



Instructional Baseball Clinic

- Learn What It Takes To Get To The Next Level -

March 20, 2010

Focus: Hitting, Pitching, Infield/Outfield Fundamentals

The RiverHawks are pleased to offer this instructional baseball clinic, which is geared toward athletes that are 10 to 14 years old. The 3-hour clinic will run with the following schedule: 9:00 AM to 10:30 AM at U-District for stretching, throwing, base running, etc; then move to The Warehouse to begin at 10:45 AM for hitting instruction and practice. Instruction will be led by Bump Wills and Nick Pupo. Many other premier coaches and former college players will round out our coaching staff.

- Early registration is highly encouraged, as each clinic is limited to the first 50 athletes who register. **The early registration fee is \$60** (for each clinic). Early registration must be received in our office by the close of business on Friday, March 12. **As of March 13, the late registration fee will be \$75.**
- There will be a cancellation fee of \$20 for any registration cancelled prior to the close of business on Friday, March 12. You will be refunded \$40 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 Friday, March 12. There will not be a refund given to those who register late.
- A complete Registration Packet and payment must be received by the RiverHawks office/staff before the athlete can participate in a clinic. The four documents that make up the Registration Packet are: 1) this 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). Visit our website for a complete packet, or contact the RiverHawks office.
 - Please note that if you will register for more than one of our Spokane clinics, you will only need to submit the last three documents (numbers 2, 3, & 4 above) with the first Registration Packet you send in.
- In signing this form, 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; web-site 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

Instructional Baseball Clinic — March 20, 2010 - Athlete Registration Information - Please print

(Send in all 4 forms via Fax to (509) 244-6327, or mail to Spokane RiverHawks, PO Box 19188, Spokane, WA 99219-9188)

Athlete's Name: _____ Age: _____ Grade: _____

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: _____

My check is enclosed in the amount of \$ _____ (Please make checks payable to **RiverHawks**).

I am paying by Credit Card: 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: _____

I discovered this clinic via: Billboard Newspaper Ad E-Newsletter E-Mail RiverHawks Website Friend Other _____

If you have any questions, please contact us at 509-244-4295 or riverhawks@zak.com.



Concussion Information and Acknowledgement Document

Adapted from the CDC and the 3rd 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.

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.

Note: If the athlete is under 18 years of age, the athlete and parent/legal guardian must sign this document.

_____ Student-Athlete Name Printed	_____ Student-Athlete Signature	_____ Date
_____ Parent or Legal Guardian Printed	_____ Parent or Legal Guardian Signature	_____ Date





Medical Release Form

When filling out this form, please print in black or blue ink.

The athlete can fill out and sign if 18 years of age, otherwise, the athlete's parent/legal guardian must fill out and sign..

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.

Parent/Legal Guardian Signature	Relationship to Athlete	Date
<u>OR</u> Athlete's Signature if 18 years old		

Printed Name of Athlete: _____
Athlete's Date of Birth: _____
(MM/DD/YYYY)



Amateur Athletic Waiver and Release of Liability

When filling out this form, please print in black or blue ink.

The athlete will fill out if 18 years of age, otherwise, the athlete's parent/legal guardian must fill out and sign..

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

Parent/Legal Guardian Signature	Relationship to Athlete	Date
<u>OR</u> Athlete's Signature if 18 years old		

Printed Name of Athlete: _____

Athlete's Date of Birth: _____

(MM/DD/YYYY)

Printed Name of Parent/Guardian: _____