

2026 HEIGHTS YOUTH BASEBALL LEAGUE

Scholarships Are Available – Apply Today!



AGE* DIVISIONS

5 & 6; 7 & 8; 9 & 10; 11 & 12; 13 & 14

*age as of 05/01/2026

RECREATIONAL LEAGUE

Ages 5 & 6 Coed T-Ball In-House

Ages 7 & 8 South Euclid League

Ages 9 & 10 South Euclid League

TRAVEL TEAMS

Ages 11 & 12 Quad Cities League

Ages 13 & 14 Willoughby League

PLAYER ASSESSMENT (ages 9-12)

In order to provide balance and even competition, player assessments for ages 9-12 might be held. TBD.

VOLUNTEER COACHES NEEDED

Head coaches and assistant coaches are needed. All coaches are trained and certified through the National Youth Sports Coaches Association (NYSCA). If interested please contact Mike Discenzo, Program Supervisor at (216) 691-7383 or mdiscenzo@clevelandheights.gov

REGISTRATION INFORMATION

Registration begins Saturday, February 14, 2026 in person at the Cleveland Heights Community Center or online at www.chparks.com. Registration deadline is Saturday, May 2, 2026 or until age levels fill up. Contact the Community Center at (216) 691-7373 with any registration questions or stop in during registration hours to obtain a registration packet.

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.

FEES

- \$90.00 Cleveland Heights residents
- \$125.00 All others eligible

QUESTIONS

Please contact Mike Discenzo at (216) 691-7383 or mdiscenzo@clevelandheights.gov

SPONSORS NEEDED

For more information, please contact Jonathan Wilhelm, Asst. Commissioner of Parks and Recreation at (216) 291-3669.



Cleveland Heights Parks & Recreation Department Heights Youth Baseball League Registration Form

Player's Name: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

School & Current Grade: _____ Age on May 1, 2026: _____

Preferred Phone Number: _____

E-mail: _____

Age Divisions (check only one):

Ages 5 & 6 (Coed T-Ball) In-House
 Ages 7 & 8 (Coach Pitch) South Euclid League
 Ages 9 & 10 (Kid Pitch) South Euclid League
 Ages 11 & 12 (Travel) Mayfield Quad Cities League
 Ages 13 & 14 (Travel) Willoughby League

Fees (payable to the City of Cleveland Heights)

\$90.00 CH Residents

\$125.00 All others eligible

Preferred Coach/Teammates (requests are not guaranteed)

Coach: _____

Teammates: _____

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/Guardian Signature _____ Date _____

Youth Scholarship Fund available for Cleveland Heights residents



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 Heights Youth Baseball/Girls' Softball 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 April 1, 2026 through July 31, 2026.

Parent/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.

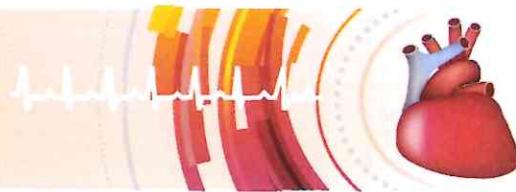
Parent Signature

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

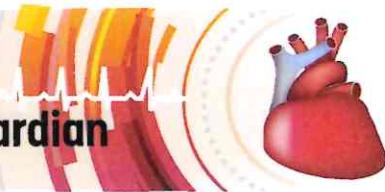
Student Signature

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

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



CITY OF CLEVELAND HEIGHTS

PARKS & RECREATION DEPARTMENT

Heights Youth Baseball League

VOLUNTEER COACHES' QUESTIONNAIRE

We greatly appreciate your interest in coaching in our Heights Youth Baseball League and we ask that you complete the following questionnaire so that we may best accommodate your schedule and needs. Please return the completed questionnaire ASAP.

Name: _____

Address: _____

City: _____ Zip Code: _____

Preferred Phone: _____

Email: _____

Preferred League:

- Ages 5 & 6 Coed T-Ball (In-House)
- Ages 7 & 8 Coach Pitch (South Euclid League)
- Ages 9 & 10 Kid Pitch (South Euclid League)
- Ages 11 & 12 Travel (Quad City Majors League)
- Ages 13 & 14 Travel (Willoughby Pony League)

Practice Night(s) Preferred (in order of preference): _____

Names, Addresses & Phone Numbers of Other Prospective Coaches: _____

Names, Addresses & Phone Numbers of Interested Players: _____

Comments & Suggestions: _____

Thank you again for your willingness to volunteer as a coach in the Heights Youth Baseball League. We will be in contact with you as league events approach, however, please do not hesitate to contact Mike Discenzo, Program Supervisor at 216-691-7383 or mdiscenzo@clevelandheights.gov, should you have any questions or suggestions.

Mail Completed Questionnaires to:

Cleveland Heights Parks & Recreation, Attn: Mike Discenzo
1 Monticello Blvd - Cleveland Heights, OH 44118

CITY OF CLEVELAND HEIGHTS PARKS & RECREATION

Background Consent/Release Form 3282

Date of Birth: _____

Applicant's Legal Name: _____

Social Security Number: _____ - _____ - _____

Applicant's Address: _____

City: _____ State: _____ Zip Code: _____

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: _____

