



Department of Parks & Recreation  
Recreation Division  
101 Field Point Road - Greenwich, CT 06836-2540  
Phone: 203-531-8560 Email: [skatingrink@greenwichct.org](mailto:skatingrink@greenwichct.org)

# Youth Hockey League

## Dorothy Hamill Skating Rink



**ACTIVITY NUMBER:** 32207, 32208, 32209

**DESCRIPTION:** In-house Youth Hockey League

**AGES:** Co-Ed ages 5-14 – See age guidelines for specific programs on pages 2 & 3

**DATE:** The Hockey Programs run from **Thursday, October 13, 2022 to Saturday, March 4, 2023.**

**LOCATION:** Dorothy Hamill Skating Rink, Sue Merz Way

### REGISTRATION:

- Online registration begins **Monday, September 5, 2022**. Online registration is only available to Greenwich Residents. To register online go to: [www.greenwichct.gov/webtrac](http://www.greenwichct.gov/webtrac) and select “Ice Skating”.
- Resident mail-in registration begins **Monday, September 12**. Application must not be postmarked prior to September 12.
- Non-resident mail-in registration begins **Monday, September 19**. Application must not be postmarked prior to September 19.
- **There is no walk-in/in-person registration available.**
- Registration closes Saturday, December 31, 2022

We accept Visa, MasterCard, American Express and Discover credit cards for resident 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.

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.

**FEE: Residents:** The Hockey Instructional Clinic fee is \$230 and \$210 for each additional child in the family enrolled in the program. The Novice Hockey and Senior Hockey fees are \$320 and \$300 for each additional child in the family enrolled in the program.

**Non Residents:** The Hockey Instructional Clinic fee is \$250 for each participant. The Hockey and Senior Hockey fees are \$350 for each participant.

Make checks payable to “Town of Greenwich”

Mail form with full payment to:

**Department of Parks and Recreation  
Attention: Ice Skating Rink  
101 Field Point Road  
Greenwich, CT 06836-2540**

## GUIDELINES FOR SPECIFIC PROGRAMS

### **GREENWICH YOUTH HOCKEY INSTRUCTIONAL CLINIC- Activity 32207**

Offers concentrated teaching of the fundamental skills of hockey, such as skating forward and backward, stopping, power turns, stickhandling, passing and shooting. Groups are subdivided by ability on the ice to enable each skater to progress at a pace that is comfortable to the child. The Clinic is primarily offered to children ages 5 to 10, however, exceptions will be made for those children who are older, but who may be just taking up the sport. Time will be reserved for periodic, full ice scrimmages, so youngsters may try out the newly learned skills in a fun atmosphere. Sessions will be held each Saturday from **October 15, 2022 through February 25, 2023**. Players will be divided into smaller groups for instruction.

The resident fee is \$230 for the season and \$210 for each additional child in the family enrolled in the program. **ALL** non-resident participants pay \$250.

Equipment required for the Instructional Clinic is: Hockey skates, approved helmet with face shield, hockey stick, collar-type throat protector, and gloves. Full hockey equipment including hockey pants, shin pads, cup, elbow pads and shoulder pads are recommended.

**Note: Copy of Birth Certificate must accompany registration for 5 to 7 year-old registrants. COMPLETION OF SNOW PLOW SAM 1 & 2 OR BASIC 1 IS REQUIRED TO REGISTER FOR YOUTH HOCKEY INSTRUCTIONAL CLINIC**

### **GREENWICH NOVICE YOUTH HOCKEY LEAGUE- Activity 32208**

This program is a four team-structured league for players beginning to participate in a team-play environment. Most players are between the ages of 7-10, league and team placement is entirely at the discretion of the on-ice coaching staff. This league plays approximately ten games, with additional skill development and team practice times. There is a large emphasis on skill development in the areas of skating, passing and shooting, as well as work on position play and team work. Playoffs and standing are not included in the Novice Youth League. Each team will have its own coaches assigned.

The resident fee is \$320 per child, \$300 for additional family members enrolled in the program. **ALL** non-resident participants pay \$350.

Required equipment includes: Hockey skates, approved helmet with face shield, collar-type throat protector, hockey stick, hockey gloves, cup, shoulder pads, shin and elbow pads. Full hockey equipment (including hockey pants) is recommended. **This is a non-checking league.**

Sessions will be held on Thursday Evenings and Saturday Mornings beginning **October 13, 2022 through March 4, 2023**.

## **GREENWICH SENIOR YOUTH HOCKEY LEAGUE- Activity 32209**

This program is a four team-structured league for players who have some prior team experience. While most players are between the ages of 11-14, league and team placement is entirely at the discretion of the on-ice coaching staff. This league plays approximately 15 games with team practices and "Skill Development" sessions intermixed in the season. Officials, standings and scoreboard will be in use for all games. Coaches will be assigned teams for the entire season and will work on previously learned hockey skills while incorporating team philosophy and team play.

The resident fee is \$320 for each child and \$300 for additional family members enrolled in the program. **ALL** non-resident participants pay \$350.

Required equipment includes: Hockey skates, approved helmet with face shield, collar-type throat protector, hockey stick, hockey gloves, cup, shoulder pads, shin pads and elbow pads. Full hockey equipment (including hockey pants) is recommended. **This is a non-checking league.**

Sessions will be held on Thursday Evenings and Saturday Mornings beginning **October 13, 2022 through March 4, 2023.**

# 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.

**HEADS UP  
CONCUSSION**



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

JOIN THE CONVERSATION AT

↳ [www.facebook.com/CDCHEADSUP](https://www.facebook.com/CDCHEADSUP)

Content Source: CDC's HEADS UP campaign. Customizable HEADS UP fact sheets were made possible through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).



**2022 Activity  
Program Registration**  
Email: [recreation@greenwichct.org](mailto:recreation@greenwichct.org)

	H/H #
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<b>Program Name:</b>	<b>Activity #:</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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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](mailto:Demetria.nelson@greenwichct.org) as soon as possible.