

RIDGEWOOD RECREATION

Registration Form

A United Way Partner Agency



Registration: SATURDAY, FEBRUARY 10TH, 2024

10 AM – 12 PM

IN RIDGEWOOD MIDDLE SCHOOL CAFETERIA

Registration can be completed online at <https://clubs.bluesombrero.com/ridgewoodrecreation>

Registration packets can be mailed to: Ridgewood Recreation PO Box 66 West Lafayette, OH 43845

Player must be registered/ Mail in forms must be postmarked by March 1, 2024. Any players registered after that date will be assessed a \$10 late fee.

Checks made payable to Ridgewood Recreation. Returned Check fee of \$25. There will be NO refunds made once registration has been completed.

Player must attend Ridgewood Local Schools and/or live in Ridgewood Local School District. By completing registration packet, you authorize Ridgewood Recreation to verify enrollment and/or place of residence. Player must be age eligible for the league they are signing up for.

2024 SEASON AGE GROUP AND FEES:

All ages determined by league birth date charts

Baseball:

T-Ball (can be coed): Ages 5-6

Coach Pitch: Ages 7-8

Minor League: Ages 9-10

Major League: Ages 11-12

Pony League: Ages 13-14

Softball:

6U: Ages 5-6

8U: Ages 7-8

10U: Ages 9-10

12U: Ages 11-12

14U: Ages 13-14

COST FOR T-BALL REGISTRATION IS \$40 PER PLAYER. ALL OTHER LEAGUES ARE \$70 PER PLAYER.

THERE IS NO LONGER A FAMILY FEE, HOWEVER, REGISTRATION TOTAL CAPPED AT \$150 FOR PLAYERS IN THE SAME HOUSEHOLD

*Please Note: All Ridgewood Recreation teams will now participate in the T-County leagues

Ridgewood Recreation Contact Information

Email us – ridgewoodrec@gmail.com

Follow our Facebook Page for Current Updates – Ridgewood Recreation Summer Programs

President: Tabitha Patterson

VP: Ashley Green

Treasurer: Kacey Lahna

Secretary: Rachel Miller

Baseball Director: TBD

Softball Director: Ed Wright

Board Members: April Chaney, Amber Bates, Kayla Angle

I give my child, _____, permission to participate in Ridgewood Recreation for the 2024 season.
Player's Name

Parent/Guardian Signature

Please choose the league that the player is to be registered

Please list all other players in household _____

If child played last season, please list team/coach _____

If child needs to be on the same team as a family member, please list the other person. Please be aware that we will do our best to accommodate needs but cannot guarantee any placements. _____

School Player Attends: _____ Teacher's Name: _____

Are you interested in any of the following?

Coaching Sponsoring Fence Banner Board Position

If so, Name & Contact Number _____

PLAYER'S LEGAL NAME	BIRTHDATE	SHIRT SIZE
HOME ADDRESS		
PARENT/GUARDIAN 1 NAME & PHONE NUMBER	PARENT/GUARDIAN 2 NAME & PHONE NUMBER	
RELATIONSHIP TO PLAYER	RELATIONSHIP TO PLAYER	
ADDITIONAL EMERGENCY CONTACT PERSON – NAME/ RELATIONSHIP/ PHONE NUMBER		
ALLERGIES, MEDICATIONS OR MEDICAL HISTORY THAT WE NEED TO BE AWARE OF OR A PHYSICIAN MAY NEED TO BE ALERTED TO:		
FAMILY DOCTOR & PHONE #	FAMILY DENTIST & PHONE #	HEALTH INSURANCE INFORMATION

EMERGENCY MEDICAL RELEASE:

PART I – GRANT TO CONSENT

In the event that reasonable attempts to contact me have been unsuccessful, I hereby give my permission for Ridgewood Recreation to arrange Medical Treatment for my Child. In the event that the preferred practitioner is not available, we consent for another licensed physician or dentist. We also consent to the transfer of the child to a hospital if deemed necessary. This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists concur in the necessity for such a surgery, are obtained prior to the procedure being done.

Parent/ Guardian Signature

Date

PART II – REFUSAL TO CONSENT (Do not complete if you completed Part I)

I do not give consent for emergency medical treatment for my child. In the event of an illness or injury requiring emergency medical treatment, I wish for Ridgewood Recreation to take no action.

Parent/ Guardian Signature

Date

Player Initials Parent/ Guardian Initials

_____ _____

CODE OF CONDUCT: I agree to participate in Ridgewood Recreation programs with good sportsmanship. I will conduct myself in a proper manner. This includes my actions and attitudes toward coaches, umpires, teammates, opposing teams, other parents, and members/directors of the Ridgewood Recreation board. I will represent my team, my community and Ridgewood Rec in a positive manner. Failure to comply will result in disciplinary action, up to and including being prohibited from attending Ridgewood Recreation sponsored events and/or expulsion from the league. Please remember that this is about the children learning skills and having a safe and appropriate activity to participate in. Your coaches and board members are volunteers.

_____ _____

PHOTO RELEASE: I give permission to have my child's photo used by Ridgewood Recreation. Uses can include, but are not limited to, Newspaper, Promotional Information, social media, or other publications.

OR

_____ _____

****If you wish not to allow usage of photos of your child, please initial here instead**

_____ _____

LIABILITY WAIVER: I accept and assume any and all risks associated with attending or participating in any and all events sponsored by Ridgewood Recreation. I further acknowledge and recognize that participation or attendance of any baseball/softball activities could be dangerous and result in injury. I agree to indemnify, defend and hold harmless the coaches, volunteers, directors and board of Ridgewood Recreation to any and all claims, demands, expenses and liability in the event of personal injury, death, damage or otherwise from participation or attendance. I also release the coaches, volunteers, directors and board of Ridgewood Recreation from any and all fines, liabilities or other matters arising from any baseball/ softball activities or in the presence at such facilities.

_____ _____

SOCIAL MEDIA POLICY: Ridgewood Recreation understands the importance of Social Media platforms as an important way for families to communicate. We have implemented the following procedures in regard to social media use. Be mindful of other players in your photos and posts. Refrain from posting argumentative, negative or inappropriate content in regard to players, coaches, umpires or Ridgewood Recreation board members and directors. Failure to comply by **ANYONE** associated with a Ridgewood Recreation player, or the player themselves, will result in expulsion from the league for that player.

By signing below, I state that I have read and agree to all policies listed above.

Player Name Printed

Player Signature

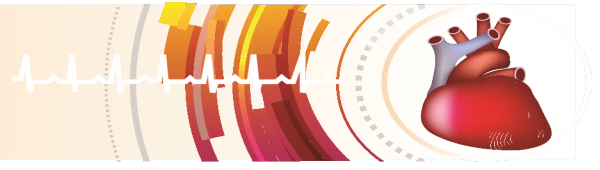
Date

Parent/Guardian Name Printed

Parent/Guardian Signature

Date

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