



# SPOKANE INDIANS YOUTH BASEBALL

## 2020 Spring 8u Softball Registration

Early Bird Fee register by March 19<sup>th</sup>

8u Coach Pitch \$105\*\* Ages 6 to 8 as of Dec 31, 2019

\*\*registration received after March 19<sup>th</sup> \$125

\* ALL INFORMATION REQUIRED FOR REGISTRATION

Participant First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

Current School \_\_\_\_\_ Grade \_\_\_\_\_ Gender: Male Female

Family Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_ Parent/Guardian 2 Name: \_\_\_\_\_

Primary Phone \_\_\_\_\_ P/G2 Phone: \_\_\_\_\_

P/G1 Email: \_\_\_\_\_ P/G2 Email: \_\_\_\_\_

Allergies or Special Needs \_\_\_\_\_

Coach Request: \_\_\_\_\_ High School area: \_\_\_\_\_

**Are you willing to Coach? (please circle below)**

Yes, Head Coach Yes, Assistant Coach  
Maybe, if no other Volunteer No, not at this time

Options: Mead, Mt. Spokane, Rogers, Lakeside, Cheney, Medical Lake, Ferris,  
Lewis & Clark, Liberty, Shadle, North Central University, West Valley, Freeman,  
Central Valley, East Valley, Liberty Lake, Kootenai County, Riverside

Additional Information \_\_\_\_\_

**Payment Must Accompany Form\*:**  Check # \_\_\_\_\_ (Payable to SYSA)  Cash paid in SYSA Office

Debit/Credit Card (Circle One) Visa Master Discover AmExp Exp Date \_\_\_\_\_ CVV \_\_\_\_\_

**\*\$1 Service Fee on Credit/Debit Card Transaction** Card Number \_\_\_\_\_

Release of all claims against Spokane Indians Youth Baseball: In consideration of permission granted my child/ward by Spokane Indians Youth Baseball to participate in the activity checked above, I, the guardian of the above named child, hereby release and discharge Spokane Indians Youth Baseball, it's officers, employees, representatives, coaches, and referees from all claims, demands, actions, judgements and executions which the child or guardian ever had, now has or may have, or which the child's guardian's heirs, executors, administrators or assigns may have or claim to have against Spokane Indians Youth Baseball, it's officers, employees, representatives, coaches, and referees; their successors or assigns, for all personal injuries, known or unknown to my child/ward, and injuries to property, real or personal, caused by, or arising out of the above described sports activities. Also, I, the guardian of the above named child, hereby authorize Spokane Indians Youth Baseball the ability to use photos for publication taken during games and events. I, the guardian of the above named child, have read this release and understand all terms. I execute it voluntarily and with full knowledge of the significance. **My signature is legal authorization for emergency care and acknowledgment of release of all claims statement.**

Signature(s) below acknowledge that you've read and understand: Spokane Indians Youth Baseball Release above, Concussion Compliance attached to registration and Sudden Cardiac Arrest Compliance also attached to registration.

Guardian: \_\_\_\_\_  
printed name

\_\_\_\_\_ Date \_\_\_\_\_  
signature

signature

SIYB Office Use



## Concussion Information Sheet

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.

<b>Symptoms may include one or more of the following:</b>		
<ul style="list-style-type: none"> <li>• Headaches</li> <li>• “Pressure in head”</li> <li>• Nausea or vomiting</li> <li>• Neck pain</li> <li>• Balance problems or dizziness</li> <li>• Blurred, double, or fuzzy vision</li> <li>• Sensitivity to light or noise</li> </ul>	<ul style="list-style-type: none"> <li>• Feeling sluggish or slowed down</li> <li>• Feeling foggy or groggy</li> <li>• Drowsiness</li> <li>• Change in sleep patterns</li> <li>• Amnesia</li> <li>• “Don’t feel right”</li> <li>• Fatigue or low energy</li> <li>• Sadness</li> </ul>	<ul style="list-style-type: none"> <li>• Nervousness or anxiety</li> <li>• Irritability</li> <li>• More emotional</li> <li>• Confusion</li> <li>• Concentration or memory problems (forgetting game plays)</li> <li>• Repeating the same question/comment</li> </ul>

<b>Signs observed by teammates, parents and coaches include:</b>	
<ul style="list-style-type: none"> <li>• Appears dazed</li> <li>• Vacant facial expression</li> <li>• Confused about assignment</li> <li>• Forgets plays</li> <li>• Is unsure of game, score, or opponent</li> <li>• Moves clumsily or displays incoordination</li> <li>• Answers questions slowly</li> </ul>	<ul style="list-style-type: none"> <li>• Slurred speech</li> <li>• Shows behavior or personality changes</li> <li>• Can’t recall events prior to hit</li> <li>• Can’t recall events after hit</li> <li>• Seizures or convulsions</li> <li>• Any change in typical behavior or personality</li> <li>• Loses consciousness</li> </ul>

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

### 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.

### **If you think 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 your child’s coach if you think that your child may have a concussion. Remember, it’s better to miss one game than miss the whole season. ***When in doubt, the athlete sits out.***



# Sudden Cardiac Arrest

## Information Sheet for

### Student-Athletes, Coaches and Parents/Guardians

SSB 5083 ~ SCA Awareness Act



**What is sudden cardiac arrest?** Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop beating and the individual to collapse. SCA is the leading cause of death in the U.S. afflicting over 300,000 individuals per year.

