



**Softball 2017**  
**Spring Season Packet**

## WHEN?

Those expressing interest in participating on the Softball team shall attend our two-day tryout on Monday March 20 and Tuesday March 21. Depending on the weather, the try-out location may be indoors or outdoors. All participants will be notified in advance of the location of the tryout.

## WHO CAN TRY-OUT?

Girls Softball - Students in grades 7 - 12

## HOW MANY TEAMS ARE THERE?

Softball will have a Varsity team.

## WHAT DO YOU NEED?

1. Signed athletic participation waiver form.
2. Completed concussion awareness form. Both the student and a parent/guardian must take the NFHS or CDC online concussion course and sign the form as proof of successful completion. If you have taken one within a year of this athletic program, please inform date completed.
3. Completed pre-participation head injury form. Must be signed by both the student and a parent/guardian.
4. Updated physical form on file with the school. This means you need to have had a physical within 13 months of the last day of the season, and it must be on file in the nurse's office.
5. Equipment/attire. Students should wear proper sneakers and athletic attire fit for participating on a synthetic carpeted indoor facility. Cleats can be worn outside on the grass field. A long-sleeve or sweatshirt could be beneficial with cooler temperatures.
6. User Fee Deposit: A deposit of \$200 is required to participate in the tryouts. After your child has been assigned to a team, you will be asked to pay the remaining balance if necessary. Here is the fee for each team:

### ***Varsity - \$200***

The user fees are used to contribute towards transportation, equipment, facility rental, and officials fees. If a student is not selected for the team, their designated check will not be deposited, so trying out costs nothing. Families with two or more children playing during the same season will receive 25% discount off each additional child's fee.

## WHAT SHOULD I DO WITH THESE FORMS?

In order to participate on the Softball team, please drop off the forms at the Rising Tide Upper School, with Mr. Peterson, Athletic Director, or at the front office at the Middle School.

**Forms are due Friday March 3.**

**More Details:**

- **Team practices and Home Games will start at 3:30pm. Depending on the facility, practices will end at 4:30pm or 5:00pm during the season. Practices will be held at multiple facilities including:**
  - a. **Stephens Field - *Union St. Plymouth***
  - b. **The Boys & Girls Club Field - *across from the Middle School***
  - c. **Team Mizuno Facility - *14 Apollo 11 Rd. #7 (Practices will end at 4:30 pm)***
  - d. **4 For 4 Facility - *100 Armstrong Rd.***
  
- **Varsity teams will meet for practices and games Monday through Friday, with possible re-scheduled Saturday commitments. If there is a Sub-varsity team, they will meet 2-5 days per week. The specific meeting dates will be posted on the school athletics calendar. Varsity games will also be posted on *miaa.net*. Updates on the school athletics calendar will occur daily if necessary.**
  
- **The Spring Softball Season runs from March 20 to May 29 or into June if the team qualifies for the MIAA tournament. There is a vacation period of time where there may be a practice or game scheduled due to school/weather cancellations. Rising Tide follows the tradition that this time is family time and will uphold this routine to the best capabilities. If necessary, your child will not be penalized for missing a practice/game during vacation as long as proper notification is made to the coaching staff.**
  
- **A Parent communication email will be developed for each team. Any sudden changes in schedules (such as a snow/rain cancellation), or setting up a carpool will be sent out via an email blast. If you are able to carpool, please fill out the attached cori form. Please list the email addresses you would like to be part of this list if your child is selected on a team.**

email: \_\_\_\_\_

email: \_\_\_\_\_

email: \_\_\_\_\_

email: \_\_\_\_\_



2016-2017 ATHLETIC PARTICIPATION WAIVER

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_ Home Phone # \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Relationship \_\_\_\_\_

Emergency Contact Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Participation in athletics can result in serious injury, even when measures have been taken to ensure safety. In the event of an injury the school will provide first aid, but all other treatment is the responsibility of the parent/guardian. Participating on an athletic team/club at Rising Tide is not required, and students do so on a voluntary basis with the permission of their parent(s) or guardian(s).

Families are required to pay a user fee for each season. If a student is removed from the team/club before the conclusion of the season for any reason, Rising Tide has the right to keep the entire user fee.

Rising Tide will use buses and/or parent carpools to transport students to and from practices and games. By signing this waiver you are permitting your child to ride in a private vehicle driven by another student's parent or guardian as well as a bus chartered by the school.

All uniforms are property of Rising Tide and should be returned to the school at the end of the season or the family will be charged for the replacement cost.

A student may be removed from a team at any point in the season if the grade-level team determines it is necessary. Students can be dismissed from a team/club for both academic and non-academic reasons.

A student will not be permitted to participate in any activities until s/he has a physical form on file with the school which has been completed within 13 months of the tryout date. A completed concussion awareness form, pre-participation head injury/concussion reporting form, and user fee must also be submitted before a student is allowed to participate in the tryout.

I hereby give permission for \_\_\_\_\_ to participate in the Softball 2017 spring season.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date



## CONCUSSION AWARENESS FORM

Dear Parents/Guardians:

As the prevalence and dangers of head injuries in athletics have become more evident, it is important for both student-athletes and their families to have a greater understanding of the issue. For the safety of our student-athletes, Rising Tide Charter Public School is requiring that both parents/guardians AND the student complete ONE of the following free online concussion courses. The completion of this course is required before your child tries out for an athletic team at Rising Tide. It must be completed once per school year.

Complete one of the online courses on concussion/head injuries. It should take less than 30 minutes to complete the course, including registration. Please print a copy of the completion certificate for your records.

- National Federation of High School Coaches Course, *Concussion In Sports - What You Need To Know*

<http://www.nfhslearn.com/electiveDetail.aspx?courseID=15000>

OR

- Centers for Disease Control Course, *Heads Up Concussion In Youth Sports*

[http://www.cdc.gov/concussion/HeadsUp/online\\_training.html](http://www.cdc.gov/concussion/HeadsUp/online_training.html)

Signing below acknowledges that you have successfully completed one of the online free sports concussion awareness courses.

Student-Athlete Name \_\_\_\_\_ Sport \_\_\_\_\_

Student-Athlete Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian  
Signature \_\_\_\_\_ Date \_\_\_\_\_



**PRE-PARTICIPATION HEAD INJURY/CONCUSSION REPORTING FORM FOR  
EXTRACURRICULAR ACTIVITIES**

This form should be completed by the student’s parent(s) or legal guardian(s). It must be submitted to the Athletic Director in the Try Out Packet prior to the start of each season a student plans to participate in an extracurricular athletic activity.

Student’s Name	Sex
Date of Birth	Grade
School	Sport
Home Address	Telephone

**Has student ever experienced a traumatic head injury (a blow to the head)? Yes / NO**

If yes, when? Dates (month/year): \_\_\_\_\_

**Has student ever received medical attention for a head injury? Yes / No**

If yes, when? Dates (month/year): \_\_\_\_\_

If yes, please describe the circumstances:

**Was student diagnosed with a concussion? Yes\_\_\_\_\_ No\_\_\_\_\_**

If yes, when? Dates (month/year): \_\_\_\_\_

Duration of symptoms (*such as headache, difficulty concentrating, fatigue*) for most recent concussion:\_\_\_\_\_

Parent/Guardian:

Name:\_\_\_\_\_Signature/Date\_\_\_\_\_

Student Athlete:

Signature/Date\_\_\_\_\_