



## 2016 BFCCPS Wiffle Ball Spring Intramural

With Spring comes baseball! In this case, it's WIFFLE BALL!!!

All students grades 4-8 are welcome to come and learn and enjoy America's backyard pastime! Learn to throw a curve, run the bases, and hit a homerun!

Sign-up sheet with requirements to participate is attached to this flyer, and available for pick up in my classroom (Rm. 14).

**Cost: \$10/student**

### **Dates:**

1<sup>st</sup> Week: Monday, 3/28 @ 3:30 school field.

2nd Week: Monday, 4/4 @ 3:30 school field

3rd Week: Monday, 4/4 @ 3:30 school field

4th Week: Monday 4/25 @ 3:30 school field

5th Week: Monday 5/2 @ 3:30 school field

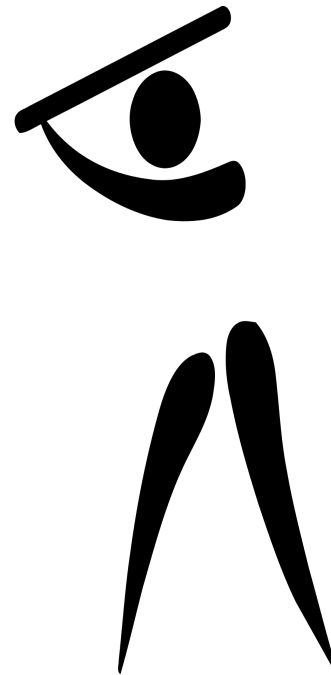
6th Week: Monday 5/9 @ 3:30 school field

7th Week: Monday 5/16 @ 3:30 school field

8th Week: Monday 5/23 @ 3:30 school field

Rain Date 6/6 @ 3:30 school field

\*\*End of the season Event: Pawtucket Red Sox Home Game (Date and time TBD)



If you have any questions please contact me here at school [mvelky@bfccps.org](mailto:mvelky@bfccps.org)

Mr. Matthew Velky

# BENJAMIN FRANKLIN CLASSICAL CHARTER PUBLIC SCHOOL

## Wiffle Ball GRADES 4-8

### EXTRACURRICULAR ATHLETIC ACTIVITIES REGISTRATION FORM

In order for a student to participate in a BFCCPS extracurricular athletic activity they must submit to the following before they are cleared to participate.

- Completed Registration Form
- Completed Pre-Participation Head Injury/Concussion Reporting Form (on reverse)
- Completed Concussion Awareness (form included in this packet)
- Copy of the student's most recent physical exam dated within 13 months of the start of the activity, must be on file at BFCCPS. Students who meet the criteria at the start of an activity will remain eligible for duration of that activity
- Participation Fee of \$10 - Check made out to BFCCPS.

Student's Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Mother's cell: \_\_\_\_\_ Father's cell: \_\_\_\_\_

Parent's email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Sport: \_\_\_\_\_ Physical Date: \_\_\_\_\_

How will the student be picked up from the activity: \_\_\_\_\_

Below for Office Use Only

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The Student above as met all the criteria for participation

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

# BENJAMIN FRANKLIN CLASSICAL CHARTER PUBLIC SCHOOL

## EXTRACURRICULAR ATHLETIC ACTIVITIES PRE-PARTICIPATION HEAD INJURY/CONCUSSION REPORTING FORM

This form is to be completed by the student's parent(s) or legal guardian(s). It must be submitted to the Assistant Head of School *prior* to a student's participation in a BFCCPS athletic activity.

