



Westchester Optimist

Baseball Program

7900 NW 40th Street
Miami, FL 33155

Registration Check-Off List

Registration Packet:

- ___ Registration Fees (\$50 per player per season)
- ___ Registration Forms (1 per player)
- ___ Optimist Membership Application (1 per team)
- ___ Background Check Application Volunteer/ Coach (1 per coach)
- ___ Certification of **each** Volunteer/ Coach from by NAYSA or similar organization
- ___ Ground Rules
- ___ Informed Consent about Concussions and Head Injuries (1 per player)
- ___ Blank Game Sheet
- ___ Field Schedule (To be assigned as Completed Registration Packets are turned in)

All forms listed above must be completed in full before any team is allowed on the field.

Registration Fees:

Effective January 2014

Winter/Spring Season Jan – June

Summer/ Fall Season July – Dec

\$50 per child registered each season

The fee includes park fee and accidental insurance per child should your child be injured during a game or while practicing on our fields.

For any questions regarding this, please contact Westchester Optimist Baseball Commissioner - Danny Serrano at baseball@westchesteroptimist.org.

If you need to become a certified coach, you may do so online:



www.nays.org

National Youth Sports Coaches Association

Headquarters
2050 Vista Parkway
West Palm Beach, Florida 33411
Phone 561.684.1141
800.688.KIDS
800.729.2057
Fax 561.684-2546
EMAIL

What you will learn from the NYSCA Coaching Youth Baseball Website

Introduction
Fundamentals
Conditioning Part 1
Conditioning Part 2
Infield Play Part 1
Infield Play Part 2
Outfield Play Part 1
Outfield Play Part 2
Hitting Part 1
Hitting Part 2
Running The Bases Part 1
Running The Bases Part 2
Pitching
Catching
Practice Organization
T-Ball Part 1
T-Ball Part 2
T-Ball Part 3
Conclusion

Team Registration Eligibility

In order to coach a team as part of the Westchester Optimist Baseball Club, you will need to have at least one Head Coach, Assistant Coach, Team Manager or Team Representative as a member of the Westchester Optimist Club. The Annual registration fee for first time enrollment is \$65 and then going forward a \$49 annual renewal fee.

As a Member of the club, you get the benefit of a secured field during a designated time slot with lights if needed as per your schedule. Your team players will be insured in case of any injuries while practicing removing any liability from you. Most important a secure environment for the children to participate in a physical activity after school.

Should you ever register for a tournament, it may be done under the Westchester Optimist umbrella and you would benefit from sales tax exception.

All completed registration packets must be reviewed by the Head Coach and / or Westchester Optimist Member.

Date Completed: _____

Head Coach / Signature and Print Name

Optimist Member / Signature and Print Name

Approved Date: _____

Membership Verified by: _____

Approved By/ Date: _____ Baseball Commissioner – Danny Serrano _____

Board Member _____
(Circle One) Rick Fernandez Marino Mederos Mio Serrano



**OPTIMIST CLUB OF WESTCHESTER
BASEBALL PROGRAM**

FALL 2012

FOR CLUB USE	
DATE: _____	CHECK # : _____
DIVISION: _____	AMOUNT: _____
DOB VERIFIED: _____	CASH RCVD BY: _____

CHILD'S NAME: _____ HOME PHONE: _____
 ADDRESS: _____ CITY: _____ ZIP: _____
 DATE OF BIRTH: ____/____/____ AGE: ____ SIZE: ____ SCHOOL: _____
MONTH DAY YEAR TOP BOTTOM
 MOTHER'S NAME: _____ FATHER'S NAME: _____
 HOME PHONE: _____ HOME PHONE: _____
 WORK PHONE: _____ WORK PHONE: _____
 CELL / BPR: _____ CELL / BPR: _____
 EMAIL: _____ EMAIL: _____

I hereby give permission for my child to participate in the OPTIMIST CLUB OF WESTCHESTER's athletic program. I understand that the coaches, managers, administrative staff of the program and club members are unpaid volunteers who donate their time and effort. Most coaches and managers are parents of children in the program who have joined together to participate in an organized league so their children can enjoy the benefits of league play. I understand that all athletic activities involve the risk of injury to my child and I hereby waive and release Optimist International, Optimist Club of Westchester, its officers, directors, managers, and coaches from any and all liability arising from my child's participation in this program and agree to indemnify and hold them armless from any and all claims arising from participating in the program. I assume full responsibility for the return of all equipment supplied by the Club.

