

**Central Klickitat County Parks and Recreation Department [CKCPRD]
Youth Soccer Registration 2024**

For girls and boys in Grades K-8

Teams will be determined by child's grade for the 2024-2025 school year

Fee: \$62 for first child; \$56 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____) 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	2024-2025 Grade	Gender	Size	Fee
				\$62
Player 2 Last name, first name				
				\$56
Player 3 Last name, first name				
				\$56
Player 4 Last name, first name				
				\$56

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.)

Coach's name: _____

Please turn registration form and payment into the CKCPRD. **Cutoff date for registrations will be Friday, July 12th.** After cutoff date 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 grade level, 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.

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. Parents Code of Conduct:

a. I will not:

- i. yell at, harass, or argue with referees or coaches on or off the field.
- ii. force my child to participate in soccer.
- iii. behave negatively at games.

b. I will:

- i. treat referees, coaches, opposing parents and opposing players with respect.

c. Violations of code of conduct:

- i. 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 the [referee informational website](#). 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. **This program is run largely by volunteers, and they are taking the time from their daily schedules to help run this program.** If you are interested in volunteering, please look towards the end of this packet. 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.
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 these guidelines. My child(ren) has/have my permission to participate in CKCPRD Youth Soccer.

Parent signature for consent: _____ Date: _____



Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|---|
| <ul style="list-style-type: none"> • Headaches • “Pressure in head” • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns | <ul style="list-style-type: none"> • Amnesia • “Don’t feel right” • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/comment |
|--|---|

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness



Concussion Information Sheet

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new "[Zackery Lystedt Law](#)" in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time”

and

“...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child's coach if you think that your child may have a concussion. Remember, it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

Student-athlete Name Printed

Student-athlete Signature

Date

Student-athlete Name Printed

Student-athlete Signature

Date

Student-athlete Name Printed

Student-athlete Signature

Date

Student-athlete Name Printed

Student-athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date



CKCPRD Youth Soccer: 2024 Web Photo Release and Consent Form

Photo Use Policy

CKCPRD Youth Soccer requires a signed release form from the subject of any photograph or image used on its web site. This form must be completed by individuals or parents of individuals who wish to submit photographs for publication or who may be the subject of photographs to be published on this website. CKCPRD Youth Soccer will not publish any image of a minor unless his or her parent or legal guardian has signed a permission form.

Photo Release and Consent Form

I hereby grant permission to CKCPRD Youth Soccer to use my image on its World Wide Web site without further consideration. Permission is also granted to use images of my children listed below. I understand that no names will be used on the web site unless specific permission, in written form, is given to an appropriate CKCPRD Youth Soccer executive board member. I understand that once any image is posted to CKCPRD Youth Soccer's web site, the image can be downloaded by any computer user around the world. I hereby attest that I am the legal parent/guardian of the child(ren) listed below. This consent is effective until such time as I revoke it in writing and provide a copy of the revocation to CKCPRD Youth Soccer.

Effective immediately, on the _____ day of _____, 20_____.

_____ (Print full legal name of parent/guardian.) _____ (Legal signature)

For each child/minor please print full legal name

1. _____
2. _____
3. _____
4. _____

CKCPRD 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 _____

Mailing Address _____ Physical Address if different: _____

Birth Date _____ Gender _____ 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 ensure the safety of our participants.

Have you ever been convicted of a crime, felony, or misdemeanor 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 information on this form changes.

Signature _____ Date _____

