



# Fall Developmental League Information For The 2010 Season

The RiverHawks' Fall Developmental League (FDL) is designed for high school players who are seeking quality off-season instruction and competition. This year we are pleased to announce that we now offer two levels of participation: Single A / Double AA level and Triple AAA level; and we will have teams based in Coeur d'Alene, Idaho. If you have any questions, please contact our office at (509)244-HAWK or riverhawks@zak.com.

- **Registration opens in June. A complete Registration Packet and full payment must be received by the RiverHawks office/staff before the athlete can participate.** The four documents that make up the Registration Packet are: 1) a signed Registration Form, 2) a signed Minor Waiver and Release of Liability form, 3) a signed Medical Release Form, and 4) a signed Concussion Form (signed by the athlete and parent/legal guardian). If you did not receive a Registration Packet with this information sheet, please print it from our web site at [www.spokaneriverhawks.com](http://www.spokaneriverhawks.com), or contact the RiverHawks office at (509) 244-HAWK.
- **Draft Day is Saturday, August 28, at Gonzaga Prep** (1224 E. Euclid Avenue in Spokane) . For athletes who did not pre-register, there will be registration from 9:30 AM to 11:00 AM. Athletes who have pre-registered through our office only need to participate in the Tryout portion of the day (please arrive around 10:30 AM in case they start early). Tryouts will run from 11:00 AM to 1:00 PM. The main purpose of the tryout is for the coaches to evaluate your skill level. Although you may register on Draft Day, you are highly encouraged to register prior to this date. If you are unable to attend the scheduled Draft Day, there will be time available on August 29, from 10:00 a.m. to 12:00 p.m. at Gonzaga Prep. We do stress that if at all possible, we prefer that you show up on our set Draft Date of August 28.
- **The official start date for the season is Sunday, September 12; and will meet every Sunday through October 10.** You are asked to arrive at your scheduled field by 11:15 AM in order to be prepared to begin at 11:30 AM with a one-hour clinic, followed by your game(s). It is estimated that games may end around 5:00 PM or a bit later. Fields are located at Spokane-area High Schools and Coeur d'Alene-area High Schools. All athletes will receive a game schedule so that they know at which field they will play each Sunday.
- **Single A / Double AA level:** this level is for athletes who are in grades 8, 9, and 10. If you are in the 9th or 10th grade, you are guaranteed to be on a team; however, if you are in the 8th grade, you are not guaranteed to be placed on a team, but will be evaluated during the tryout. Games will be one 12-inning game. The early registration fee is \$125, while the late registration fee is \$175 for this level.
- **Triple AAA level:** this level is for athletes who are in grades 11 and 12; however, dependent upon their skill level, some athletes that are in the 10th grade may be asked to move up to the Triple AAA level. Games will consist of double headers. The early registration fee is \$175, while the late registration fee is \$225 for this level.
- Registration will be accepted at our office until 12:00 noon, Friday, August 27. After this time, please register on Draft Day.
- **Early Registration Fee: Early registration is highly encouraged. To receive the early registration rate, it must be received in our office by the close of business on Thursday, August 19. The early registration fee is \$125 for the Single A/Double AA level, and \$175 for the Triple AAA level.**
- **Late Registration Fee: As of close of business on Thursday, August 19, the late registration fee will be \$175 for the Single A/Double AA level, and \$225 for the Triple AAA level.**
- **Cancellation Policy/Fee: There will be a cancellation fee of \$20 for any registration cancelled prior to the close of business on Thursday, August 19.**
- **Refund Policy: A refund will be given to those who provide their cancellation notice up to the close of business on Thursday, August 19.** Prior to disbursing your refund, we will subtract the cancellation fee and send you the difference via your method of payment. **There will not be a refund given to those who provide their cancellation notice after the close of business on Thursday, August 19. There will not be a refund given to those who register late (after the close of business on Thursday, August 19).**



# Fall Developmental League—2010 Registration Packet

Please fill out this Registration Packet in full. The documents that are included in this packet are 1) this Registration page, 2) Concussion Information and Acknowledgement, 3) Medical Release Form, and 4) Amateur Athletic Waiver and Release of Liability. No athlete will be allowed to participate in any skills review or games until we have all of these forms on file and have received payment. If you have any questions, please contact our office at 509-244-HAWK (4295) or riverhawks@zak.com. You may send in all four forms via Fax, postal mail, or e-mail (see information at the bottom of this page). We do appreciate your time and effort in filling out all of the information on these forms.

### FDL Athlete Registration Information - PLEASE PRINT legibly in ink.

Athlete's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade (in '10-'11): \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent(s)/Legal Guardian(s) Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent/Guardian Cell Phone(s): \_\_\_\_\_

Player E-Mail: \_\_\_\_\_ Parent/Guardian E-Mail: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

What level are you registering for in the RiverHawks Fall Development League? (Circle One): **A / AA AAA**

Early Registration Fee (received in our office by close of business August 19): A/AA is \$125 per athlete. AAA is \$175 per athlete.

See the Information Page or contact our office for details on Late Fee, Cancellation Fee, and Refunds.

