

**FRENCHTOWN CHARTER TOWNSHIP  
YOUTH BASEBALL/SOFTBALL PLAYER CONTRACT  
REGISTRATION**

Please Circle One "AGE GROUP" and One "SHIRT SIZE" per Registration

**SHIRT SIZES: (Youth - small/medium/large/x-large)**

**(Adult - small/medium/large/x-large/xx-large)**

**AGE GROUP**

5-6	T-Ball	(age as of April 30 <sup>th</sup> this year)	(Co-Ed)
7- 8	Transition	(age as of April 30 <sup>th</sup> this year)	(Co-Ed)
9-10	Baseball – Rec. Travel	(age as of April 30 <sup>th</sup> this year)	(Boys)
11-12	Baseball - Rec. Travel	(age as of April 30 <sup>th</sup> this year)	(Boys)
9-10	Softball - Rec. Travel	(age as of Dec. 31 <sup>st</sup> of previous year)	(Girls)
11-12	Softball - Rec Travel	(age as of Dec. 31 <sup>st</sup> of previous year)	(Girls)

12U and 10U League games begin May 19<sup>th</sup>

T-Ball and Transition Games begin June 2<sup>nd</sup>

**FAIR TEAMS ARE AGES 11-12 AS OF APRIL 30, 2025. DATES FOR TRY OUTS WILL BE ANNOUNCED.  
TEAM SELECTION AND DRAFT TBD**

**PLEASE PRINT:**

**Player Name:** \_\_\_\_\_  
(First) (M) (Last)

**Address:** \_\_\_\_\_  
(Street) (City) (State)

**Phone No.** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_ **Sex** \_\_\_\_\_ **Age** \_\_\_\_\_

**Grade in School** \_\_\_\_\_ **Township you live in** \_\_\_\_\_

I agree to play for Frenchtown Township Recreation Department and abide by all rules and regulations and request that this registration form be accepted. In consideration of myself/my child being permitted to play for said team, my/my child's heirs, executors, administrators and assigns, waive and release any and all rights and claims for damages and losses myself/my child may have against Frenchtown Charter Township, the MHSAA, the Michigan/Frenchtown Township Recreation Association/Department and or member units, their respective agents, representatives, successors and assigns for any and all injuries suffered by myself/my child during the length of this contract.

**Signed:** \_\_\_\_\_  
(printed parent name) email address

If you are interested in coaching, please print your name and phone number below as well as the **Volunteer**

**Background Consent form. Turn the form in with your child's registration form**

\_\_\_\_\_ ( ) \_\_\_\_\_

***Fee is \$15 per Player. NO REFUNDS unless league is cancelled.***

SIGN UP FOR YOUTH BALL STARTS **March 10, 2025** AT THE TOWNSHIP HALL  
OR MAIL REGISTRATION & FEE(S) TO: Frenchtown Charter Township Treasurer's Office  
2744 Vivian Road  
Monroe, Michigan 48162

PLEASE MAKE CHECKS PAYABLE TO: **FRENCHTOWN CHARTER TOWNSHIP TREASURER**

FOR INFORMATION CALL: PHIL COYLE AT 734-430-2827

**THE DEADLINE TO SIGN UP IS April 17,2025**

*\*Please see reverse side for concussion information, which requires signatures. If printing this form from our website, please be sure to print the Concussion Information form, sign & submit it with your registration.*

**Facebook page: Frenchtown Township Community and Event Center**

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crown the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body they exhibit any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, their brain needs time to heal. While an athlete's brain is still healing they are much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in your athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

**WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?** If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says they are symptom-free and it's OK to return to play. Rest is key to helping athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

**REMEMBER** Concussions affect people differently, while most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer. It's better to miss one game than the whole season. For information on concussions, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion)

\_\_\_\_\_ Student-Athlete Name Printed

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

\_\_\_\_\_ Date

\_\_\_\_\_ Parent or Legal Guardian Printed

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

\_\_\_\_\_ Date