



Westchester Optimist Baseball Program

7900 SW 40th Street
Miami, FL 33155

Registration Check-Off List

Registration Packet:

- ___ Registration Fees (\$75 per player per season)
- ___ Registration Forms (1 per player)
- ___ Optimist Membership Application (2 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 2020

Winter/Spring Season Jan – June

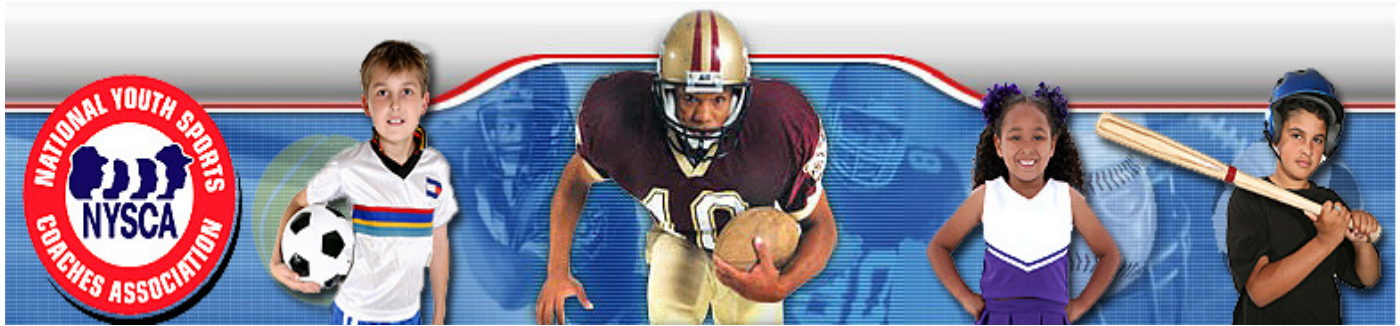
Summer/ Fall Season July – Dec

\$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 - Jimmy Koch at: jkoch@westchesteroptimist.com

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 two from the following list: 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 is a \$50 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 your would benefit from sales tax exemption.

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 - Jimmy Koch _____

Board Member _____
(Circle One) Rick Fernandez Jimmy Koch Kelly Barket



**OPTIMIST CLUB OF WESTCHESTER
BASEBALL PROGRAM**

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



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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 States.

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: _____ Zip: _____

Residing at this address since: _____

Prior Address: _____

City: _____ State: _____ Zip: _____

How long did you reside at this address? _____

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.

Signature

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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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 _____					