



Department of Parks & Recreation
 Recreation Division – P.O. Box 2540
 101 Field Point Road, Greenwich, CT 06836-2540
 Phone:203-618-7649 Email: Recreation@greenwichct.org



Girls Basketball Clinics 2021-22

Kindergarten to 2nd Grade at International School at Dundee (ISD)

ACTIVITY NUMBER: 41001

DESCRIPTION: This program is designed to introduce basketball to girls in Kindergarten – Grade 2. The program provides instruction in basic skills, such as dribbling, passing, shooting, and defense. There will be drills and some controlled half court scrimmages as an introduction to team play and the rules of the game. Adjustments are made to the height of the basketball goals.

REGISTRATION DATES:

Online: Opens Tuesday, October 5 – online registration is only available to Greenwich residents. To register online, go to www.greenwichct.gov/webtrac, and sign in to your account. This program is under “Basketball Program”.

Mail-in registration for residents: Begins Tuesday, October 12 - application should not be postmarked earlier than October 12.

Mail-in for non-residents: Begins Tuesday, October 26 - application should not be postmarked earlier than October 26. There is no in person registration. Registration closes Tuesday, November 16 or when filled. Space is limited, and registration is first come, first serve.

2021 Residency must be verified before completing this application. www.greenwichct.gov/residency.

Non-residents: primary family member and all participating family members, over 25 years, must provide identification and proof of address. Participants under 25 years, require a copy of birth certificate, passport, or guardianship.

DATES: Saturdays, November 20, 2021 – February 5, 2022. There are 9 sessions and there is no snow date. (No session on Saturdays November 27, December 25, and January 1)

LOCATION	SECTION NUMBER	GRADES	PROGRAM TIMES
ISD	G1	K -2	1:35 p.m. – 2:35 p.m.

FEE: \$140 payable to “Town of Greenwich” There are no refunds and we do not pro-rate fees. Requests for credit will only be considered if received in writing prior to the start of the program. There is a \$15 administrative fee for credits and a \$25 fee for any returned checks. We accept Visa, Master Card, American Express and Discover credit cards for online registration.

STAFF: Experienced Instructors, subject to background check and training with the National Alliance for Youth Sports.



Continued on next page.

COVID 19 REGULATIONS: (Subject to change)

- All Players, Coaches and Spectators will be required to wear a face mask at all times. This means anyone in the gym must wear a face mask. Players must wear a face mask whether participating in play or not.
- Group Sizes will be limited.
- Do not bring child if she is exhibiting any symptoms including, cough, sore throat, difficulty breathing, fatigue, loss of taste or smell or fever.
- Each participant must bring their own water bottle, pre-filled at home.

COMMENTS:

- Please wear sneakers, athletic socks, gym shorts or sweats.
- Clinic t-shirt will be provided.
- Enrollment is limited in each section to maximize instruction.
- Weather updates will be available on our Recreation Sports website at www.teamsideline.com/greenwichct. In addition, you can call our weather hotline number at 203-861-6100, up to one half hour before your session time.
- Mail completed application with full payment to: Youth Basketball, Dept. of Parks and Recreation, P.O. Box 2540, Greenwich, CT 06830.

The Parks and Recreation Department reserves the right to use program or event photographs including participants in official Town of Greenwich media only (Website, newsletter, flyers and advertisements, Facebook, and/or Instagram). Please contact the Recreation Office if you object to the use of photographs or you or your child(ren) in Town media.



Program Registration (please print)

Program Name Girls Basketball Activity # 41001 Section(s) # _____

Participant's Name _____ Gender (M/F) _____

Address _____ Town _____ Zip Code _____

Birth Date _____ Age _____ Grade _____ School _____

Parent/Guardian _____ E-mail _____

Home Phone _____ Work Phone _____ Cell _____

In case of emergency notify the following:

Name _____ Phone _____ Relationship: _____

List Physical Restriction(s): _____

INDEMNIFICATION AND RELEASE

THIS IS A LEGALLY BINDING DOCUMENT. DO NOT SIGN IT UNTIL YOU HAVE READ THE CONTENTS HEREOF AND UNDERSTAND THE SAME. IF YOU ARE IN DOUBT, CONSULT AN ATTORNEY PRIOR TO SIGNING THIS DOCUMENT.

The Undersigned (hereinafter referring to myself, my minor children or charges, my heirs and assigns) hereby agree(s) to assume a ll risk and bear all responsibility and to indemnify and hold the TOWN OF GREENWICH, its agents, representatives, servants, officers, and employees, harmless from and against any and all claims, demands, suits, proceedings, liabilities, judgments, awards, losses, damages arising out of injuries to any persons or property, including any and all costs and expenses incurred in the defense of such claims, demands, suits and proceedings including court costs and attorneys' fees resulting from, arising out of, or in any way related to or connected with my/our participation in the _____ program sponsored by the Town of Greenwich/use of Town of Greenwich property/facilities/apparatus or equipment thereof.

The Undersigned, does forever discharge the Town of Greenwich, its agents, representatives, servants, officers and employees from any and all claims including claims of negligence or carelessness, alleging damages and any and all causes of action which the Undersigned may have or may hereafter have, arising out of, related to, or in any manner connected with injuries or damages the Undersigned may sustain by reason of my participation in the above-described program or use of the Town of Greenwich property, facilities, apparatus or equipment.

The Undersigned, the participant or parent/guardian of the above named person, who participates in programs organized by the Town of Greenwich Department of Parks and Recreation, assumes all risks and hazards incidental to the conduct of the activity and transportation to and from the activity. I am aware that participating in any recreational program can be a dangerous activity involving many risks of injury. I further understand there is inherent risk associated with the(se) activity(ies) and authorize emergency medical treatment and transportation in my absence.

Dated at Greenwich, Connecticut, this _____ day of _____ 2021.

Signature of Participant or Parent or Guardian for participants under 18 years of age:

Town of Greenwich Parks and Recreation—Anti-discrimination Policy

It is the Town of Greenwich's policy to provide full, equal and nondiscriminatory access to its park facilities, beaches and recreation areas in accordance with applicable state and federal laws. The Town's park facilities, beaches and recreation areas are open to all Town residents and other members of the general public admitted thereto in accordance with, and subject to, applicable state and federal laws, and ordinances, and regulations promulgated by the Director of Parks and Recreation and the Selectmen. It is the policy of the Town of Greenwich that all Town ordinances, regulations, policies and rules with respect to the Town's park facilities, beaches and recreation areas are applied consistently without regard to race, creed, color, national origin, ancestry, sex, sexual orientation, marital status, lawful source of income, mental retardation, mental disability or physical disability, including but not limited to blindness or deafness or any other legally protected classification.

The Town complies with all applicable federal and state laws regarding non-discrimination, equal opportunity, affirmative action, and providing reasonable accommodations for persons with disabilities. If you require an accommodation to participate, please contact the Commissioner of Human Services at 203-622-3800 or demetria.nelson@greenwichct.org as soon as possible in advance of the event.

OFFICE USE ONLY

HH # _____ Check # _____ Receipt # _____ Proof _____ Initials _____

CONCUSSION INFORMATION SHEET



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

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 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 OR COACHES

- 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.”

WHAT ARE SOME MORE SERIOUS DANGERSIGNSTOLOOKOUTFOR?

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.

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. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. 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.

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.
 - ›› Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; 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. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



TO LEARN MORE GO TO >> [cdc.gov/HEADSUP](https://www.cdc.gov/HEADSUP)

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↳ www.facebook.com/CDCHEADSUP

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