

**Central Klickitat County Parks and Recreation Department**

**Youth Soccer Registration 2019**

For girls and boys ages 3-15

Age group will be determined by child's date of birth by March 1, 2019

(Three-year-olds must be three before March 1, 2019)

Fee: \$45 for first child; \$40 for each additional child in same family

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

Parents Names: \_\_\_\_\_ Who should we contact? \_\_\_\_\_

Best Contact #: \_\_\_\_\_ (text? Yes/No) Alt#: \_\_\_\_\_

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

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

**Registration fee includes:** Secondary insurance, miscellaneous team and field equipment and supplies, and game jersey for players to keep at the end of season.

All players must have black shorts and socks for games. Shin guards must be worn to all practices and games. Socks should be worn over the shin guards, not under.

Shirt sizes are YS (Youth Small 6/8), YM (Youth Medium 10/12), YL (Youth Large 14/16), AS (Adult Small), AM (Adult Medium), or AL (Adult Large). Please indicate your child's size appropriately in the chart below. (Please be sure to specify Youth or Adult sizing.)

Player 1 Last name, first name	Date of Birth	Age on 3/1/19	Gender	Size	Fee
_____	___/___/___	_____	M/F circle	_____	\$45
Player 2 Last name, first name					
_____	___/___/___	_____	M/F circle	_____	\$40
Player 3 Last name, first name					
_____	___/___/___	_____	M/F circle	_____	\$40
Player 4 Last name, first name					
_____	___/___/___	_____	M/F circle	_____	\$40

Does your child have any medical, behavioral, or emotional needs CKCPRD or the coaches should be aware of? (E.g. Heart condition, asthma, allergies, ADHD, physical limitations, etc.) Please explain:

\_\_\_\_\_

Do you have a coach or player request? (We cannot guarantee requests will be honored, however they will be considered as we put teams together. Our goal is to make teams as even as possible so each team is equally competitive.) \_\_\_\_\_

**Please turn registration form and payment into the Goldendale Pool. Registrations will be accepted until Saturday, July 6<sup>th</sup>. After that there is no guarantee your child will be able to play.**

**Please read and sign the back of this paper.**

## CKCPRD Youth Soccer Parent Information and Expectations

### What to expect from this youth soccer program:

1. All children will be given the opportunity to learn the fundamentals of soccer. Each division is determined by age, and teams are put together as evenly as possible. There are different skills taught at each different level, and those guidelines are given to the coaches. If you have any questions, please feel free to ask for those guidelines. We will be happy to provide them.
2. Your child's coach is most likely a parent of another child on your team, and s/he is also a VOLUNTEER. Please treat him/her with respect, and teach your child to do so as well. It will be your responsibility to make sure your child behaves at practices and games. Please make sure you are available if there is a problem so your child's coach doesn't have to spend all his/her time trying to get your child to follow instructions. Practices will function much better if the coach can coach and parents can deal with disciplinary issues. Also, please make sure that your child's personal equipment (shin guards, socks, jersey, etc.) are ready to go before practice and games. Socks need to be worn OVER the shin guards, and only soccer cleats or tennis shoes are allowed. Football, baseball, and lacrosse cleats all have a toe cleat at the front of the shoe and are not acceptable footwear for soccer.

We have all heard the mantra, "A body with two heads is a monster." The coach is the head of the team, and ultimately the person in charge. If you would like to help or if there is a problem, please approach your child's coach in private and work together towards a solution. Most coaches are more than happy to have help. Please do not criticize your child's coach in front of your child.

3. Our referees are paid, and will be trained, but they are not professionals. Please treat them with respect and understanding. Any parent acting unseemly will be given a warning. A second confrontation will result in removal from the field and a meeting with the soccer organizers. If you are unclear of the rules of soccer and would like some explanation, please visit <https://www.ussoccer.com/referees/laws-of-the-game>. Many of the decisions made by the referees on the field are split-second decisions and made from that referee's point of view. He/she will see things differently on the field than you can see from the sideline. Parents should not have any contact with the refs during a game. After the game it is completely appropriate to express gratitude to the referee for adjudicating the game.
4. There are many areas in which you can volunteer. If you are available please be willing to help. This program is run largely by volunteers and "many hands make light work." We always need referees, help with equipment distribution, and field upkeep.
5. Soccer games will be held rain or shine. Games will be scheduled for Saturday mornings, and practice schedules will be decided by each individual coach. If there are announcements that need to be made we use email to notify the coaches and they will communicate with their teams. We also have a Facebook page that you might want to "like". It is called CKCPRD Youth Soccer.
6. Please take time to read through and sign the concussion forms attached to this registration form. It is a national law that no one under the age of 11 is allowed to head the ball, and those that are 11-13 are only allowed to head the ball in practices, not games.

I have read and agree to all of these guidelines. My child(ren) has/have my permission to participate in CKCPRD Youth Soccer.

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

**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?  No     Yes

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 \_\_\_\_\_