

# 2025-2026 WINTER YOUTH BASKETBALL LEAGUE

**Scholarships Are Available – Apply Today!**



## REGISTRATION LEVELS

### Coed Grades K-1

- Thu, Dec 11, 2025 - Feb 12, 2026
- 6:30-7:30 p.m.
- One skills session/game each week

### Boys Grades 2-3; Girls Grades 2-4; Boys 4-5; Girls 5-6; Boys 6-8

- One (1-hour) practice on Mon, Tue or Wed evening beginning Mon, Dec 8, 2025
- One game per week on Saturdays, Dec 13, 2025 - Feb 14, 2026

## IMPORTANT PRE-SEASON DATES

### ALL PLAYERS (GRADES 2-8) SHOULD ATTEND

Player Clinics, Sat, Nov 8 & 22, 2025

- 10:00-11:00am - Coed Grades K-1
- 11:15am-12:15pm - Boys Grades 2-3
- 12:30-1:30pm - Girls Grads 2-4
- 1:45-2:45pm - Boys Grades 4-5
- 3:00-4:30pm - Boys Grades 6-8
- 4:45-5:45pm - Girls Grades 5-6

## TEAM SELECTION DAY

Sat, Dec 6, 2025 (Coaches Only)

## FEES

- \$60.00 Cleveland Heights residents
- \$80.00 All others eligible

## SKIP DATES

- Mon, Dec 22, 2025 - Sat, Jan 3, 2026

## REGISTRATION INFORMATION

Registration begins Mon, Oct 6, 2025 in person at the Community Center or online at [www.chparks.com](http://www.chparks.com). Registration deadline is Fri, Nov 28, 2025 or until age levels fill up.

## FORMS NEEDED

- Registration Form
- Medical Consent/History Form
- NYSCA Parental Code of Ethics
- Lindsay's Law Signature Form

## ELIGIBILITY

Open to all Cleveland Heights residents or players who reside within the boundaries of the Cleveland Heights University Heights City School District and neighboring communities.

## QUESTIONS

Community Center (216) 691-7373

Mike Discenzo (216) 691-7383

## VOLUNTEER COACHES NEEDED

Head coaches and assistant coaches are needed. If interested please contact Mike Discenzo, Program Supervisor at (216) 691-7383 or [mdiscenzo@clevelandheights.gov](mailto:mdiscenzo@clevelandheights.gov)





**Cleveland Heights Parks & Recreation Department**  
**2025-2026 Winter Youth Basketball League Registration Form**

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

School & Current Grade: \_\_\_\_\_ Age as of 12/01/2025: \_\_\_\_\_

Preferred Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_

Male  Female  Height

**Grade Level (check only one)**

**Includes any child that turns age 5 by December 1, 2025**

- Coed Grades K-1
- Boys Grades 2-3
- Girls Grades 2-4
- Boys Grades 4-5
- Boys Grades 6-8
- Girls Grades 5-6

**Fees (payable to the City of Cleveland Heights)**

\$60.00 CH Residents

\$80.00 All others eligible



**RELEASE OF LIABILITY**

In consideration of the City of Cleveland Heights ("City") providing sponsorship and/or providing facilities for this program and/or the Cleveland Heights-University Heights Board of Education ("Board") providing facilities, I hereby release and hold harmless and agree to indemnify the City and/or the Board and their employees, agents and representatives from any and all claims, costs, damages and liabilities for injuries or property damage sustained or caused by me or by my child or ward while participating in any program offered by the City. I understand that fees do not include accident or personal property insurance. I further represent that I am, or my child or ward, is physically capable of participating in the program based upon consultation with my, child's or ward's personal physician. Further, in the event of injury, I hereby give my permission and consent and authorize emergency first aid and/or medical and/or hospital care or treatment for my child/ward if deemed necessary by qualified medical or emergency personnel or by said employees, officers, agents or representatives of the City and its Parks and Recreation Department and further agree to assume all expenses for said treatment.