Check is enclosed (Please make checks payable to RiverHawks)

Paying by Credit Card (Circle One): Visa / MC - CC #: \_\_\_\_\_ EXP: \_\_\_\_/\_\_\_\_

Signature for credit card payment: \_\_\_\_\_ for \$ \_\_\_\_\_

If different from the zip code above, please provide zip code for the billing address of the credit card: \_\_\_\_\_

In signing this form below, I grant the RiverHawks, operating instructional clinics and leagues, permission to take photos and/or make video and audio recordings of me and/or my child and to use any technical and/or artistic contribution I make. I relinquish all ownership of the ensuing photo(s), commercial(s) or programs(s). Use of my photos, video and audio may include, but are not limited to: preparation and dissemination of newsreel material; broadcast of television and/or radio programs; event videos; website material; or dissemination of promotional print material or advertising. Said uses may include either commercial or non-commercial uses of the aforementioned materials.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Relationship To Athlete

\_\_\_\_\_  
Date

I discovered the FDL via: Billboard Coach \_\_\_\_\_ E-Newsletter E-Mail RiverHawks Website Friend Other \_\_\_\_\_

### Additional Information Requested

What is the highest level of baseball that you have played?: \_\_\_\_\_

What High School do you attend (or will attend)?: \_\_\_\_\_

Provide the name of FDL athlete(s) you may carpool with: \_\_\_\_\_

### Options For Sending in Registration Packet and Payment:

Mail To: RiverHawks, PO Box 19188, Spokane, WA 99219-9188 / Fax To: 509-244-6327 / E-Mail To: riverhawks@zak.com

For RiverHawks Office Use: Please do not write in this area.

Athlete No. \_\_\_\_\_

Received:  Registration Page  Concussion Form  Medical Release Form  Amateur Athletic Waiver & Release  Payment



# Concussion Information and Acknowledgement Document

Adapted from the CDC and the 3<sup>rd</sup> International Conference on Concussion in Sport

In order to participate in any program organized or run by the RiverHawks Baseball Club, it is a requirement that the athlete and the parent/legal guardian (if athlete is a minor) read this information, and then sign and date on the last page. The athlete will not be allowed to participate in any portion of a clinic, camp, practice, or game until this signed form has been received in the office of the RiverHawks Baseball Club.

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A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works.

Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

## Symptoms may include one or more of the following:

- Headaches
- “Pressure in head”
- Nausea or vomiting
- Neck pain
- Balance problems or dizziness
- Blurred, double, or fuzzy vision
- Sensitivity to light or noise
- Feeling sluggish or slowed down
- Feeling foggy or groggy
- Drowsiness
- Change in sleep patterns
- Amnesia
- “Don’t feel right”
- Fatigue or low energy
- Sadness

## Concussion Information and Acknowledgement Document, continued

- Nervousness or anxiety
- Irritability
- More emotional
- Confusion
- Concentration or memory problems (forgetting game plays, etc.)
- Repeating the same question/comment

### **Signs observed by teammates, parents and coaches include:**

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Cannot recall events prior to hit
- Cannot recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

### **What can happen if my child keeps on playing with a concussion or returns too soon?**

Athletes with the signs and symptoms of concussion should be removed from play immediately.

Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student athlete's safety.

**Concussion Information and Acknowledgement Document**, continued

**If you think you/your child has suffered a concussion:**

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new “Zackery Lystedt Law” in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time”

**and**

“...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform the coach if you think that you/your child may have a concussion. Remember, it’s better to miss one clinic, camp, practice, or game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to: <http://www.cdc.gov/ConcussionInYouthSports>

**I/We have read the Concussion Information Document, and acknowledge that I/we understand the seriousness of a concussion, and understand the symptoms to watch for. I/we acknowledge that the director, coach, administrator, or other employee of the RiverHawks Baseball Club will exercise his/her right, in the best interest of my child/myself, in making the decision that I/my child will sit out of a clinic, camp, practice, or game.**

**IMPORTANT NOTE: the minor athlete and parent/legal guardian must sign this document.**

_____	_____	_____
<b>Printed Name of Student-Athlete</b>	<b>Signature of Student-Athlete</b>	<b>Date</b>
_____	_____	_____
<b>Printed Name of Parent/Legal Guardian</b>	<b>Signature of Parent/Legal Guardian</b>	<b>Date</b>





# Medical Release Form

When filling out this form, please print in ink.

TO WHOM IT MAY CONCERN:

This is to certify that I, \_\_\_\_\_, parent/legal guardian of \_\_\_\_\_, a participant in a program run by the RiverHawks Baseball Club, do hereby grant permission to the adult manager, coach, director, and/or other representative of the organization to obtain medical care from a licensed physician, hospital, or medical clinic for the participant named herein at such times as either parent/legal guardian cannot be contacted in person or by telephone. This authorization shall include all clinics, practices, games, and tournament contests including the period required to travel to and from those activities; and I/we do hereby waive, release, absolve, indemnify, and agree to hold harmless RiverHawks Baseball Club players, participants, coaches, managers, parents, umpires, directors, and any other sanctioned baseball organizations and facility provider of any potential liability.

**Printed Name of Parent/Guardian:** \_\_\_\_\_

Relationship to Athlete: \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

Date: \_\_\_\_\_



# Amateur Athletic Waiver and Release of Liability

When filling out this form, please print in ink.

In consideration of being allowed to participate in any activity that is organized and run by the RiverHawks Baseball Club, I, the undersigned:

1. Agree that prior to participating, I/we will inspect the facilities and equipment to be used, and if I/we believe anything is unsafe, I/we will immediately advise the coach or supervisor of such condition(s) and refuse to participate;
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions or inactions, negligence of others, rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known or reasonably foreseeable at this time;
3. Assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability, or death;
4. Release, waive, discharge and covenant not to the RiverHawks Baseball Club, its affiliated clubs, their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "releasees", from demands, losses, or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence or the release or otherwise.

**I have read the above waiver, understand that we have given up substantial rights by signing it, and sign it voluntarily.**

**Printed Name of Athlete:** \_\_\_\_\_

**Printed Name of Parent/Guardian:** \_\_\_\_\_

**Relationship to Athlete:** \_\_\_\_\_

**Signature of Parent/Legal Guardian:** \_\_\_\_\_

**Date:** \_\_\_\_\_