



Department of Parks & Recreation – Recreation Division  
101 Field Point Road, Greenwich, CT 06836-2540 Phone:  
203-618-7649 Email: [recreation@greenwichct.org](mailto:recreation@greenwichct.org)



## 2022 Small Fry II Baseball Age 7

**ACTIVITY NUMBER:** 10401

**SECTION:** SF

**DESCRIPTION:** An instructional league for 7 year olds. Coach-pitching and instruction throughout game play is incorporated for continued learning. *\*An advanced T-Ball League is offered for **6 year olds** – see “**Small Fry I**” registration on the Town’s Recreation web page under youth programs. Additionally, a division for **8 & 9 year olds** is available: “**Junior Baseball.**”*

### REGISTRATION DATES:

- Online: Opens **Tuesday, February 1** - online registration is only available to Greenwich residents. To register online go to [www.greenwichct.gov/webtrac](http://www.greenwichct.gov/webtrac) and sign-in to your account.
- Mail-in for non-account holders/non-residents: Begins **Tuesday, February 22** - application should not be postmarked earlier than February 22. Registration closes Friday, March 18 or when the program has filled; space is limited.

2022 Residency must be verified before completing this application. [www.greenwichct.gov/residency](http://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.

**AGE REQUIREMENT:** MUST be 7 years old on/before April 30, 2022. Six year-olds NOT turning 7 on/before April 30, 2022 play in the Small Fry I League and 8 year-olds play in the Junior Baseball League (see website for information and registration). Must provide copy of birth certificate or passport if not submitted for past programs(s).

**PROGRAM:** Begins on April 9 (depending on field conditions) and continues until June 11. The first week or two, all participants will report to their assigned practice field (Saturday practices scheduled in the a.m.). Games will begin at the end of April or early May and will be played mainly on Saturday mornings at various fields in Town. Game schedules will be emailed out at the start of the season. Once games begin, practices will be scheduled at the discretion of coaches. Teams will not meet more than two times per week: 1 practice and 1 game.

**LOCATION:** Various Town fields, including Glenville, New Lebanon, & North Street Schools, and Loughlin Avenue.

**FEE:** \$136 payable to “Town of Greenwich”

We accept Visa, MasterCard, American Express, and Discover credit cards for online registration. **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.**



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**TEAMS:** Every effort is made to assign players to a team based on school and/or home address location. We make NO GUARANTEES, but will try to handle special requests or accommodations on a “first-come, first-serve” basis. Our aim is to balance teams while also providing a fun experience for the children. Volunteer coaches with a child registered will coach the team to which his/her child is assigned.

**COACHES:** Volunteer coaches are ESSENTIAL to this program. Acceptance of ALL applicants and number of teams depends on the number of volunteer coaches. Coaches will be subject to a background check.

Anyone interested in coaching must attend the following:

- Coaches meeting: **Tuesday, April 5, 5 p.m.** Location: Bendheim Western Greenwich Civic Center

**VOLUNTEER COACHES ARE ESSENTIAL TO THIS PROGRAM WITHOUT THEM THERE IS A POSSIBILITY YOUR CHILD MAY NOT HAVE A TEAM TO PLAY ON**

\_\_\_\_\_ I am interested in  **Head Coaching**  **Assistant Coaching** and will fill out the required background check and attend the clinics and meetings listed.

\_\_\_\_\_ I am not interested in head/assisting coaching, but would like to help my child’s team by:

\_\_\_\_\_ Pitching to my child’s team \_\_\_\_\_ Bench Monitor

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

**SPONSORS:** Anyone who would like to sponsor a team should contact Patricia Troiano at [ptroiano@greenwichct.org](mailto:ptroiano@greenwichct.org) or 203-532-1259. The cost is \$400 and the proceeds benefit our youth recreational programs. Checks must be made payable to the “**Greenwich Parks and Recreation Foundation.**” Sponsors will receive their logo and/or business information on the team uniform, the league schedule, and their logo with hyperlink on our sports recreation website.

**COMMENTS:**

- **COVID-19 safety measures shall be in effect as necessary and are subject to change.**
- Players supply their own fielding glove and bat. Helmets are provided, but players may bring their own.
- Team shirts and hats will be provided.
- Game schedules and weather updates will be available on our Recreation Sports website at [www.teamsideline.com/greenwichct](http://www.teamsideline.com/greenwichct). You can sign up for automated email and/or text alerts from this website. In addition, you can call the weather hotline number at 203-861-6100.
- If mailing, send completed application, full payment, and proofs (if needed) to:



Small Fry II Baseball  
 Department of Parks and  
 Recreation P.O. Box 2540  
 Greenwich, CT 06836-2540



## 2022 Small Fry II

### Consent for Treatment Form

(To be given to emergency personnel if necessary)

As parent (or legal guardian) of \_\_\_\_\_, I hereby give my consent for any emergency medical treatment as approved by his/her coach or other adult escort, in case of illness or injury while playing or in related activities. I understand that this is to prevent undue delay and to assure prompt treatment.

\_\_\_\_\_  
Signature or parent or legal guardian

\_\_\_\_\_  
Relationship to participant

\_\_\_\_\_  
Home phone

\_\_\_\_\_  
Work phone

\_\_\_\_\_  
Cell phone

\_\_\_\_\_  
Physician Name

\_\_\_\_\_  
Physician Phone

\_\_\_\_\_  
Dentist Name

\_\_\_\_\_  
Dentist Phone

Any allergies or medical/physical conditions the staff should be aware of?

YES NO If yes, please explain: \_\_\_\_\_

Parents will be notified in case of serious illness or injury as quickly as they can be reached, but this information will make immediate treatment possible.

Has your child played T-Ball? Yes \_\_\_\_\_ No \_\_\_\_\_

**MUST ALSO COMPLETE PROGRAM REGISTRATION AND RELEASE ON THE NEXT PAGE**



## 2022 Activity Program Registration

Email: [recreation@greenwichct.org](mailto:recreation@greenwichct.org)

	H/H #
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<b>Small Fry 2</b>	<b>10401</b>	<b>Section #:</b>	
Participant's Name:		Gender:	
Birth date:	Age:	School:	Grade:
Parent/Guardian:			
Address:		Town:	State:      Zip Code:
Cell Phone:		Email:	
Addition information:			
<b>In Case of Emergency:</b>			
Name:		Phone:	Relationship:
List any physical restriction:			
Allergies:			

### 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 all 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 \_\_\_\_\_ 202\_\_.

**Signature of Participant:** \_\_\_\_\_  
(or Parent or Guardian for participants under 18 years of age)

Date:	Check#	Receipt#	Proof _	Initials
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# CONCUSSION INFORMATION SHEET



**HEADS UP  
CONCUSSION**

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 DANGER SIGNS TO LOOK OUT FOR?

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](http://cdc.gov/HEADSUP)

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