

# Central Klickitat County Parks and Recreation District

## 2017 Youth Soccer Program

For girls and boys ages 4 – 15

Age division will be determined by child's date of  
birth on July 31, 2017

Registration forms are available at the Swimming Pool or at  
[www.centralklickitatcountyparksandrec.com](http://www.centralklickitatcountyparksandrec.com)

Registration Dates: June –August 10<sup>th</sup>

- Please take completed registration forms to the swimming pool
- Fees: \$45 for the first child and \$40 for each additional child within a family.
- Please note, registrations after August 10 may result in a child being 'wait listed' for a team placement.
- Games begin the first Saturday in September!



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Youth Soccer Program

For girls and boys ages 4 – 15

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Please complete one registration form per household: Family Last Name \_\_\_\_\_

Parents: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

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

Mom's Cell \_\_\_\_\_ Dad's Cell \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Doctor's Name & Phone Number: \_\_\_\_\_

Please place an "X" in the box after the child's gender if there is medical information (allergy)/conditions to convey. Please use the blank space below to provide detailed information.

\$45 for the first child within a family; each additional child is \$40. Registration fee includes: Secondary insurance and miscellaneous team and field equipment and supplies. All Players must have black shorts and shin guards to be worn at all practices and games. Game jerseys/t-shirts and socks will be provided by KCPRD. Shirts sizes are YS (Youth Small), YM (Youth Medium), YL (Youth Large), AS (Adult Small), AM (Adult Medium), or AL (Adult Large).

Table with 5 columns: Player Name, Date of Birth, Gender, Jersey Size, Fee. Rows for Player 1 (\$45), Player 2 (\$40), Player 3 (\$40), Player 4 (\$40).

[ ] In this area, please provide any/all medical information and/or suggestions, comments or requests\*. (\*Please note attempts will be made to consider all input received, but no guarantees are implied): \_\_\_\_\_

Registration forms with payment are to be dropped off at the Goldendale Pool. Please note, registrations after August 10 may result in a child being 'wait listed' for a team placement. Games begin the first Saturday in September!

I have read the concussion protocol on back and give my child(ren) consent to participate.

Parent signature for consent: \_\_\_\_\_ Date: \_\_\_\_\_

**Central Klickitat County Park & Recreation District: Youth Soccer  
YES! I Want to VOLUNTEER!**

- Coach (Volunteer Application Required & First Aid/Concussion Training date TBA)
- Assistant Coach (Volunteer Application required & First Aid/Concussion Training date TBA)
- Referee (Required to attend training date TBD)     Field Set-up     Team Parent

Name \_\_\_\_\_ Phone \_\_\_\_\_

**Following application is REQUIRED if coaching/assistant coaching. For the safety of our children there will be a background check for these volunteer positions.**

**Central Klickitat County Parks and Recreation District  
Volunteer Application Form**

Full Legal Name \_\_\_\_\_

Previous/Maiden names used \_\_\_\_\_

Birth Date \_\_\_\_\_ Gender \_\_\_\_\_

Mailing Address \_\_\_\_\_

Physical Address (if different) \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_ Work Phone: \_\_\_\_\_

**DISCLOSURE All applicants must answer the following question. Failure to answer honestly will disqualify the applicant from service as a volunteer for CKCPRD. The information provided will be used for background check purposes to insure the safety of our participants.**

Have you ever been convicted of a crime, felony or misdemeanor  or  Yes    No

If yes, please describe the conviction in full, including date of the crime, city, county and state where each took place: \_\_\_\_\_

**By signing this form I agree with these terms freely and voluntarily and without inducement of any kind. I agree to inform CKCPRD in a timely manner if anything on this form changes.**

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



# 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 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 AND 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

### 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.

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, says s/he is symptom-free and it’s OK to return to play.

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 ( <i>even briefly</i> )	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”

## 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, 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.

It's better to miss one game than the whole season. For more 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