

<input type="checkbox"/> Pee Wee (6 and Under boys and girls)	<input type="checkbox"/> Slow Pitch Softball (8U only)
<input type="checkbox"/> Baseball (including coach pitch)	<input type="checkbox"/> Fast Pitch Softball (10, 12, 15, 18)
Played last year for Woolridge? _____	Sex: _____
Player's Name: _____	
Address: _____	
Contact Phone Number(s): _____	
Best Contact Email(s): _____	
Player's Date of Birth: _____	Baseball: Age on 08/31/2020 _____ Softball: Age on 12/31/2019 _____

CONSENT: I/we, the parent(s)/guardian(s) of the above named participant, hereby give my/our approval to their participation in the baseball/softball program of the Woolridge Athletic Association and all organizations with which it becomes affiliated. I/we assume all risks and hazards incidental to such participation, including transportation to and from activities, and I/we do hereby waive, release, absolve, indemnify and agree to hold harmless the Woolridge Association, the Chesterfield Baseball Club, the Chesterfield Youth Softball Association, the organizers, sponsors, supervisors, participants and persons transporting my/our youth to and from activities for any claim arising out of injury to my/our youth, whether the result of negligence or any other cause, except to the extent and in the amount covered by accident or liability insurance. I/we will also furnish a copy of a Certified Birth Certificate for the above named participant upon request.

Parent/Guardian Signature	Date
Father/Guardian Chosen and Last Name: _____	
Mother/Guardian Chosen and Last Name: _____	

Uniform Size

	Youth	Youth	Youth	Youth	Youth	Adult	Adult	Adult	Adult	Adult	Adult
Pants:	XS	S	M	L	XL	S	M	Large	XL	XXL	XXXL
	Youth	Youth	Youth	Youth	Youth	Adult	Adult	Adult	Adult	Adult	Adult
Shirts:	XS	S	M	L	XL	S	M	Large	XL	XXL	XXXL

VOLUNTEERS ARE NEEDED:

Head Coach- ID No.: _____
 Asst. Coach- ID No.: _____
 Team Parent
 Field or Equipment Management

FOR WAA USE	
FEE: _____	
Check No.: _____	
Fee	B/C Included
Signature	B/C Not Required
	B/C To Be Submitted

Chesterfield County Parks and Recreation **Parents Code of Conduct**

The Chesterfield County Parks and Recreation Advisory Commission has adopted the following code of conduct as a result of its concerns for good sportsmanship in cosponsored youth activities. Youth sports can be used as an opportunity for young people to learn how to engage in healthy competition while maintaining respect for their opponents. All parties to athletic competitions should adhere to the highest standards of positive support for the contestants. By participating in Chesterfield County Youth Sport Programs, all parties must abide by the **Code of Conduct**. Violations may result in the loss of privileges at county facilities.

I (and my guests) will be a positive role model for my children and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or sporting event.

I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player or parent, such as booing and taunting, refusing to shake hands or using profane language or gestures.

I will respect the officials and their authority. I will refrain from questioning, discussing or confronting coaches during the game, and will take time to speak with the officials or coaches at an agreed upon time and place.

I will remember that children participate to have fun and that the game is for the youths, not the adults.

I will demand a sports environment for my child that is free from drugs and alcohol and will refrain from their use at all youth sports events.

I realize that the purpose of my attendance is to observe a contest and support recreation activities, not a license to verbally assault others or be generally obnoxious.

I will respect the athletic facility in which I am visiting and will not damage or deface park or school property.

I have read and understand the code of conduct and consent to abide by all listed terms.

Signature _____ **Date** _____

As the parent or guardian of (child's name) _____, who is a member of CYSA and its Member Associations, I do hereby acknowledge that my child is in good physical condition and to the best of my knowledge is without such ailments that could create and/or cause problems due to strenuous activity. For example: (asthma, migraine headaches, weak back, bad knees, prone to fainting or dizziness, diabetic, bad heart condition, extreme allergies or other physical and chronic disorders). If any, please explain, as it is to everyone's advantage that we be aware in the event of an emergency. This does not necessarily mean that the child will be unable to participate in the sport. If your child has any of the above named conditions or any other not mentioned, a doctor's release may be required.

