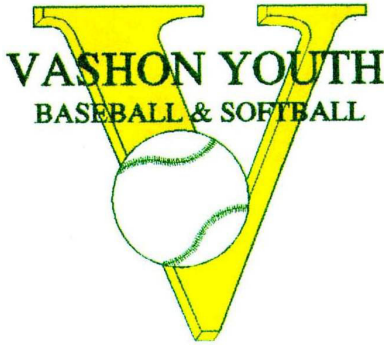




*VYBS Training
Center*






Vashon Youth Baseball Softball Training Center Membership

Brand new indoor batting cage opportunity for baseball -loving youth membership to VYBS Indoor Training Center. Valid for one month from date of purchase. Membership cards can be picked up at Vashon Park District or at the VYBS Training Center. Memberships grants you access to the afternoon and evening league opportunities but not Clinic Lessons, which must be purchased separately.

Discounts available for Multiple Children. Please call the park district if registering more than one child per family.

Financial assistance is available only when registering in person at Vashon Park District.

-  **One Month Membership - \$45**
-  **Three Month Membership - \$89**
-  **Six Month Membership - \$149**

 **Yes I am signing up more than one family member. Please subtract 20% from my additional family members' fees.**

Questions? Contact Us!

(206) 463-9602 phone
(206) 463-9614 fax

www.vashonparkdistrict.org

17130 Vashon Hwy SW
P.O. Box 1608
Vashon Island, WA 98070

Office Hours:
8 a.m. to 4 p.m.,
Monday thru Friday

IMPORTANT! Registration packets without required signatures, payment, and Reduced Fee or Payment Plan paperwork, if applicable, will NOT be accepted until all required documents are received.

**VYBS
Training
Membership**

See VYBS Training Center for Hours of Operation

Time: DOP or Jan 1

Location: VYBS Training Center

Fee: _____

_____ **Multi Family discount \$** _____

CCW _____ PP _____ RFA _____

Payment Date: _____ Amt: _____ TYPE: _____ CC _____ CHK# _____ Cash _____ Web _____

Registration Information: Please complete side 1 and 2 of this form. If you have a **Park District** On-line Profile fill out the * lines on side 1 and **all** of side 2. Be Sure to **read** and **sign** all the waivers, disclaimers and releases attached.

- * Name of Participant: _____
- * Date of Birth: _____ Grade: _____ Age _____ Gender _____
- * Parent or guardian name: _____
- * E-mail: _____ I do not wish to Receive promotional e-mail

Stop! If you have registered for a park program in the last 6 months you do not need to fill out the below information. Please proceed to the waiver page.

Primary phone: _____

Secondary phone: _____ Other phone: _____

Mailing address: _____

Home address if different from above: _____

Emergency contact: _____

(Emergency contacts are **alternates** to the parent/guardian. List at least ONE.)

Phone: _____ Relation: _____

Emergency back-up contact: _____

Phone: _____ Relation: _____

I DO or DO NOT have any medical conditions.

Please list all medical conditions: _____

Doctor name: _____ Doctor phone: _____

Location: _____

How did you hear about this program? Newspaper Website Mass email Poster

School registration packet Word of mouth Billboard Repeat session Other

Yes! I want to spread my payment over the course of this Program. Please give me a **Payment Plan** form

Payment Plans are a contract promising to pay scheduled installments to be completed at the conclusion of this program.

Yes! I would like to apply for a **Reduced Fee Award**. Applications are available upon request in the VPD office. Proof of household income is required and valid for up to 6 months.

Yes! I want to **donate** to VPD's Reduced Fee Fund. Amount: \$ _____ Thank you!

Disclaimer, Release and Waivers

Vashon Park District Refunds & Cancellations: Refunds will be issued only if requested no fewer than 7 business days prior to program start date OR in the event of documented medical reason or significant family emergency. ALL refunds will be assessed a \$25 processing fee.

Disclaimer: In consideration of the Vashon Park District allowing my participation in this class, I hereby consent to such participation, acknowledging the risks involved and assuming all such risks. I agree to release, indemnify and hold the Vashon Park District, their commissioners, coaches, instructors, volunteers, organizers, agents and employees, harmless from and against any and all claims, actions, suits, losses, liability, costs, expenses, and damages of any nature whatsoever, including costs and attorneys fees in defense thereof, for injuries, sickness, or death, which are caused by, or arise out of my participation in any portion of the program or any activity incidental thereto, provided, that nothing herein requires me to release, indemnify or defend for injuries, sickness or death caused by or arising out of the sole negligence of the Vashon Park District, their commissioners, employees or agents.

Signature: _____ Date _____

(Parent/Guardian/Participant if 18+ years old signature)

Please print name _____

Photo Release:

I hereby give to Vashon Park District, its designees, agents, and assigns, perpetual, non-exclusive, royalty-free, and unlimited permission to use, publish and republish reproductions of my or my children's likeness (photographic or otherwise), with or without identification of me or them by name, in print, electronic, or any other medium, including but not limited to our web site and in any publicity or other materials.

Consent of parent or legal guardian if above individual is a minor

I consent and agree, individually and as a parent or legal guardian of the **minors name listed below**, to the foregoing terms and provisions.

1) _____ 2) _____ 3) _____

Signature of Parent or Legal Guardian

Date

Relationship to minor

Concussion Waiver:

I, _____, have read and understand the **Concussion Information sheet** provided by Vashon Park District and hereby release VPD, the VI School District, their employees, agents, volunteers, and designees from any liability related to my child suffering a Concussion/Head Injury while engaging in this activity. Parent/Guardian Initial _____

Mail completed form to: VASHON PARK DISTRICT, P.O. BOX 1608 Vashon, WA 98070 or

Place in the secure mail slot drop box on the north entrance of the District Office at Ober Park facing the parking lot or

Register online at www.vashonparkdistrict.org.

Concussion Information Sheet

WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

If your child has experienced a bump or blow to the head during an athletic activity, look for any of the following signs and symptoms of a concussion:

Signs Observed by Parents or Guardians	Symptoms Reported by Athlete
<p>Appears dazed or stunned</p> <ul style="list-style-type: none">• Is confused about assignment or position• Forgets an instruction• Is unsure of game, score, or opponent• Moves clumsily• Answers questions slowly• Loses consciousness (even briefly)• Shows behavior or personality changes• Can’t recall events prior to hit or fall• Can’t recall events after hit or fall	<ul style="list-style-type: none">• 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”

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

Every sport is different, but there are steps your children can take to protect themselves from concussion.

- Ensure that they follow their coach’s/Adults rules for safety and the rules/code of the sport.
- Encourage them to practice good sportsmanship at all times .
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly. Learn the signs and symptoms of a concussion.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. Seek medical attention right away. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
2. Keep your child out of play. Concussions take time to heal. Don’t let your child return to play until a health care professional says it’s OK. Children who return to play too soon-while the brain is still healing-risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
3. Tell your child’s coach about any recent concussion. Coaches should know if your child had a recent concussion in ANY sport. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

Up to date info on concussions can be found at: www.cdc.gov/ConcussionInYouthSports

This is to certify that I have read and understand this concussion information provided by Vashon Park District.

My Child’s Name: _____

Program in which my child is participating: ***VYBS Training Center***

Parent/Legal Guardian Signature

Print Name

Date