



# Sports and Athletics Section

Department of Community Services

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 County Executive

[www.nccdesports.com](http://www.nccdesports.com)

@nccdesports

## 2021 WINTER YOUTH INDOOR INSTRUCTIONAL SPORTS CLASSES

New Castle County plans to offer several youth sports clinics this winter. 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 (except BA-D which will be held at St. Marks High School).**

### **NCC Sports COVID-19 Protocols:**

Absolutely no spectators permitted in the facility (ONLY participants, staff, and officials can attend events).

Masks are required and must be worn at ALL TIMES.

All visitors will be temperature screened upon arrival, and social distancing must be observed.

No shared equipment, and participants should wash/sanitize hands regularly.

**Note:** We are not currently collecting payments. Please contact the Sports Office to reserve a spot in our programs.

### Baseball (6-18) • Softball (Ages 8-14) • Field Hockey (grades 1-8)

Class	Code	Ages	Cost*	Day	Time	Start	Sessions	Instructor
Baseball - Infield/Hitting	BA-A	13-18	\$80	Sun	8:15 am	1/10	6 x 1 hr	M. Smith
Baseball - Infield/Hitting	BA-B	8-12	\$80	Sun	9:45 am	1/10	6 x 1 hr	M. Smith
Baseball - Pitching	BA-C	9-13	\$80	Sun	2:15 pm	1/10	6 x 1 hr	C. Eddy
Baseball - All Skills/Basics	BA-D	6-10	\$80	Wed	7:30 pm	1/10	6 x 1 hr	M. Smith
This clinic will be held at St. Mark's High School								
Baseball - Catchers *	BA-E	8-18	\$40	Sun	9:00 am	2/28	1 x 3 hr	K. Wilson
Field Hockey	Youth field hockey programs are detailed in a separate program flyer. Visit <a href="http://www.nccdesports.com">www.nccdesports.com</a> for more information.							
Softball	SB	8-14	\$80	Sun	12:45 pm	1/10	6 x 1 hr	C. Eddy

\* Non-residents are welcome to participate in all our programs. Please add \$6 to the cost of each class.

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](http://www.nccdesports.com)

## 2021 YOUTH WINTER INSTRUCTIONAL SPORTS CLASSES

Please complete the entire registration form & concussion information (reverse side). **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
Circle all desired classes	BA-A		BA-B		BA-C
	BA-E		SB		SA
<b>Youth Participation Agreement Form</b>					
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.

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### 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.