

Bath Charter Township Recreation Coed Flag Football Grades K-7 - 2023



Registration will take place through August 23, 2023 for any child entering kindergarten through 7th grade wishing to play Flag Football. (Bath residents will take precedence during registration.) This program is not open to DK or pre-school students.

Once again, we will be joining the Coed HYRA (Haslett Youth Recreation Area) Flag Football league. This 5v5 league provides the opportunity for everyone to score.

Practices will be held in Bath beginning the week of September 4th on either Monday or Wednesday and continue throughout the season (ending around the first of November).

All **games** will be played in Meridian Township on Sunday afternoons beginning at 1:00 p.m. Cleats for grades 2 and up are recommended but optional. **All participants must purchase and wear a mouth guard for practices and games, no exceptions.**

Meridian Township will hold a **MANDATORY** coaches meeting (late August - date to be determined) for anyone selected to coach. **Parents, please consider serving as a coach, our program is dependent on volunteer coaches and assistants.** Coaching applications are available in the Bath Township Offices and on the Township website at www.bathtownship.us/recreation. Coaches selected will be notified after registration ends.

All players must sport the Bath Township Recreation reversible jersey for games. These jerseys must be ordered when you register, for an additional fee, if your child does not already have one.

A limited number of youth scholarships are available to Bath residents and school of choice students.

Representing Bath Township, Flag Football players will be invited to participate in the Bath High School Homecoming Parade in the fall (participation is optional).

Exact game and practice dates are currently unavailable, but will be shared on the Recreation website when known.

**Bath Township Recreation
Flag Football Registration 2023**

Flag Football is open to boys and girls in grades K-7. (No DK or pre-school.)



Participant's Name: _____ Age: _____

Grade: K 1 2 3 4 5 6 7 Gender: M F Date of Birth: _____

Address: _____ City: _____ Zip: _____

Parent/Guardian Name(s): _____

Phone Number(s): _____

Email Address: _____

Years of experience: _____ Bath Resident? Yes No School of Choice Student? Yes No

Would you like to be added to our email list for future Recreation information? Yes No

I cannot practice on Mondays/Wednesdays (circle one) from _____ to _____.

If you are interested in coaching or assisting, you must obtain a coaching application from the Bath Township Offices or on the Township website and return it by the end of registration. Coaches and volunteers selected will be notified following the end of registration.

I would be interested in coaching or volunteering (circle one).

Name: _____ **Shirt Size (Adult): S M L XL 2XL**

Contact Info (if not the same as above): _____

**A Mandatory Coaches Meeting will be held with Meridian Township.
You will be notified when the date/time is set.**

Important Emergency Care Permission

In case of illness or injury, contact one of the following persons in the order indicated:

1. _____ Phone: _____

2. _____ Phone: _____

3. _____ Phone: _____

To participate, you must read and sign below.

Release of Liability

In case of serious injury or illness, I hereby request that authorized personnel transport myself/child directly to the nearest hospital, or send by ambulance if needed, and I will assume all financial obligations. I hereby give my consent for the above participant/myself to engage in this activity, and understand the possibility of injury as a result of said activity.

In consideration of participation in this activity the undersigned intends to be legally bound for themselves and their heirs, executors and administrators, and waive and release any and all claims and causes of action for any injuries and damages they may have against Bath Charter Township, its officials, representatives, volunteers, successors and assigns for any and all injuries or damages suffered in the connection with this program.

Consent to Photograph/Videotape and Disseminate Without Compensation

I hereby consent for me or my child to be photographed/videotaped while participating in any activity offered by Bath Township Parks & Recreation. In addition, I consent to the reproduction and use of any such photographs and videotapes by Bath Twp. Parks & Recreation for educational, informational, public relations and promotional purposes and I waive any claim by myself, the above-named minor child, or anyone claiming under or through us, for compensation of any kind in exchange for such photographs, videotapes and use.

Parent/Guardian Signature

Date

Physician's Name (optional)

Phone (optional)

Please consider a donation to the youth Scholarship Assistance Program fund to financially assist qualifying families in a Bath Township Recreation program.

Program	Registration Fee (CIRCLE ONE)
Flag Football Grade K-3	\$25.00 – Scholarship recipient. (I have a jersey) \$45.00 – Scholarship recipient. (I need a jersey) – SIZE (Youth) S M L (Adult) S M L \$55.00 – Not a scholarship recipient (I have a jersey) \$75.00 – Not a scholarship recipient (I need a jersey) – SIZE (Youth) S M L (Adult) S M L
Flag Football Grade 4-7	\$35.00 – Scholarship recipient (I have a jersey) \$55.00 – Scholarship recipient (I need a jersey) – SIZE (Youth) S M L (Adult) S M L \$65.00 – Not a scholarship recipient (I have a jersey) \$85.00 – Not a scholarship recipient (I need a jersey) – SIZE (Youth) S M L (Adult) S M L
Scholarship Donation (optional)	\$ _____

Registration Fee \$ _____ + Scholarship Donation (optional) \$ _____ = Total \$ _____

Bath Charter Township
Recreation Programs
Emergency Medical Form

PLAYER'S NAME: _____ BIRTH DATE: _____

ADDRESS: _____

PARENT(S)/GUARDIAN(S) NAME(S): _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL: _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

NAME: _____ PHONE: _____

RELATIONSHIP TO PLAYER: _____

NAME: _____ PHONE: _____

RELATIONSHIP TO PLAYER: _____

PLAYER'S PHYSICIAN NAME: _____ PHONE: _____

IN THE EVENT OF A MEDICAL EMERGENCY, PLEASE INDICATE WHAT ACTION YOU WOULD LIKE TO BE TAKEN?

DO YOU HAVE A PREFERENCE OF HOSPITALS? _____

KNOWN ALLERGIES, MEDICATIONS, MEDICAL CONDITIONS, PREVIOUS CONCUSSIONS, OR OTHER PERTINENT INFORMATION ABOUT YOUR CHILD:

SIGNATURE OF PARENT/GUARIDAN

DATE

Concussion

INFORMATION SHEET



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 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.

 **Plan ahead.** What do you want your child or teen to know about concussion?

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”

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious, or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*



CONCUSSIONS AFFECT EACH CHILD AND TEEN DIFFERENTLY.

While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' healthcare provider if their concussion symptoms do not go away, or if they get worse after they return to their regular activities.

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

Children and teens who continue to play while having concussion symptoms, or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a child or teen for a lifetime. It can even be fatal.

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 healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's healthcare 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 healthcare 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 healthcare provider.

To learn more, go to [cdc.gov/HEADSUP](https://www.cdc.gov/HEADSUP)



Discuss the risks of concussion and other serious brain injuries with your child or teen, and have each person sign below.

Detach the section below, and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injuries.

- I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete's Name Printed: _____ Date: _____

Athlete's Signature: _____

- I have read this fact sheet for parents on concussion with my child or teen, and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian's Name Printed: _____ Date: _____

Parent or Legal Guardian's Signature: _____