ALL FEES PAYABLE AT REGISTRATION

SIGNATURE OF PARENT / GUARDIAN



**OPTIMIST CLUB OF WESTCHESTER
BASEBALL PROGRAM**

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FALL 2012

SIGNATURE OF PARENT / GUARDIAN

What will your legacy be?

What will you leave behind when you're finished? What will people say when you're not around? Will you have made planet Earth a little better place than when you arrived? Have you offered other people an opportunity to better themselves?

Optimists... A Legacy of Bringing Out the Best in Kids!

For almost a century Optimist International has seen to the betterment of children and their communities. Through the volunteer efforts of millions of people, the world in which they live is made a better place. Optimists leave a legacy of caring, sharing, leadership and love.

Optimist communities in the United States, Canada and the nations of the Caribbean sponsor a wide range of activities. From one of the world's finest youth golf tournaments (Optimist International Junior Golf Championships) to trying to find a cure for childhood cancer through the Childhood Cancer Campaign to conducting oratorical and essay contests for young people — Optimists respond to the special needs of their local and global communities.

Make Optimism a part of your legacy

We ask you to become a Friend of Optimists.* A Friend of Optimists has all the rights and privileges of a regular Optimist Member with the exception of voting at the International and District Conventions. This includes a membership card, four issues of *The Optimist* magazine and a frameable copy of The Optimist Creed. A Friend of Optimists shall only be covered under Optimist International's insurance when participating in an Optimist Club or District activity.

*Must be 18 years or older

Please support Optimism!

How do you want to be known for making everyone around you feel that there is something special in them? By becoming a Friend of Optimists you demonstrate to the children and leaders in your community that you care about them being the very best that they can be. Your support allows the volunteer work of others to continue to reach millions of children worldwide.



Becoming a Friend of Optimists allows you to leave your community a little better than when you found it.

www.optimist.org



Friend of Optimists Application

Please make check payable to: Optimist International (\$100 US annually)

Name: _____

Street: _____

City: _____ State/Province: _____ ZIP/Postal Code: _____

Home Phone: _____ E-mail: _____

Sponsored by Optimist Club (if applicable): _____

Return to Optimist International, Attn: Membership Department, 4494 Lindell Blvd., St. Louis, MO 63108.

About Optimist International

Meeting the needs of young people in communities worldwide, Optimist Clubs have been "Bringing Out the Best in Kids" since 1919. Optimist Clubs conduct positive service projects aimed at providing a helping hand to youth. Club Members are best known in their communities for their upbeat attitudes. By believing in young people and empowering them to be the best they can, Optimist volunteers continually make this world a better place to live. There are 105,000 individual Members who belong to more than 3,200 autonomous Clubs. Optimists conduct 65,000 service projects each year, serving six million young people. Optimists also spend \$78 million on their communities annually.

Mission Statement

Optimist International's mission is to foster an optimistic way of life, through a network of optimists, dedicated to the full development of their potential in order to provide ever-expanding service to youth, the community and the world.



The Optimist Creed

Promise Yourself—

- To be so strong that nothing can disturb your peace of mind.
- To talk health, happiness and prosperity to every person you meet.
- To make all your friends feel that there is something in them.
- To look at the sunny side of everything and make your optimism come true.
- To think only of the best, to work only for the best and to expect only the best.
- To be just as enthusiastic about the success of others as you are about your own.
- To forget the mistakes of the past and press on to the greater achievements of the future.
- To wear a cheerful countenance at all times and give every living creature you meet a smile.
- To give so much time to the improvement of yourself that you have no time to criticize others.
- To be too large for worry, too noble for anger, too strong for fear, and too happy to permit the presence of trouble.

Optimist International
invites you to become a

*Friend of
Optimists*





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Baseball Program

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In addition to completing the forms, please provide a copy of a government issued picture ID and proof of legal status in the US.

Sample documents that are acceptable:

- US Passport
- Driver's License
- Voter Registration Card
- Social Security Card
- Resident Card
- Birth Certificate
- Concealed Weapons Permit

**WESTCHESTER OPTIMIST CLUB
NOTICE TO VOLUNTEER APPLICANTS**

In order to comply with the requirement of the Miami-Dade County Shannon Melendi Act, we must conduct nationwide background checks for all our volunteers not exempted by the Act. Westchester Optimist Club will request these reports from a consumer reporting agency to determine whether the applicant may volunteer in our program in accordance with the Act.

The following persons may not serve as volunteers in our programs:

Anyone who:

- (1) has been convicted of a violent felony or conspiracy to commit a violent felony within the past 5 years: or
- (2) has been convicted of a felony involving the trafficking of narcotics within the past 5 years: or
- (3) has two or more convictions for a violent felony, for conspiracy to commit a violent felony, or involving the trafficking of narcotics: or
- (4) is a sexual offender or a sexual predator; or
- (5) has failed to provide proof of United States Citizenship or legal immigration status in the United States.

