

2019 Sebring-West Branch Hot Stove Baseball League -- Registration Form

NOTE: If this is the 1st year your child is playing in the Sebring-West Branch Hot Stove league, please bring a COPY of your child's BIRTH CERTIFICATE with you to registration.

SPECIAL NOTES:

1. Registration fees are due with the registration form. Cash or check accepted. A player is not considered registered until payment is received in full and available for deposit.
2. Managers will notify players of practice dates/times (approximate starting dates for practices for each league are listed below in the fees section).
3. The regular baseball season for all our teams runs through the end of June and then there is a single elimination tournament for all our teams (except T-ball teams and optional for I League teams) which will be held on the weekends of July 6-7, July 13-14, and July 20-21 (teams play one game per day on each of these dates until eliminated). Please consider this when scheduling family summer vacations. All players are expected to complete the season, including participation in the tournament.

Is this the player's first year playing in the Sebring-West Branch Hot Stove League? (please circle) Yes / No (If yes, we need a copy of player's birth certificate).

Does player **RESIDE** in either the Sebring or West Branch School district? (please circle) Yes / No (If no, please list the school district in which the player resides _____).

Where does player **ATTEND** school? (please circle school below)

Sebring Elementary / Knox Elementary / Damascus Elementary / Sebring Jr. High / WB Middle School / Other (please list) _____

Player's Name: _____ **Player's Birthdate:** ____/____/____ **Player's Age as of 4/30/19:** _____

Player's Home Address: _____ **City:** _____ **Zip:** _____

For T-Ball/Instructional league only: T-shirt size (Youth S/M/L/XL): _____ Uniform Pant size (Youth S/M/L/XL): _____

Father's Name: _____ **Mother's Name:** _____

Player lives with (please circle one): Mother or Father or Both Other (please specify) _____

Parent(s) **Cell Phone** Number: Father _____ Mother _____

Parent(s) **Home Phone** Number, if applicable: Father _____ Mother _____

I will help by volunteering to: ☐ Manage a team ☐ Coach a team ☐ Umpire games ☐ Help with tournament

Please circle who will help: Father / mother Father / mother Father / mother Father / mother

If there are any medical problems that the manager/coach should know about, please indicate here:

Additional comments for league officials (NOTE: requests will be considered, but are NOT guaranteed to be granted):

FUNDRAISER:

- ☐ I will pay an additional \$40.00 for my child **NOT** to participate in the League Fundraiser (T-Ball thru F Leagues only)
- ☐ My child will participate in the League Fundraiser (must turn in \$40.00 from sale of raffle tickets) (T-Ball thru F Leagues only)

NOTE: If NO BOX is checked above, your child must participate by selling raffle tickets (must turn in \$40.00)

Registration Fees (excludes Fundraiser)

NOTE: NO refunds will be made after uniforms are ordered. Refunds after teams are formed will only be made with Sebring-West Branch Hot Stove Board approval. **There will be a \$30.00 fee charged for a returned check.**

T-Ball (Instructional) League (born between May 1, 2012 and April 30, 2014)...	\$50.00 (league starts in May)
I League (born between May 1, 2010 and April 30, 2012).....	\$60.00 (league starts in April)
HH/H League (born between May 1, 2008 and April 30, 2010).....	\$80.00 (league starts in March)
GG/G League (born between May 1, 2006 and April 30, 2008)	\$85.00 (league starts in March)
F League (born between May 1, 2004 and April 30, 2006)	\$90.00 (league starts in March)
EE League (born between May 1, 2002 and April 30, 2004)	\$150.00 (league starts after high school season ends)
E League (born between May 1, 2000 and April 30, 2002)	\$150.00 (league starts after high school season ends)
D League (born May 1, 2000 and earlier)	Contact us if interested

For families with (2) two or more players in F league and younger, the maximum signup cost will be \$140.00 (**excludes fundraiser**).

All late signups must be made through the President of the Sebring-West Branch Hot Stove League and are subject to availability.

Questions? Contact Mike Dyke, President (330) 501-7163 or Teresa Dyke, Treasurer (330) 501-7442

To be completed by League Representative only

Paid by: ☐ Cash ☐ Check # _____ **Total amount paid \$** _____ ☐ At family max for registration fees

Fundraiser: ☐ Opted Out of Fundraiser ☐ Paid for & completed fundraiser tickets ☐ Will pay for & receive fundraiser tickets later

Accepted by: _____ Date received: _____

Permission

As parent/guardian of _____ (Player), I hereby give my permission for said Player to participate in all activities of the Sebring-West Branch Hot Stove League (SWBHSL). I recognize the possibility of physical injury associated with these activities and for the SWBHSL accepting the Player for its baseball program and activities. I hereby release, discharge, and/or otherwise indemnify the SWBHSL, its affiliated organizations and sponsors, participants, and associated personnel, including the owners of the fields and facilities utilized by the SWBHSL, against any claim by or on behalf of the Player as a result of the Player's participation in the SWBHSL. I accept responsibility to transport Player to and from all practices and games. I have read, fully understand, and agree to comply with all terms listed on pages 1 and 2 of this document, the separate Code of Conduct Agreement form, and the separate Lindsay's Law Parent/Athlete Signature form.

Signature: _____
(Parent or Guardian)

Date: _____

Medical Consent

In the event of an emergency, I hereby give consent for the following medical care providers and local hospital to be called:

Physician: _____

Phone: _____

Dentist: _____

Phone: _____

Medical Specialist: _____

Phone: _____

Local Hospital: _____

Phone: _____

In the event reasonable attempts to contact me have been unsuccessful, I hereby give my consent for:

- 1) The administration of any treatment deemed necessary by above named Doctors, or in the event the designated preferred practitioner is not available, by another licensed physician or dentist, and
- 2) The transfer of the child to any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinion of two (2) other licensed physicians or dentists concur in the necessity for such surgery.

