



Sports and Athletics Section

Department of Community Services

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www.nccdesports.com



@nccdesports



Matthew Meyer
 County Executive

2020 WINTER YOUTH FIELD HOCKEY PROGRAMS

Last year over 250 young athletes participated in youth sports classes offered by New Castle County. Most programs are six one-hour sessions; details for each program are listed below. **Clinics are held at the Hockessin Police Athletic League, 7259 Lancaster Pike, Hockessin, DE 19707.**

- Baseball (6-18) • Softball (Ages 8-14)
- Field Hockey (grades 1-8) • Speed/Agility Training (8-18)

* Baseball, Softball and Speed/Agility Training programs are detailed in a separate program flyer. Visit www.nccdesports.com for more information.

Program / Grades:	Field Hockey Beginners (Grades 1-4)	Field Hockey Intermediates (Grades 5-8)
Program Type	Instructional clinics	Instructional League
Format:	Five instructional clinics; 1h15m each	Two instructional clinics Six instructional games (no playoffs)
Price:	\$65 per child; \$71 non-resident	\$80 per child; \$86 non-resident
Dates / Times:	Sundays; 2:30 – 3:45 PM Jan 5 – Feb 2	Sundays; 1:00 – 2:15 PM (Weeks 1,2) Game Times 10:30 AM – 1:30 PM Jan 5 – Feb 23
Equipment:	Gym attire required Sticks are available if needed	Uniform shirt and mouthpieces provided Sticks are available if needed

If the weather is questionable on the day of the class call 395-5891 (NCC weather line) or follow the Sports Office on Twitter for fastest access to program related information.

*To register you must also complete the **CONCUSSION INFORMATION FORM** on the reverse side of this page. Send the completed form and the appropriate payment (check, money order, or credit card only) to: New Castle County, Sports and Athletics Section, 77 Reads Way, New Castle, DE 19720, or register online at www.nccdesports.com*

Special Offer – Save \$20

Take advantage of this unique sports training opportunity!
 Combine Speed / Agility Training with any other program and take \$10 off each class
(Please call the Sports Office to take advantage of this Special Offer)

2020 YOUTH WINTER INSTRUCTIONAL SPORTS CLASSES

Payment must be submitted with registration form. *Non-county residents add \$6.*

Name		Date of Birth		Home Phone	
Address			City		State
Parent/Guardian		Daytime Phone (circle one): Cell Work		Parent/Guardian E-Mail Address	
List Any Physical Limitations			School Attending		Grade
Program (Circle One)	Beginners Clinics (Grades 1-4) \$65 (\$71 non-resident)		Intermediates League (Grades 5-8) \$80 (\$86 non-resident)		
Shirt Size – Intermediates Only (Circle One)	YS	YM	AS	AM	AL
Youth Participation Agreement Form					
I give permission for my child to participate in the instructional sports program sponsored by New Castle County. 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 above Program, New Castle County, and their respective directors, officers, employees, agents and / or representatives from any and all liability occurring as a result of her participation in the program.					
I agree that 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 due to the 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.					
Parent / Guardian Signature		Parent / Guardian Print Name		Date	
For Office Use	Date	Amount	Check Name	Check No. / Bank No.	

Check this box to pay with a credit card. You will be contacted by the Sports Office for your payment information.

DE 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 the SCPD Website 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/Teens: Headache or “pressure” in head, nausea, vomiting, dizziness or double vision, light/noise sensitivity, ringing in ears, difficulty concentrating or remembering, confusion, feeling slowed down, feeling sad/irritable or more emotional, feeling tired, change in sleep, just not “feeling right”. ***Younger children may not be able to report symptoms, and so decisions should be based on adult observation.**

Observed by Parents/Coaches/Teammates: Loss of consciousness, appears dazed or confused, speaks or responds to questions slowly, change in behavior/mood or personality, irritability or aggression, can’t recall events prior to or after the hit/fall, loses focus, slurred speech, appears tired or more restless than usual, change in sleep pattern.

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 Heads Up Website, CDC Concussion Information, Moms Team Concussion Safety, Brainline Organization.

Parent/Player Concussion Information Form – NCC Copy

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 keeping the top portion of this form for your records.