



# NCC Sports and Athletics

Department of Community Services  
 77 Reads Way • New Castle, DE 19720  
 (302) 395-5890 (office) • (302) 395-5892 (fax)

[nccdesports.com](http://nccdesports.com)

 [@nccdesports](https://twitter.com/nccdesports)



Matthew Meyer  
 County Executive

## 2019 Summer Sports Camps (Full-Day and Half-Day)

### Full-Day Sports Camps

New Castle County partners with the Kirkwood Soccer Club and Elite Athletic Specialists to offer three, week long, full-day all sports camps. Highlighted sports activities include baseball/softball, basketball, flag football, soccer, and speed/agility training. The camp fee is **\$130\*** for each camp or **\$165\*** for each camp plus extended care (7:30am to 5:30pm).

CAMP	CODE	AGES	DATES	TIMES	LOCATION	INCLUDES ONE DAY OF SWIMMING
Full-Day All-Sports	AS-A	8-13	June 24 – 28	9am-4pm	Kirkwood Soccer Club	
Full-Day All-Sports	AS-B	8-13	July 15 – 19	9am-4pm	Kirkwood Soccer Club	
Full-Day All-Sports	AS-C	8-13	August 12 – 16	9am-4pm	Kirkwood Soccer Club	

### Half-Day Sports Camps

These week long camps run for 3 hours each day. Camp fee is **\$60\*** (except Tennis which is \$115\*) and includes a t-shirt, instructor, and administrative fees.

CAMP	CODE	AGES	DATES	TIMES	LOCATION	Participants should bring basic equipment, water bottle, towel, etc...  Please call the Sports Office before purchasing any equipment for these programs  Any weather related cancellations will be made up as extended time on subsequent camp dates
Baseball	BA	8-13	June 24 – 28	9am-noon	Delcastle Park	
Basketball	BB-A	8-15	June 24 – 28	9am-noon	Delcastle Park	
	BB-B	8-15	July 15 – 19	9am-noon	Hockessin PAL	
Field Hockey	FH	8-13	August 5 – 9	9am-noon	Hockessin PAL	
Football	FB-A	7-14	June 24 – 28	9am-noon	Glasgow Park	
	FB-B	7-14	July 8 – 12	9am-noon	Delcastle Park	
Lacrosse	LX	8-18	July 8 – 12	9am-noon	Delcastle Park	
Skateboard	SK-B	8-18	June 24 – 28	9am-noon	Glasgow Park	
	SK-C	8-18	July 29 – Aug 2	9am-noon	Glasgow Park	
Soccer	SO	7-14	July 8 – 12	9am-noon	Delcastle Park	
Softball	SB	8-18	June 24 – 28	9am-noon	Delcastle Park	
Speed/Agility	SA	7-18	June 17 – 21	9am-noon	Delcastle Park	
Tennis	TN	8-12	July 8 – 12	9am-noon	Glasgow Park	
Volleyball	VB	8-18	July 8 – 12	9am-noon	Hockessin PAL	

### A LIMITED NUMBER OF SCHOLARSHIPS ARE AVAILABLE

- Proof of unemployment of parent is required
- Scholarships are limited to \$60 per person
- Contact the Sports Office for more information

**\*\* SPECIAL – Combine Speed/Agility with any other sports camp and save \$12 \*\***

*NOTE: Online registration is not available if you wish to use this discount. Please mail in the registration or call the Sports Office. The same participant must register for both programs.*

**REGISTRATION OPENS MARCH 1, 2019**

Register Online (credit card payment required) - [nccdesports.com](http://nccdesports.com)

 For fastest access to program information including camp-day weather updates, follow the Sports Office on Twitter [@nccdesports](https://twitter.com/nccdesports).

\*Participants who do not reside in New Castle County are welcomed – a \$5 Non-Resident Fee applies

# 2019 Summer Sports Camps Registration Form

*Registrations not accepted without payment (credit cards or checks / money orders made payable to New Castle County). Registrations should be mailed to:  
New Castle County • ATTN: Sports and Athletics • 77 Reads Way • New Castle, DE 19720*

\*Participants who do not reside in New Castle County are welcomed – a \$5 Non-Resident Fee applies

Name			Birth Date			Sex		Home Phone	
Address					City, State, Zip Code				
Parent / Guardian		Daytime Phone (circle one)		Work	Cell	Cell Carrier (for text messaging)		Email	
Shirt Size (circle one)	YM	AS	AM	AL	AXL	AXXL			

### Please Circle All Weeks That Apply

Full Day Sports Camps	All-sports full day camp (\$125*)			All-sports camp w/ extended care (\$160*)			
	AS-A	AS-B	AS-C	AS-A	AS-B	AS-C	
Half Day Sports Camps (most programs \$60*)	BA	BB(A)	BB(B)	FH	FB-A	FB-B	LX
	SA	SB	SK(B)	SK(C)	SO	TN Fee: \$115*	VB

### Participation Agreement

I give permission for my child to participate in a Recreation Program sponsored by New Castle County that he/she is currently registering for with the Department of Community Services. I agree that my child will abide by all rules and regulations adopted and published by New Castle County relating to the operation and conduct of the program and the use of the facilities provided for the program. I understand that the failure of my child to observe these rules and regulations may result in his/her being excluded from participation in the program.

I represent that my child is physically able to participate in the program. I fully understand that his/her participation may entail the risk of physical injury. I agree to waive any claim of any kind whatsoever, whether resulting from an injury or otherwise, and further agree to release, indemnify, and hold harmless the program, New Castle County, and their respective directors, officers, employees, agents and/or representatives from any and all liability occurring as a result of his/her participation in the program.