***SCA is also the leading cause of sudden death in young athletes during sports***

**What causes sudden cardiac arrest?** SCA in young athletes is usually caused by a structural or electrical disorder of the heart. Many of these conditions are inherited (genetic) and can develop as an adolescent or young adult. SCA is more likely during exercise or physical activity, placing student-athletes with undiagnosed heart conditions at greater risk. SCA also can occur from a direct blow to the chest by a firm projectile (baseball, softball, lacrosse ball, or hockey puck) or by chest contact from another player (called "commotio cordis").

While a heart condition may have no warning signs, some young athletes may have symptoms but neglect to tell an adult. If any of the following symptoms are present, a cardiac evaluation by a physician is recommended:

- Passing out during exercise
- Chest pain with exercise
- Excessive shortness of breath with exercise
- Palpitations (heart racing for no reason)
- Unexplained seizures
- A family member with early onset heart disease or sudden death from a heart condition before the age of 40

**How to prevent and treat sudden cardiac arrest?** Some heart conditions at risk for SCA can be detected by a thorough heart screening evaluation. However, all schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gaspings). SCA can be effectively treated by immediate recognition, prompt CPR, and quick access to a defibrillator (AED). AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restore a normal heart rhythm.

***Remember, to save a life: recognize SCA, call 9-1-1, begin CPR, and use an AED as soon as possible!***



### Cardiac 3-Minute Drill

#### 1. RECOGNIZE

##### Sudden Cardiac Arrest

- Collapsed and unresponsive
- Abnormal breathing
- Seizure-like activity

#### 2. CALL 9-1-1

- Call for help and for an AED

#### 3. CPR

- Begin chest compressions
- Push hard/ push fast (100 per minute)

#### 4. AED

- Use AED as soon as possible

#### 5. CONTINUE CARE

- Continue CPR and AED until EMS arrives



**Be Prepared!  
Every Second Counts!**

**UW Medicine**  
Center For Sports Cardiology  
[www.uwsportscardiology.org](http://www.uwsportscardiology.org)



**WASHINGTON INTERSCHOLASTIC  
ACTIVITIES ASSOCIATION**



**SCA Awareness  
Youth Heart Screening  
CPR/AED in Schools**

[www.nickoftimefoundation.org](http://www.nickoftimefoundation.org)





## SPOKANE INDIANS YOUTH BASEBALL

### Cancellation & Refund Policy

#### Individual Player

SIYB understands that, from time to time, players may need to withdraw from a sport, due to unforeseen circumstances. Registration fees are based on a variety of costs determined by the number of teams and number of players registered on each team. Because many of these costs must be paid in advance, player withdrawals still result in a cost to SIYB.

We have adopted the following policy for refunds to accommodate people whose plans have changed, while maintaining the financial responsibilities associated with each sport season.

<u>DATE</u>	<u>REFUND</u>
REQUESTED BEFORE REGISTRATION DEADLINE	ELIGIBLE FOR A REFUND MINUS \$20 PROCESSING FEE / PER REGISTRANT
TWO WEEKS PRIOR TO GAMES STARTING	ELIGIBLE FOR A REFUND MINUS 50% OF REGISTRATION FEES / PER REGISTRANT

- Once games have begun, refunds will not be given for cancelled registrations. Under extenuating circumstances, a partial refund may be considered
- All refund requests need to be emailed to [info@siyb.org](mailto:info@siyb.org). Please include the player's name and reason for the refund request.
- Refunds are issued as follows:
  - Credit/Debit: Refunded to original card (allow 5-7 business days)
  - Check/Cash: Refunded by SIYB issued check (allow up to 2 weeks)

Signature below acknowledge that you've read and understand Spokane Indians Youth Baseball Refund/Cancellation Policy

Parent/Guardian: \_\_\_\_\_  
printed name

\_\_\_\_\_ Date \_\_\_\_\_  
signature



## SIYB Anti-Violence Policy

The purpose of Spokane Indians Youth Baseball & Softball (SIYB) Anti-Violence Policy is to promote a positive and safe environment for its players, coaches, officials, umpires, staff and spectators.

This Policy applies, but is not limited to, the following behaviors/actions by or against players, coaches, officials, umpires, staff or spectators at any SIYB event:

- Verbal assaults or verbal abuse
- Verbal or physical intimidation and threats
- Aggressive action both physical and verbal
- Striking another person
- Physical or verbal action that attempts or leads to inciting violence
- Throwing objects at another person
- Any other physical or verbal behavior that would lead a reasonable person to feel threatened or unsafe

Anyone engaging in any of these behaviors will be immediately removed from the SIYB event and will not be allowed to return to the event or future SIYB activities until cleared by SIYB. If a decision is made to not allow the individual removed to return, no refunds will be issued.

No Fighting – Zero Tolerance SIYB has a strict zero tolerance “no fighting” policy for all of its sports and other activities.

• If any individual (player, coach, official, umpire, staff or spectator) as set forth in this Anti-Violence Policy engages in any sort of physical or verbal altercation/fighting which includes, but is not limited to, punching, kicking and/or any other act which is intended to or causes harm to another person, the following consequences will be implemented and enforced:

1. The individual will be immediately removed from the SIYB event;
2. The individual will not be allowed to return to the event or any future SIYB event or activities until cleared by SIYB;
3. If the individual is a player or coaching staff, the player or coaching staff will be immediately suspended for the entire remaining season (will carry over to the following year) and will not be allowed to return to future SIYB events/activities until cleared by SIYB;
4. No refunds will be issued.

By signing below, you agree to the terms of SYSA’s “Anti-Violence” Policy

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

printed name

signature