List below facts concerning the child's medical history including **allergies, medications being taken, and physical impairments** to which a physician should be alerted:

Signature of Parent/Guardian _____ Date _____

Address _____

City _____ State _____ Zip _____

Refusal to Consent

I do not give consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the Hot Stove League authorities to take the following action:

Signature of Parent/Guardian _____ Date _____

Address _____

City _____ State _____ Zip _____

Sebring-West Branch Hot Stove League

Code of Conduct Agreement

I hereby pledge to provide positive support, care, and encouragement for all children participants, coaches, and other parents and umpires in the Sebring-West Branch Hot Stove League.

In addition:

- I agree that I am fully responsible for my child's behavior and actions before, during, and after all practices and games.
- I understand that the Sebring-West Branch Hot Stove League possesses a ZERO TOLERANCE policy for coaches, participants, parents, and spectators in regard to inappropriate conduct and reserves the right to assess suspensions and/or prohibit attendance/participation at their discretion in order to maintain safety, appropriate conduct, and overall program integrity.
- I agree that I and my child participant must not threaten, verbally abuse, or make physical contact of an aggressive nature with any other child participants, coaches, umpires, spectators, etc.
- I agree to encourage my child to treat other players, coaches, fans, and officials with respect.
- I agree to cheer, let the coaches coach, let the umpires umpire and let the players play.
- I agree to respect the schedules of the coaches and teammates by having my ballplayer arrive on time for practices and games and will notify my coach if my ballplayer will arrive late or not be able to attend.
- I agree to be a positive role model and will not engage in public displays of anger.
- I will promote good sportsmanship by respecting opposing fans, coaches, participants, and umpires.
- I agree to respect coaching decisions regarding playing time, position and placement and will refrain from coaching any player during games.
- I will not approach players or coaches before, during or immediately after games with anything other than support. All questions/concerns regarding players or coaches will be addressed the day after the game in an atmosphere conducive to problem solving.
- I agree to file, in writing, to the Sebring-West Branch Hot Stove League and its Board of Directors, complaints regarding violation of rules, questionable conduct such as abusive behavior by a player, coach or fan and irreconcilable personality conflicts.

My signature verifies that I have read, understand, and agree to abide by this Code of Conduct Agreement. I agree and understand that the Sebring-West Branch Hot Stove League Board of Directors retains the sole authority to determine what, if any, consequences are appropriate for any conduct infraction. Consequences may include removal from practice/game, suspension, and/or removal from our League.

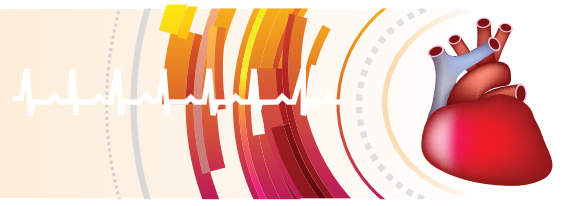
Parent Signature: _____ Date: _____

Parent name (please print) _____

Child/participant name (please print) _____

Sudden Cardiac Arrest and Lindsay's Law

Parent/Athlete Signature Form



What is Lindsay's Law? Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. It covers all athletes 19 years or younger who practice for or compete in athletic activities. Activities may be organized by a school or youth sports organization.

Which youth athletic activities are included in Lindsay's law?

- Athletics at all schools in Ohio (public and non-public)
- Any athletic contest or competition sponsored by or associated with a school
- All interscholastic athletics, including all practices, interschool practices and scrimmages
- All youth sports organizations
- All cheerleading and club sports, including noncompetitive cheerleading

What is SCA? SCA is when the heart stops beating suddenly and unexpectedly. This cuts off blood flow to the brain and other vital organs. People with SCA will die if not treated immediately. SCA can be caused by 1) a structural issue with the heart, OR 2) a heart electrical problem which controls the heartbeat, OR 3) a situation such as a person who is hit in the chest or a gets a heart infection.

What is a warning sign for SCA? If a family member died suddenly before age 50, or a family member has cardiomyopathy, long QT syndrome, Marfan syndrome or other rhythm problems of the heart.

What symptoms are a warning sign of SCA? A young athlete may have these things with exercise:

- Chest pain/discomfort
- Unexplained fainting/near fainting or dizziness
- Unexplained tiredness, shortness of breath or difficulty breathing
- Unusually fast or racing heart beats

What happens if an athlete experiences syncope or fainting before, during or after a practice, scrimmage, or competitive play? The coach MUST remove the youth athlete from activity immediately. The youth athlete MUST be seen and cleared by a health care provider before returning to activity. This written clearance must be shared with a school or sports official.

What happens if an athlete experiences any other warning signs of SCA? The youth athlete should be seen by a health care professional.

Who can evaluate and clear youth athletes? A physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist, certified nurse midwife. For school athletes, a physician's assistant or licensed athletic trainer may also clear a student. That person may refer the youth to another health care provider for further evaluation.

What is needed for the youth athlete to return to the activity? There must be clearance from the health care provider in writing. This must be given to the coach and school or sports official before return to activity.

All youth athletes and their parents/guardians must view the Ohio Department of Health (ODH) video about Sudden Cardiac Arrest, review the ODH SCA handout and then sign and return this form.

Parent/Guardian Signature

Student Signature

Parent/Guardian Name (Print)

Student Name (Print)

Date

Date