\_\_\_\_\_  
**Parent/Legal Guardian Signature**

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



**City of Cleveland Heights Parks & Recreation Department**  
**Consent to Treat/Medical History Form**



I \_\_\_\_\_, as the parent or legal guardian of

\_\_\_\_\_, (child), hereby give my consent for any and all emergency treatment deemed necessary by medical or city personnel from any licensed physician, hospital or clinic for the above-mentioned child for any injury that could arise from participation in the **Recreation Youth Basketball League** and I agree to be financially responsible for this treatment. I also request that the reports of any treatment so rendered be forwarded to the primary care physician whose name and address is listed below. This consent shall endure from **November 1, 2025** through **March 1, 2026**.

**Parent/Legal Guardian Signature**

**Date**

*Please complete this brief history for your child to aid any physician who may treat them*

Emergency Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Is Your Child Taking Any Medications: \_\_\_\_\_

Any Known Medical Conditions? \_\_\_\_\_

Has a Doctor Placed Any Restrictions on Your Child? \_\_\_\_\_



## **PARENTS' CODE OF ETHICS**



- I hereby pledge to provide positive support, care and encouragement for my child participating in youth sports by following this Parent's Code of Ethics Pledge.
- I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or other youth sports event.
- I will place the emotional and physical well-being of my child ahead of a personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- I will require that my child's coach be trained in the responsibilities of being a youth sports coach and that the coach upholds the Coaches' Code of Ethics.
- I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- I will demand a sports environment for my child that is free of drugs, tobacco and alcohol and will refrain from their use at all youth sports events.
- I will remember that the game is for youth, not for adults.
- I will do my very best to make youth sports fun for my child.
- I promise to help my child enjoy the youth sports experience by doing whatever I can, such as being a respectable fan, assisting with coaching or providing transportation.
- I will ask my child to treat other players, coaches, fans and officials with respect regardless of race, sex, creed or ability.
- I will read the National Standards for Youth Sports and do what I can to help all youth sports organizations implement and enforce them.

---

Parent Signature

---

Parent Signature

---

Date

# Sudden Cardiac Arrest and Lindsay's Law Parent/Athlete Signature Form



**What is Lindsay's Law?** Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. It covers all athletes 19 years or younger who practice for or compete in athletic activities. Activities may be organized by a school or youth sports organization.

**Which youth athletic activities are included in Lindsay's law?**

- Athletics at all schools in Ohio (public and non-public)
- Any athletic contest or competition sponsored by or associated with a school
- All interscholastic athletics, including all practices, interschool practices and scrimmages
- All youth sports organizations
- All cheerleading and club sports, including noncompetitive cheerleading

**What is SCA?** SCA is when the heart stops beating suddenly and unexpectedly. This cuts off blood flow to the brain and other vital organs. People with SCA will die if not treated immediately. SCA can be caused by 1) a structural issue with the heart, OR 2) an heart electrical problem which controls the heartbeat, OR 3) a situation such as a person who is hit in the chest or gets a heart infection.

**What is a warning sign for SCA?** If a family member died suddenly before age 50, or a family member has cardiomyopathy, long QT syndrome, Marfan syndrome or other rhythm problems of the heart.

**What symptoms are a warning sign of SCA?** A young athlete may have these things with exercise:

- Chest pain/discomfort
- Unexplained fainting/near fainting or dizziness
- Unexplained tiredness, shortness of breath or difficulty breathing
- Unusually fast or racing heart beats

**What happens if an athlete experiences syncope or fainting before, during or after a practice, scrimmage, or competitive play?** The coach **MUST** remove the youth athlete from activity immediately. The youth athlete **MUST** be seen and cleared by a health care provider before returning to activity. This written clearance must be shared with a school or sports official.

**What happens if an athlete experiences any other warning signs of SCA?** The youth athlete should be seen by a health care professional.

**Who can evaluate and clear youth athletes?** A physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist, certified nurse midwife. For school athletes, a physician's assistant or licensed athletic trainer may also clear a student. That person may refer the youth to another health care provider for further evaluation.

