



**SONOMA STACK BASEBALL  
REGISTRATION DOCUMENTS**

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**PLAYER/ATHLETE AND FAMILY INFORMATION**

PLAYER/ATHLETE NAME: \_\_\_\_\_

PLAYER/ATHLETE DATE OF BIRTH: \_\_\_\_\_

PLAYER/ATHLETE EMAIL: \_\_\_\_\_

PLAYER/ATHLETE PHONE NUMBER: \_\_\_\_\_

PARENT/GUARDIAN EMAIL(S): \_\_\_\_\_

PARENT/GUARDIAN PHONE: \_\_\_\_\_

## **1. CONSENT FOR PARTICIPATION AND TREATMENT:**

I, the undersigned, state that I am the parent or guardian of and agree that my child may play travel ball in the program conducted by Sonoma Stack Travel Baseball or Softball (SSTBS) and agree that my child and I will be subject to and abide by the rules and regulations established by SSTBS.

The risk of injury from the activities involved in the program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce the risk, the risk of serious injury does exist and, I knowingly and freely assume all such risks, both known and unknown, even if arising from the negligence of the releases or others, and assume all full responsibility for my child's participation; and, I willingly agree to comply with the stated and customary terms and conditions for participation. If however I observe any unusual significant hazard during my presence or participation, I will remove my child from participation and bring such to the attention of the nearest official immediately; and I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby release and hold harmless Sonoma Stack Travel Baseball & Softball, its officers, officials, agents and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releases"), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releases or otherwise. I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign it freely and voluntarily without any inducement.

As the parent or guardian of a MINOR I herewith authorize treatment by a qualified and licensed medical doctor in the event of a medical emergency which; in the opinion of the attending physician may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed. This authority is granted only after reasonable effort has been made to reach me.

## **2. HEADS-UP CONCUSSION WAIVER**

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.

### **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' health care 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. 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 health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care 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 health care 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 health care provider. **To learn more, go to [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)**

### **3. SONOMA STACK TRAVEL BASEBALL COVID-19 INFORMATION, GUIDELINES, AND WAIVER**

Sonoma Stack Travel Baseball is committed to build character through competition of young men in/around the Sonoma Valley. One of the challenges in the current environment, is creating and promoting a safe environment for players and families.

The members of the Stack Board of Directors as well as Managers and Coaches throughout the program are working hard to ensure the health and safety of all players. Measures are posted at the field and they include adherence to guidelines from the CDC and Sonoma County Health Officers

Physically fit, young athletes playing baseball, a non-contact sport, outside in warm weather is a relatively low-COVID-19-risk activity, but the Stack Board and Coaches can't guarantee safety from COVID-19.

Here are some recommended guidelines for Stack baseball practices and games:

- Players, coaches, fans, and family are encouraged to take their temperature to **check for fever or any other symptoms** at home before they leave for team events. If you have a fever, or feel sick, please stay home. Per the CDC, symptoms include cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, and new loss of taste or smell.
- Players, coaches, fans, and family are **encouraged to wear a mask**, gaiter, or buff at all team activities.
- Equipment **bags will be spaced out**, ideally six feet apart, if possible.
- Players will be **discouraged from sharing items** (including gear such as gloves, bats, helmets; and also food, water, and snacks).
- **Spitting and sunflower seeds will not be allowed.**
- Stack coaches will provide **hand sanitizer and disinfectant wipes**, and players will be reminded and encouraged to use them.
- If possible, we will **stagger player arrivals** to practice limiting the size of groups.
- Players will be taught **one-way ingress and egress** through dugouts.
- Players and coaches will be strongly encouraged/reminded to keep all hands to themselves. We will **modify high-fives and post-game handshakes.**
- Game **rules may be different** than what we have expected, including umps behind pitchers and six foot separation for fans from different households.

**By my signature, I/we have read, understand, and agree to comply with:**

Section 1. Consent for Participation and Treatment.

Section 2. Heads Up Concussion Information and Waiver. I/we 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. I/we have discussed the risks of concussion and other serious brain injury.

Section 3. Covid Information, Guidelines, and Waiver. I/we acknowledge and understand that although measures have been put in place to decrease COVID-19 related risks, COVID-19 is extremely dangerous, is believed to be spread through person to person contact, and an inherent risk of exposure to COVID-19 exists in any public place where people are present. By registering with Sonoma Stack Travel Baseball, I voluntarily assume all risks related to exposure to COVID-19 and agree to not hold Sonoma Stack Travel Baseball, its Board, Managers, Coaches, or any affiliate related to Sonoma Stack Travel Baseball liable for any illness or injury.

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Parents' signature/Date

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Athlete's signature/Date

**4. EMERGENCY CONTACT INFORMATION**

CONTACT NAME, RELATION: \_\_\_\_\_

CONTACT PHONE NUMBER: \_\_\_\_\_

**5. FAMILY'S INSURANCE INFORMATION**

INSURANCE PLAN NAME: \_\_\_\_\_

INSURANCE PLAN NUMBER: \_\_\_\_\_

**6. ATHLETE'S PHYSICIAN INFORMATION**

PHYSICIAN NAME: \_\_\_\_\_

PHYSICIAN PHONE NUMBER: \_\_\_\_\_

**7. ATHLETE'S MEDICAL HISTORY. (INJURIES, ALLERGIES, OR OTHER CONDITIONS):**

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