



Parks, Recreation & Beaches Hazelwood Greens



MEMBERSHIP FORM



Info

Make sure all your information is correct.

The **Hazelwood Greens Club Membership** offers exclusive access to Hazelwood Park Greens during designated member hours—at least **8 hours per week**—for a seasonal fee. Members also have access to equipment provided by **New Bedford Parks, Recreation & Beaches (NBPRB)**.

Hazelwood Greens Annual Fees Per Member

	\$100	March 15 th - November 15 th (Weather Permitting)
	\$50	Winter Season

Primary Member **MUST** be 18yrs or older.

First Name :	Last Name:
Address (Number & Street):	
City/State:	Zip:
Primary Phone Number:	Secondary:
Email:	
Allergies/Physical Needs:	

Best Time To Call:

☐ Morning

☐ Afternoon

☐ Evenings

☐ Weekend

Gender:

☐ Male

☐ Female

Date of Birth:

Minor members MUST be 17yrs old or younger.

First Name:	Primary Number:	
Last Name:	Email address:	
Emergency Contact:	Allergies/Physical Needs:	

Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of Birth:	
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Success

After adding all necessary information, make sure to answer this question.

Question Photo & Video Release

NBPRB staff may take photos or video footage for promotional materials.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Waiver, Release, Indemnification & Covenant Not to Sue

In consideration for the right to participate in NBPRB programming and activities, I, the undersigned parent/guardian of the named minor(s), agree to the following:

- I hereby release and hold harmless the City of New Bedford, its employees, agents, and affiliates from any and all liability, claims, or damages for injury, loss, or property damage arising from participation in NBPRB programs or use of NBPRB facilities or equipment.
- I certify that I and/or my child(ren) are in suitable physical condition to participate and that I understand all program policies, including the no-refund policy.
- I authorize NBPRB staff to obtain emergency medical treatment for myself or my child(ren), and I agree to assume all associated costs.
- I affirm that all personal and income-related information provided (if applicable) is accurate and subject to verification by the City of New Bedford Office of Housing and Community Development and the U.S. Department of Housing and Urban Development. This information will be kept confidential and used solely for funding and monitoring purposes.

By signing, I acknowledge that I fully understand and voluntarily accept all terms outlined in this document.

Parent/Legal Guardian Signature

Full Name:	Date:
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Your support ensures our greens are maintained to a high standard.

Concussion Protocol & Procedure

Purpose

This policy outlines a clear protocol for the recognition, treatment, and management of concussions to ensure the safety and well-being of all participants in recreational activities across City parks and facilities, including the Andrea McCoy Recreation Center.

Scope

This protocol applies to all:

- PRB staff
 - Volunteers
 - Licensees
 - Program participants
- Including all third-party activities held on City-owned recreation property.

Definition

A concussion is a form of traumatic brain injury (TBI) caused by a bump, blow, or jolt to the head or body that disrupts brain function.

Policy Guidelines

1. Education & Training

- Annual training on concussion awareness, recognition, and management is required for all staff, coaches, licensees, referees, and sports officials.
- Required Training: [CDC Heads Up: Youth Sports Concussion Training](#)
- Informational materials will be available at www.NBPRB.com.

2. Recognition of a Concussion

Participants involved in any collision or impact must be immediately removed from activity and assessed. Common symptoms include:

- Headache or pressure in the head
- Dizziness or lightheadedness
- Nausea or vomiting
- Confusion or memory issues
- Blurred or double vision
- Ringing in ears or balance issues
- Sensitivity to light/noise
- Sluggishness or loss of consciousness

3. Immediate Response

- Evaluation should be conducted by a qualified healthcare provider, if available.
- If no provider is present, the participant must be referred to a medical professional immediately and may not return to activity that day.

4. Post-Incident Procedure

- Any individual exhibiting concussion symptoms must not return the same day.
- A formal medical evaluation by a concussion-trained healthcare professional is required.

5. Return-to-Activity (RTA) Protocol

Participants must follow a stepwise 5-stage recovery process, with 24 hours between stages and no symptoms before progressing:

1. Rest – Full physical and mental rest
2. Light Activity – Walking or light exercise
3. Moderate Activity – Increased physical activity without risk
4. Non-Contact Training – Controlled practice without contact
5. Full Return – After written medical clearance

If symptoms return, participant must stop and resume the previous step after 24 hours of rest.

6. Documentation

- All incidents must be documented in writing and reported to PRB.
- Written medical clearance is mandatory before resuming activity.

7. Communication

Staff and licensees are responsible for informing all participants and their guardians about this protocol and any incidents that occur.

Annual Review

This protocol will be reviewed and updated annually to reflect the most current best practices and medical guidelines.

Contact Information

New Bedford Parks, Recreation & Beaches
181 Hillman St, Bldg. 3, New Bedford, MA 02740
(508) 961-3015
info.prb@newbedford-ma.gov or Hazelwoodparkgrees@gmail.com

Disclaimer: This policy is a guideline and not a substitute for professional medical advice. If you suspect a concussion, seek immediate medical attention.