**What is needed for the youth athlete to return to the activity?** There must be clearance from the health care provider in writing. This must be given to the coach and school or sports official before return to activity.

All youth athletes and their parents/guardians must review information about Sudden Cardiac Arrest, then sign and return this form.

Parent/Guardian Signature

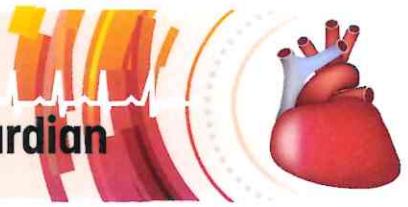
Student Signature

Parent/Guardian Name (Print)

Student Name (Print)

Date

Date



- **Lindsay's Law** is about Sudden Cardiac Arrest (SCA) in youth athletes. This law went into effect in 2017. SCA is the leading cause of death in student athletes 19 years of age or younger. SCA occurs when the heart suddenly and unexpectedly stops beating. This cuts off blood flow to the brain and other vital organs. SCA is fatal if not treated immediately.
- "Youth" covered under Lindsay's Law are all athletes 19 years of age or younger that wish to practice for or compete in athletic activities organized by a school or youth sports organization.
- Lindsay's Law applies to all public and private schools and all youth sports organizations for athletes aged 19 years or younger whether or not they pay a fee to participate or are sponsored by a business or nonprofit. This includes:
  - 1) All athletic activities including interscholastic athletics, any athletic contest or competition sponsored by or associated with a school
  - 2) All cheerleading, club sports and school affiliated organizations including noncompetitive cheerleading
  - 3) All practices, interschool practices and scrimmages
- Any of these things may cause SCA:
  - 1) Structural heart disease. This may or may not be present from birth
  - 2) Electrical heart disease. This is a problem with the heart's electrical system that controls the heartbeat
  - 3) Situational causes. These may be people with completely normal hearts who are either hit in the chest or develop a heart infection
- **Warning signs in your family** that you or your youth athlete may be at high risk of SCA:
  - o A blood relative who suddenly and unexpectedly dies before age 50
  - o Any of the following conditions: cardiomyopathy, long QT syndrome, Marfan syndrome, or other rhythm problems of the heart
- **Warning signs** of SCA. If any of these things happen with exercise, see your health care professional:
  - Chest pain/discomfort
  - Unexplained fainting/near fainting or dizziness
  - Unexplained tiredness, shortness of breath or difficulty breathing
  - Unusually fast or racing heart beats
- The youth athlete who faints or passes out before, during, or after an athletic activity **MUST** be removed from the activity. Before returning to the activity, the youth athlete must be seen by a health care professional and cleared in writing.
- If the youth athlete's biological parent, sibling or child has had a SCA, then the youth athlete must be removed from activity. Before returning to the activity, the youth athlete must be seen by a health care professional and cleared in writing.
- Any young athlete with any of these warning signs cannot participate in practices, interschool practices, scrimmages or competition until cleared by a health care professional.

- Other reasons to be seen by a healthcare professional would be a heart murmur, high blood pressure, or prior heart evaluation by a physician.
- Lindsay's Law lists the health care professionals who may evaluate and clear youth athletes. They are a physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist or certified nurse midwife. For school athletes, a physician's assistant or licensed athletic trainer may also clear a student. That person may refer the youth and family to another health care provider for further evaluation. Clearance must be provided in writing to the school or sports official before the athlete can return to the activity.
- Despite everyone's best efforts, sometimes a young athlete will experience SCA. If you have had CPR training, you may know the term "Chain of Survival." The Chain of Survival helps anyone survive SCA.
- Using an Automated External Defibrillator (AED) can save the life of a child with SCA. Depending on where a young athlete is during an activity, there may or may not be an AED close by. Many, but not all, schools have AEDs. The AEDs may be near the athletic facilities, or they may be close to the school office. Look around at a sporting event to see if you see one. If you are involved in community sports, look around to see if there is an AED nearby.
- If you witness a person experiencing a SCA: First, remain calm. Follow the links in the **Chain of Survival**:
  - ❖ Link 1: Early recognition
    - Assess child for responsiveness. Does the child answer if you call his/her name?
    - If no, then attempt to assess pulse. If no pulse is felt or if you are unsure, call for help "someone dial 911"
  - ❖ Link 2: Early CPR
    - Begin CPR immediately
  - ❖ Link 3: Early defibrillation (which is the use of an AED)
    - If an AED is available, send someone to get it immediately. Turn it on, attach it to the child and follow the instructions
    - If an AED is not available, continue CPR until EMS arrives
  - ❖ Link 4: Early advanced life support and cardiovascular care
    - Continue CPR until EMS arrives
- Lindsay's Law requires both the youth athlete and parent/guardian to acknowledge receipt of information about Sudden Cardiac Arrest by signing a form.