Copies of the proof of legal status and copies of the criminal background check reports will be maintained in file as required by the Act.

AFFIDAVIT

I, _____, affirm that I meet the qualifications under the Shannon Melendi Act to serve as a Westchester Optimist Club volunteer. I further affirm that I will notify a Westchester Optimist Club Board Member within forty eight hours of any arrest for the aforementioned violations.

I further affirm that I am a citizen of the United States, or I am legally residing in the
United Sates.

Signature

Date

**WESTCHESTER OPTIMIST CLUB
BACKGROUND INFORMATION DETAILS
FOR CRIMINAL BACKGROUND REPORTS**

Full name: _____

Other names used: _____

SS# _____ **DOB** _____

Driver=s License No: _____ **Issuing State:** _____

Current Address: _____

City: _____ **State:** _____ **Residing here since:** _____

Prior Address: _____

City: _____ **State:** _____ **How long did you reside there:** _____

AUTHORIZATION

I, _____, authorize Westchester Optimist Club, for the purposes of checking my criminal background, to request consumer reports from consumer reporting agencies of its choosing.

Signed:

Date:



Informed Consent about Concussions or Head Injuries

Effective July 1, 2012 Florida Statute 943.0438, requires the parent or guardian and the youth who is participating in athletic competition or who is a candidate for an athletic team to sign and return an informed consent that explains the nature and risk of concussion and head injury, including the risk of continuing to play after a concussion or head injury, each year before participating in athletic competition or engaging in any practice, tryout, workout, or other physical activity associated with the youth's candidacy for an athletic team.

The Facts:

- ✓ A concussion is a brain injury.
- ✓ All concussions are serious.
- ✓ Concussions can occur without loss of consciousness.
- ✓ Concussions can occur in any sport.
- ✓ Recognition and proper management of concussion when they first occur can help prevent further injury or even death.

What is a concussion? A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a "ding", "getting your bell rung", or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost, even if they do not directly hit their head.

To help recognize a concussion, you should watch for the following two things among your athletes:

1. A forceful blow to the head or body that results in rapid movement of the head. -and-
2. Any change in the athlete's behavior, thinking, or physical functioning.
3. Signs and symptoms of concussion that may be reported by a coach or other observer:
 - ✓ Appears dazed or stunned
 - ✓ Is confused about assignment or position
 - ✓ Forgets sports plays
 - ✓ Is unsure of game, score or opponent
 - ✓ Moves clumsily
 - ✓ Answers questions slowly
 - ✓ Loses consciousness (even briefly)
 - ✓ Can't recall events prior to hit or fall
4. Signs and symptoms that may be reported by the player:
 - ✓ Headache or —pressure in head
 - ✓ Nausea or vomiting
 - ✓ Balance problems or dizziness
 - ✓ Double or blurry vision
 - ✓ Sensitivity to light
 - ✓ Sensitivity to noise
 - ✓ Feeling sluggish, hazy, foggy, or groggy
 - ✓ Concentration or memory problems

- ✓ Confusion
- ✓ Does not —feel right

Both parents/guardians and players are advised to take the Center for Disease Control's free online concussion training at <http://www.cdc.gov/concussion/HeadsUp/Training/HeadsUpConcussion.html> .

Under Florida law this player who has a suspected concussion or head injury must be removed from play or practice. Before the player may return to practice or competition a written medical clearance to return stating that the youth athlete no longer exhibits signs, symptoms, or behaviors consistent with a concussion or other head injury must be received from an appropriate health care professional trained in the diagnosis, evaluation, and management of concussions. In Florida, an appropriate health-care professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes), a licensed osteopathic physician (DO, as per Chapter 459, Florida Statutes), a licensed physicians assistant under the supervision of a MD/DO (as per Chapters 458.347 and 459.022, Florida Statutes) or a health care professional trained in the management of concussions.

I have read and understand this consent form, and I volunteer to participate.

Player Name: _____

Signature: _____ Date: _____

As parent or guardian, I have read and understand this consent form and I give permission for my child, named above, to participate.