I will be personally responsible for any financial costs incurred as a result of his/her participation in the program, including, without limitation, transportation and/or medical expenses incurred as a result of any injury. Furthermore, I understand that New Castle County assumes no liability for lost, misplaced, stolen, and/or damaged property and I hereby agree to release New Castle County from such liability.

***The undersigned has/have read and voluntarily signed this waiver / participation agreement.***

List any Physical Limitations

Parent / Guardian Name (print)		Signature		Date
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For Office Use	Date	Amount	Check Name	Check No. / Bank No.
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**CHECK HERE to pay with a credit card. You will be contacted by phone for payment information.**  
*American Express, Discover Card, MasterCard, and Visa are accepted*

## PARENT / PLAYER CONCUSSION INFORMATION ACKNOWLEDGEMENT

*This form must be on file with the Sports Office before participation in the program is permitted.*

I affirm: (1) I have read the Parent/Player Concussion Information; and (2) if the athlete could not independently read it due to reading ability, I have shared its key points with the athlete.

\_\_\_\_\_  
Parent / Guardian Signature                      Parent / Guardian Printed Name                      Date

I affirm: that I have read the Parent/Player Concussion Information or have been told its key points by my parent/guardian.

\_\_\_\_\_  
Athlete Signature                      Athlete Printed Name                      Date



State Council for Persons with Disabilities

**Parent/Player Concussion Information Form**

**Background:**

Delaware law requires athletes under age 18 and their parents to review and sign this sheet prior to participation in covered activities sponsored by a club, league or association. Covered activities include football, rugby, soccer, basketball, lacrosse, field or ice hockey, martial or combative sports, wrestling, volleyball, gymnastics, baseball, softball, and cheerleading. This signed form should be given to the sponsoring organization prior to participation, and, for multi-year activities, on a yearly basis.

You can get detailed information about the law at our [SCPD Website](http://SCPD.delaware.gov) at <http://SCPD.delaware.gov>.

**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. A concussion changes how the brain normally works. An athlete does not have to lose consciousness (black out) to get a concussion. A blow elsewhere on the body can cause a concussion even if an athlete does not hit his / her head directly.

**Signs and symptoms of a concussion:**

Concussions can affect children and teens differently. Below are common symptoms they might report or that might be observed. It can take days for symptoms to appear following the initial hit /fall.

Experienced by Children and Teens	Observed by Parents, Coaches, or Teammates
<ul style="list-style-type: none"> <li>• Headache or “pressure” in the head</li> <li>• Nausea or Vomiting</li> <li>• Dizziness or balance problems</li> <li>• Blurred or double vision</li> <li>• Light or noise sensitivity</li> <li>• Ringing in ears</li> <li>• Difficulty concentrating or remembering</li> <li>• Confusion</li> <li>• Feeling slowed down</li> <li>• Feeling sad, irritable, or more emotional</li> <li>• Being tired, or a change in sleep</li> <li>• Just not “feeling right” or “feeling down”</li> </ul> <p><b>Younger children may not be able to report symptoms, and so decisions should be based on adult observation.</b></p>	<ul style="list-style-type: none"> <li>• Loss of consciousness</li> <li>• Appears dazed or confused</li> <li>• Responds slowly / answers questions slowly</li> <li>• Change in behavior, mood, or personality, including irritability or aggressive</li> <li>• Can’t recall events prior to or after the hit/fall</li> <li>• Loses focus on current activities</li> <li>• Moves clumsily/ Appears off balance</li> <li>• Slurred speech</li> <li>• Is more restless or appears more tired than usual</li> <li>• Change in sleep pattern</li> </ul>

## **What should happen if my child/teen might have a concussion?**

The athlete must leave the game, practice or activity **immediately**. **This is Delaware law and is in place to protect your child.** They should not re-enter play **until seen and evaluated by a physician**. When in doubt, the athlete sits out. Remember, it is better to miss one game than to miss the whole season. If an athlete continues to play when he or she might have a concussion, there could be serious medical consequences, even death (Second Impact Syndrome). Also, if a concussion has occurred or is suspected the CDC advises that you ask your (child's/teen's) health care provider when they can safely return to other activities, e.g. school, drive a car and/or ride a bike.

Athletes should not be left alone. Concussions can have a more serious effect on the young, developing brain-whose development extends into young adulthood. Be aware that sometimes athletes try to hide their symptoms so that they can stay in play. Have your child seen by a physician, even if symptoms resolve. Do not try to judge the severity of the injury yourself.

### **To return to play:**

**Delaware law requires that your child be seen and given medical clearance by a physician before return to play.** Your physician may either complete a form or supply a letter certifying clearance. Provide the form or letter to the sponsoring organization. If the physician limits school-related activities like classwork, driver's education, gym and recess, you may wish to share the form or letter with the athlete's school.

### **Additional websites:**

If you have additional questions regarding concussion or concussion management, we recommend the following websites:

[CDC Headsup Website](#)

[CDC Concussion Information](#)

[Moms Team Concussion Safety](#)

[Brainline Organization](#)

I affirm: (1) I have read the above information; and (2) if the athlete could not independently read it due to reading ability, I have shared its key points with the athlete.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Parent/guardian printed name

\_\_\_\_\_  
Date

I affirm: that I have read the above information or been told its key points by my parent/guardian.

\_\_\_\_\_  
Athlete signature

\_\_\_\_\_  
Athlete printed name

\_\_\_\_\_  
Date

\* We recommend printing and keeping a copy of this form for your records.