Name of Student : \_\_\_\_\_

Has this student ever experienced a traumatic head injury (a blow to the head)? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "Yes", when? Give dates (month/year) \_\_\_\_\_

Has this student ever received medical attention for a head injury: Yes \_\_\_\_\_ No \_\_\_\_\_  
If "Yes", when? Give dates (month/year) \_\_\_\_\_  
If "Yes", please describe the circumstances: \_\_\_\_\_

Was this student diagnosed with a concussion? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "Yes", when? Give dates (month/year) \_\_\_\_\_  
Duration of symptoms (ie. headache, difficulty concentrating, fatigue) for most recent concussion: \_\_\_\_\_

### I HAVE READ AND UNDERSTAND:

1. I do hereby consent to my child's participation in voluntary athletic programs and do forever release, acquit, discharge, and covenant to hold harmless BFCCPS from any and all actions, causes of action, and claims on account of, or in any way growing out of, directly or indirectly, all known or unknown personal injuries or property damage which I may now or hereafter have as a parent/guardian of said minor, and also all claims or right of action for damages which said minor has or hereafter may acquire, either before or after he/she has reached his/her majority resulting from his/her participation in the BFCCPS athletic programs.
2. I give permission for the coach to render first aid as deemed necessary.
3. I give the coach or person-in-authority my consent to seek whatever medical treatment may be necessary in the event that my son/daughter is injured or requires medical care while in his/her charge and a parent/guardian cannot be reached.
4. I completed the concussion awareness form, signed it, and returned it to BFCCPS.
5. I hereby give my permission for my son/daughter to participate in competitive athletics at BFCCPS. I understand that my child's participation in athletic programs is voluntary and that my child and I are free to choose not to participate in these programs. I also understand and agree that such activity involves the potential for minor, major or catastrophic injuries, which are inherent in all contact/non-contact sports.
6. All parents/guardians of participants ages 10 and up are encouraged to contact their primary care provider for a baseline ImPACT Test which may be used to guide return to play.

Signature of Parent/Guardian

X \_\_\_\_\_

DATE \_\_\_\_\_

Signature of Student Athlete

X \_\_\_\_\_

DATE \_\_\_\_\_

# CONCUSSION Information Sheet



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

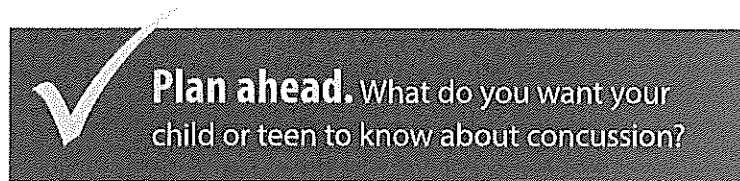
## What Is a Concussion?

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. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

## How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
  - › Work with their coach to teach ways to lower the chances of getting a concussion.
  - › Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
  - › Ensure that they follow their coach's rules for safety and the rules of the sport.
  - › Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



## How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

### Signs Observed by Parents or Coaches

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (*even briefly*).
- Shows mood, behavior, or personality changes.
- Can't recall events *prior to or after* a hit or fall.

### Symptoms Reported by Children and Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

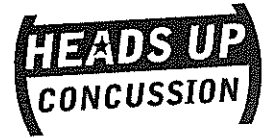
**Talk with your children and teens about concussion.** Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*

To learn more, go to [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)



Centers for Disease  
Control and Prevention  
National Center for Injury  
Prevention and Control

**Concussions affect each child and teen differently.** While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' health care provider if their concussion symptoms do not go away or if they get worse after they return to their regular activities.



## What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other.
- Drowsiness or inability to wake up.
- A headache that gets worse and does not go away.
- Slurred speech, weakness, numbness, or decreased coordination.
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching).
- Unusual behavior, increased confusion, restlessness, or agitation.
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously.

➤ Children and teens who continue to play while having concussion symptoms or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious and can affect a child or teen for a lifetime. It can even be fatal.

## What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a health care provider.



To learn more, go to [www.cdc.gov/HEADSUP](http://www.cdc.gov/HEADSUP)

You can also download the CDC *HEADS UP* app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

Revised 5/2015

**Discuss the risks of concussion and other serious brain injury with your child or teen and have each person sign below.**

*Detach the section below and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injury.*

- I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Athlete Signature: \_\_\_\_\_

- I have read this fact sheet for parents on concussion with my child or teen and talked about what to do if they have a concussion or other serious brain injury.

Parent or Legal Guardian Name Printed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Legal Guardian Signature: \_\_\_\_\_