Explain conditions and list any medications:

Medical Diagnosis	Medication	Dosage	Frequency of dosage

Allergies: _____

In case of emergency please contact:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone No.: _____ Relationship: _____

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone No.: _____ Relationship: _____

Doctor's Name: _____ Dr.'s Phone No.: _____

Hospital preference: _____ Date of last tetanus shot: _____

Name of Health Insurance Coverage Provider: _____

This is to certify that I, as the parent or guardian of _____, a player participating in the organized softball program of the Chesterfield Youth Softball Association, Inc. (CYSA) and its Member Associations, hereby grant permission to the adult manager, coach, and business manager of the team to obtain medical care, at my expense, from any licensed physician, hospital, or medical clinic for the player named herein at such times as either parent or legal guardian cannot be contacted in person or by telephone. This authorization shall include all league activities, including the period required to travel to and from those activities; and we do hereby waive, release, absolve, indemnify and agree to hold harmless the Chesterfield Youth Softball Association, Inc., its Member Associations, the organizers, supervisors, participants, and persons transporting the player to and from those activities, for any claim arising out of an injury to the player.

We further give authorization and permission for the transportation of the player named herein to a place of medical treatment in the event the player is injured or involved in an incident while participating in said softball program, if in the opinion of any adult associated with said organized softball program, that the nature of the incident is such that the player ought to be examined for the purpose of determining whether or not an injury occurred or that treatment is necessary. We further understand that in the event such transportation or emergency medical is undertaken that every reasonable effort will be made to notify either a parent or legal guardian as soon as possible.

Signature: _____

Date: _____ Relationship to child: _____

*Please include both parents/guardians names

Woolridge Athletic Association Concussion & Return to Play Policy

Effective July 1, 2014, the Virginia General Assembly approved an amendment to § 22.1-271.5 of the Code of Virginia regarding concussions. Chesterfield County now requires all cosponsored groups providing youth recreation programs, athletic instruction or events on county facilities to have concussion guidelines that follow §22.1-271.5 of the Code of Virginia.

I. Definition of Concussion

A brain injury that is characterized by an onset of impairment of cognitive and /or physical functioning, and is caused by a blow to the head, face or neck, or a blow to the body that causes a sudden jarring of the head. A concussion can occur with or without a loss of consciousness, and proper management is essential to the immediate safety and long-term future of the injured individual.

II. Signs and Symptoms

Signs observed by parents or guardians

- | | |
|--|--|
| + 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 behavior or personality changes |
| + can't recall events prior to hit or fall | |
| + can't recall events after hit or fall | |

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 |
| + confusion | + feeling sluggish, hazy, foggy, or groggy |
| + does not "feel right" | + concentration or memory problems |

III. The Gradual Return to Play Progression Program

If an athlete is suspected of having incurred a concussion during practice or play, this policy will be followed:

1. Removal from activity
2. Notification of parent/guardian regarding the incident
3. Doctor's release by a licensed health care provider required to return to practice or games with the Woolridge Athletic Association.
4. The athlete will begin gradual return to play progression which will take a minimum of 5 to 7 days to complete depending on the nature of the sport to resume full game participation, provided symptoms do not return.

IV. Acknowledgement by Parents/Guardians and Athletes

I have reviewed the information concerning concussion and return to play procedures.

Athlete Name PRINTED

Athlete Name SIGNATURE

Date

Parent/Guardian Name PRINTED

Parent/Guardian Name SIGNATURE

Date

For more information on concussions, visit: www.cdc.gov/Concussions

CHAPTER 760

An Act to amend and reenact § 22.1-271.5 of the Code of Virginia, relating to student-athletes; concussion guidelines and policies.

[H 410]

Approved April 7, 2014

Be it enacted by the General Assembly of Virginia:

1. That § 22.1-271.5 of the Code of Virginia is amended and reenacted as follows:

§ 22.1-271.5. Guidelines and policies and procedures on concussions in student-athletes.

A. The Board of Education shall develop and distribute to each local school division guidelines on policies to inform and educate coaches, student-athletes, and their parents or guardians of the nature and risk of concussions, criteria for removal from and return to play, and risks of not reporting the injury and continuing to play, *and the effects of concussions on student-athletes' academic performance.*

B. Each local school division shall develop policies and procedures regarding the identification and handling of suspected concussions in student-athletes. Such policies shall require:

1. In order to participate in any extracurricular physical activity, each student-athlete and the student-athlete's parent or guardian shall review, on an annual basis, information on concussions provided by the local school division. After having reviewed materials describing the short- and long-term health effects of concussions, each student-athlete and the student-athlete's parent or guardian shall sign a statement acknowledging receipt of such information, in a manner approved by the Board of Education; and

2. A student-athlete suspected by that student-athlete's coach, athletic trainer, or team physician of sustaining a concussion or brain injury in a practice or game shall be removed from the activity at that time. A student-athlete who has been removed from play, evaluated, and suspected to have a concussion or brain injury shall not return to play that same day nor until (i) evaluated by an appropriate licensed health care provider as determined by the Board of Education and (ii) in receipt of written clearance to return to play from such licensed health care provider. The licensed health care provider evaluating student-athletes suspected of having a concussion or brain injury may be a volunteer.

