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Recreational Soccer Registration SUMMER 2016

Spokane Youth Sports Association 800 N Hamilton #201 Spokane 99202 2nd Flr of Warehouse P. 536.1800 F. 534.0191 www.SYSA.com

The mission of Spokane Youth Sports Association is to provide sports activities for all youth where everyone plays, develops skills is taught good sportsmanship, and learns the value of being a team

U5-U9 Summer 2016	Age on 8/01/15 _____	Boy _____ Girl _____
<input type="checkbox"/> U5-Coed <input type="checkbox"/> U6/7	\$60	Age group details: U=Under - ex: 6 yrs. old on 8/1/15 = U7
<input type="checkbox"/> U8/9	\$65	Register by JUN 23 to avoid additional \$20 fee

Participant First _____ M.I. _____ Last _____ DOB ____ / ____ / ____

Current School _____ Grade Fall 2013 _____ Gender: Male Female

Family Address _____ City _____ St _____ Zip _____

Parent/Guardian 1 Name: _____ Parent/Guardian 2 Name: _____

Primary Phone _____ P/G2 Phone: _____

P/G1 2nd Phone: _____ P/G2 Email: _____

P/G1 Email: _____ P/G2 Address: (please circle one) Same Different

Allergies or Special Needs _____

Emergency Contact (other than parent/guardian) _____ Emergency Contact Ph _____

For Team Building Purposes:

Previous Coach / Team Request _____ Closest high school area : _____

(Informational, does not guarantee specific placement) (Central Valley, Cheney, Deer Park, East Valley, Ferris, Lakeside, Lewis & Clark, Mead, Mt Spokane, North Central, Riverside, Rogers, Shadle, University, West Valley)

Are you willing to Coach? Yes, Head Coach Yes, Asst Coach No, not at this time

(Please circle)

Payment Must Accompany Form*: ☐ Check # _____ (Payable to SYSA) ☐ Cash paid in SYSA Office

☐ Debit/Credit Card (Circle One) Visa Master Disc Card Number _____ Exp Date _____

Forms received without **complete payment information will not be processed.*

Release of all claims against Spokane Youth Sports Association: In consideration of permission granted my child/ward by Spokane Youth Sports Association to participate in the activity checked above, I, the parent or guardian of the above named child, hereby release and discharge Spokane

Spokane Youth Sports Association, it's officers, employees, representatives, coaches, and referees from all claims, demands, actions, judgments and executions which the child, parent or guardian ever had, now has or may have, or which the child or guardian's heirs, executors, administrators or assigns may have or claim to have against Spokane Youth Sports Association, it's officers, employees, representatives, coaches, and referees; their successors or assigns, for all personal injuries, known or unknown to my child/ward, and injuries to property, real or personal, caused by, or arising out of the above described sports activities. Also, I, the parent or guardian of the above named child, hereby authorizes Spokane Youth Sports Association the ability to use photos for publication, taken during games and events. I, the parent or guardian, have read this release and understand all terms. I execute it voluntarily and with full knowledge of the significance. My signature is legal authorization for emergency care and acknowledgment of release of all claims statement.

See Page 2/Back for additional information. Signature(s) below acknowledge that you've read and understand:
SYSA Release above as well as Concussion Compliance and US Club Soccer on back.

Parent/Guardian: _____ Date _____

SYSA Office Use



Concussion Information

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 	<ul style="list-style-type: none"> • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns • Amnesia • “Don’t feel right” • Fatigue or low energy • Sadness 	<ul style="list-style-type: none"> • 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:		
<ul style="list-style-type: none"> • Appears dazed • Vacant facial expression • Confused about assignment • Forgets plays • Is unsure of game, score, or opponent 	<ul style="list-style-type: none"> • Moves clumsily or displays incoordination • Answers questions slowly • Slurred speech • Shows behavior or personality changes • Can’t recall events prior to hit 	<ul style="list-style-type: none"> • Can’t recall events after hit • Seizures or convulsions • Any change in typical behavior or personality • Loses consciousness

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 of time 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”.**

Remember, it is better to miss one game than miss the whole season. ***When in doubt, the athlete sits out.***

*Health Care Provider Clearance forms required for completion and submission to SYSA are available at www.sysa.com or 536-1800 or the office: 800 N Hamilton #201, Spokane WA 99202

Adapted from the CDC and the 3rd International Conference on Concussion in Sport

US Club Soccer:

I hereby consent to Spokane Youth Sports Association registering player on reverse side with US Club Soccer. I understand that players may be registered to only one US Club Soccer member club at any time.

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player’s participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.