____



- Equipment Requirement -

Kent County Youth Softball is concerned about player safety and will continue the following equipment policy.

Facemask Policy: All Players will be required to wear an approved Softball Facemask while they are actively participating on the field during a game.

Players that are not wearing Facemask protection will be removed from the game and will not be allowed to participate in the game until the next inning of play. That player will only be allowed to return with a Facemask on.

Refusal to wear Facemask protection will result in the ejection from the game. **If the Player refuses to wear a Facemask during a second game, that player will be removed from the team for the balance of the season. Registration monies will not be refunded.**

Acknowledgement:

Player:

Name: _____ Signature: _____ Date: _____

Parent/Guardian:

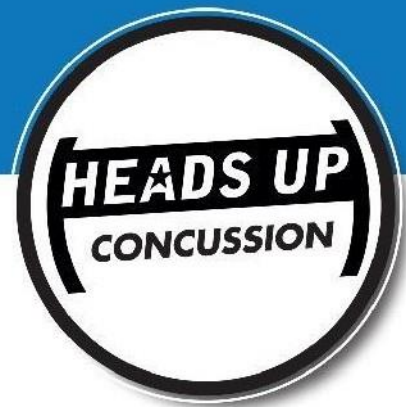
Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Program Coordinator:

Name: _____ Signature: _____ Date: _____

PARENT & ATHLETE CONCUSSION INFORMATION SHEET



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of 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 hit or fall
- Can't recall events after hit or fall

[INSERT YOUR LOGO]

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

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.

STUDENT-ATHLETE NAME PRINTED


STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

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