# City of Cleveland Heights Parks & Recreation Department Parent/Athlete Concussion Information Sheet



A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

## WHAT ARE THE SIGNS & SYMPTOMS OF 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 an athlete reports one or more symptoms of concussion listed below after a bump, blow or jolt to the head or body, s/he should be kept out of play the day of the injury and until a health care professional experienced in evaluating for concussion has given written authorization that says s/he is symptom-free and it's OK to return to play.

### Did You Know?

- Most concussions occur without loss of consciousness.
- Athletes, who have, at any point in their lives, had a concussion, have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (even briefly)	Feeling sluggish, hazy, foggy or groggy
Shows mood, behavior or personality changes	Concentration or memory problems
Can't recall events <i>prior</i> to hit or fall	Confusion
Can't recall events <i>after</i> hit or fall	Just not "feeling right" or "feeling down"

***"It's better to miss one meet than the whole season"***

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow or jolt to the head or body s/he exhibits 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, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal.*

### 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.

## 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 has given written authorization that says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an 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.

For more information on concussions, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion)

***"It's better to miss one meet than the whole season"***



# CITY OF CLEVELAND HEIGHTS PARKS & RECREATION DEPARTMENT

## Winter Recreation Youth Basketball League

### VOLUNTEER COACHES' INTEREST AND INFORMATION LETTER

Dear Prospective Coach,

I hope this letter finds you well and preparing to coach this coming Recreation Youth Basketball season. The League could not exist without the dedication and efforts of volunteer coaches like you.

Please take a moment to complete the questionnaire listed below and return it **NO LATER THAN Friday, November 7, 2025** (see address & email listed below).

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Preferred Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Grade(s) Preferred:

Coed K-1  Girls 2-4  Boys 2-3  Boys 4-5  Girls 5-6  Boys 6-8

Do you have a child in the program?  Yes  No

Child's Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Previous Coaching Experience: \_\_\_\_\_

Previous Coaches Training: \_\_\_\_\_

Return to: Mike Discenzo  
Cleveland Heights Parks & Recreation  
40 Severance Circle  
Cleveland Heights, OH 44118  
Office: (216) 691-7383  
Email: [mdiscenzo@clevelandheights.gov](mailto:mdiscenzo@clevelandheights.gov)



**CITY OF CLEVELAND HEIGHTS PARKS & RECREATION**

Date of Birth: \_\_\_\_\_

Applicant's Full Legal Name: \_\_\_\_\_  
(First Name) (Middle Name) (Last Name)

**Social Security Number:** - - -

**Applicant's Address:** \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

Email Address: \_\_\_\_\_

I, \_\_\_\_\_, authorize and give my consent for the above-named

I, \_\_\_\_\_, authorize and give my consent for the above-named organization to obtain information regarding myself. This includes the following:

- Local & National Criminal Background Records/Information
- All Fifty State Sex Offender Registries
- Full Address Trace
- Social Security Verification

I, the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

By signing this document, I am providing the above named organization my consent for an initial background check as well as any subsequent background checks deemed necessary throughout the length of my volunteer assignment with this organization.

**Printed Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