Parent/Legal Guardian Name: _____

Signature: _____ Date: _____



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7900 NW 40th Street
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DIVISION _____	DATE _____	STARTING TIME _____	FIELD #. _____							
TEAMS	1	2	3	4	5	6	7	8	9	TOTAL
V:										
H:										
Bat Ord	VISITING TEAM PLAYERS			Bat Ord	HOME TEAM PLAYERS					
	LAST NAME, FIRST NAME	POS	NO.		LAST NAME, FIRST NAME	POS	NO.			
1				1						
2				2						
3				3						
4				4						
5				5						
6				6						
7				7						
8				8						
9				9						
10				10						
11				11						
12				12						
13				13						
14				14						
THE INFORMATION ON THIS SHEET IS A TRUE AND ACCURATE RECORD OF THIS GAME										
VISITING MGR. _____					HOME MGR. _____					
PLATE UMPIRE _____					FIELD UMPIRE _____					



INSURANCE BINDER

DATE (MM/DD/YYYY)
3/19/2013

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

AGENCY: For Service Contact: Bene-Marc, Inc. 6301 Southwest Blvd, Suite 101 Fort Worth, TX 76132 (817) 738-6899		COMPANY The Hartford BINDER # 46 SR 124741										
PHONE (A/C, No, Ext): CODE: AGENCY CUSTOMER ID: INSURED Optimist Club of Westchester 9337 SW 35 St., Miami, FL 33165	FAX (A/C, No): SUB CODE: DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) Activities Covered: Baseball	<table border="1"> <tr> <th>DATE</th> <th>EFFECTIVE</th> <th>TIME</th> <th>EXPIRATION</th> <th>TIME</th> </tr> <tr> <td>3/15/2013</td> <td>12:01</td> <td><input checked="" type="checkbox"/> AM <input type="checkbox"/> PM</td> <td>3/15/2014</td> <td><input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON</td> </tr> </table> <p> <input type="checkbox"/> THIS BINDER IS ISSUED TO EXTEND COVERAGE IN THE ABOVE NAMED COMPANY PER EXPIRING POLICY #: </p>	DATE	EFFECTIVE	TIME	EXPIRATION	TIME	3/15/2013	12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	3/15/2014	<input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON
DATE	EFFECTIVE	TIME	EXPIRATION	TIME								
3/15/2013	12:01	<input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	3/15/2014	<input checked="" type="checkbox"/> 12:01 AM <input type="checkbox"/> NOON								

COVERAGES		LIMITS		
TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY <input type="checkbox"/> BASIC <input type="checkbox"/> CAUSES OF LOSS BROAD <input type="checkbox"/> SPEC				
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$
		DAMAGE TO RENTED PREMISES		\$
		MED EXP (Any one person)		\$
		PERSONAL & ADV INJURY		\$
		GENERAL AGGREGATE		\$
		PRODUCTS - COMP/OP AGG		\$
VEHICLE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	RETRO DATE FOR CLAIMS MADE:	COMBINED SINGLE LIMIT		\$
		BODILY INJURY (Per person)		\$
		BODILY INJURY (Per accident)		\$
		PROPERTY DAMAGE		\$
		MEDICAL PAYMENTS		\$
		PERSONAL INJURY PROT		\$
		UNINSURED MOTORIST		\$
				\$
VEHICLE PHYSICAL DAMAGE <input type="checkbox"/> COLLISION: _____ <input type="checkbox"/> OTHER THAN COL: _____	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE		\$
		STATED AMOUNT		\$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	RETRO DATE FOR CLAIMS MADE:	AUTO ONLY - EA ACCIDENT		\$
		OTHER THAN AUTO ONLY:		\$
		EACH ACCIDENT		\$
		AGGREGATE		\$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE		\$
		AGGREGATE		\$
		SELF-INSURED RETENTION		\$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY	RETRO DATE FOR CLAIMS MADE:	WC STATUTORY LIMITS		\$
		E.L. EACH ACCIDENT		\$
		E.L. DISEASE - EA EMPLOYEE		\$
		E.L. DISEASE - POLICY LIMIT		\$
SPECIAL CONDITIONS / OTHER COVERAGES Excess Accident Medical \$ 25,000.00 AD &D \$2,500.00 Deductible \$100.00		FEES		XXXXXXXXXXXXXXXXXXXXXXXXXXXX
		TAXES		XXXXXXXXXXXXXXXXXXXXXXXXXXXX
		ESTIMATED COSTS		XXXXXXXXXXXXXXXXXXXXXXXXXXXX

NAME & ADDRESS		MORTGAGEE	ADDITIONAL INSURED
#: 6346-26958 Optimist Club of Westchester 9337 SW 35 St., Miami, FL 33165		LOSS PAYEE	
		LOAN #	
		AUTHORIZED REPRESENTATIVE	<i>Olivia Lynn Hall</i>