C. *Each non-interscholastic youth sports program utilizing public school property shall either (i) establish policies and procedures regarding the identification and handling of suspected concussions in student-athletes, consistent with either the local school division's policies and procedures developed in compliance with this section or the Board's Guidelines for Policies on Concussions in Student-Athletes, or (ii) follow the local school division's policies and procedures as set forth in subsection B.* In addition, local school divisions may provide the guidelines to organizations sponsoring athletic activity for student-athletes on school property. Local school divisions shall not be required to enforce compliance with such policies.

D. *As used in this section, "non-interscholastic youth sports program" means a program organized for recreational athletic competition or recreational athletic instruction for youth.*

2. That the Board of Education shall review and revise the guidelines as necessary, pursuant to subsection A of § 22.1-271.5 of the Code of Virginia, and shall work with the Virginia High School League, the Department of Health, the Virginia Athletic Trainers Association, the Virginia Physical Therapy Association, representatives of the Children's Hospital of the King's Daughters and the Children's National Medical Center, the Brain Injury Association of Virginia, the American Academy of Pediatrics, the Virginia College of Emergency Physicians, the Virginia Academy of Family Physicians, the Virginia Association of School Nurses, a representative from a non-interscholastic youth sports program, and any other interested stakeholders.

Chesterfield Youth Softball Association, Inc. And Member Associations Player Registration Form 2020

Name of Association: _____

Mail Application and Check or Money Order, payable to the appropriate Association

Player Information:

<u>Name of Child</u>	<u>Date of Birth</u>	<u>Age**</u>	<u>Age* Group</u>	<u>Ever Played CYSA before</u>	<u>How Many Years</u>	<u>Travel Ball Player?</u>
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Address: _____ City: _____ Zip: _____

*Age Groups Slow: ~~6U, 8U, 10U, 12U, 15U & 18U~~ Fast: 10F, 12F, 15F, & 18F

**AGE AS OF DECEMBER 31, 2019

Elementary School District you live in: _____ (even if they attend middle or high school)

Parents/Guardian Last Name: _____ First: _____ Phone: _____

Work: _____ Cell: _____ E-Mail Address: _____

I/We, the parent(s) or guardian(s) of the above named player, do hereby give my/our approval for his/her participation in any and all of the activities of the Chesterfield Youth Softball Association, Inc. (CYSA) or its Member Associations to the adult manager, coach, and business manager of the team to obtain medical care, at my expense, from any licensed physician, hospital, or medical clinic for the player named herein at such times as either parent or legal guardian cannot be contacted in person or by telephone. I assume all risks and hazards incidental to such participation including transportation to and from activities; and I do hereby waive, release, absolve, indemnify and agree to hold harmless CYSA, and the organizers, sponsors, supervisors, participants and persons transporting my youth to and from activities, for any claim arising out of an injury to my child, whether the result of negligence or any other cause, except to the extent and in the amount covered by accident or liability insurance. CYSA, Member Associations and all league rules and regulations bind all member and participants. All members are bound by CYSA and its Member Associations Code of Ethics. I agree to return upon request (If required), the uniform and other equipment issued in as good a condition as when received, except for normal wear and tear. I will furnish a copy of a certified birth certificate of the above child/children upon request. By my signature below, I promise to pay the participation fees to the Member Association my player is associated with this season. In the event my child's uniform is not returned, I promise to pay to have the uniform replaced. I understand that if my child's participation fees are not paid, or their uniform returned, the Member Association has the right to effect legal action to collect the money due the association. There will be a \$25.00 charge for any NSF checks presented to CYSA or its member associations. Each child will be covered by a supplementary group accident policy both during practice and the playing season. **By signing below you, your family and friends agree that you have read and agree to follow the Chesterfield County Parent Code of Conduct Form and that you have received a copy. Also, that permission is granted to CYSA to use my youth's picture in future advertisement and literature (including social media) for Chesterfield Youth Softball Association**

Father's/guardian Signature: _____ Date: _____

Mother's/guardian Signature: _____ Date: _____

If you are interested in helping with a team, please feel free to notify the head coach of your child's team. All adults associated with a team must pass a background investigation with Chesterfield County prior to the first game of the season. These forms are available from the Head Coach.

Chesterfield Youth Softball Association, Inc. * Web Site: <http://www.leaguelineup.com/cysa> * E-Mail address: [Email](#)

OFFICIAL USE ONLY

AMT DUE: _____ AMT PAID: _____ BAL DUE: _____ CHECK# _____ RECEIPT# _____