





# Sounders Homegrown Program Registration FALL 2017 & Spring 2018

Spokane Youth Sports Association 1221 N Howard-North Entrance  
P. 328-7972 F. 534.0191 www.SYSA.com

*The mission of SYSA is to provide sports activities for all youth where everyone plays, develops skills is taught good sportsmanship*

<p align="center"><u><b>U9/U10</b></u></p> <p align="center"><b>Fall 2017 and Spring 2018</b></p> <p align="center">Both sessions included: Fall 2017 and Spring 2018 same team, coach, &amp; uniform</p>	<p align="center">Boy _____ Girl _____ AGE* Birth Year 2008-2010 *Age-group details: Born anytime in 2008, 2009 or 2010</p> <div align="center" style="display: flex; justify-content: space-around;">  <p><b>REGISTER BY MAY 31, 2017</b></p>  </div> <p align="center"><b>Sounders Homegrown Program</b></p> <p align="right"> <input type="checkbox"/> U9/10      <b>\$395</b> </p>
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Participant First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Current School \_\_\_\_\_ Area (North, South, Valley) \_\_\_\_\_ Grade \_\_\_\_\_ Gender: Male Female

Family Address \_\_\_\_\_ City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

Parent/Guardian 1 Name: \_\_\_\_\_ Parent/Guardian 2 Name: \_\_\_\_\_

Primary Phone \_\_\_\_\_ P/G2 Phone: \_\_\_\_\_

P/G1 2<sup>nd</sup> 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 / Coach 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** Card Number \_\_\_\_\_ Exp Date \_\_\_\_\_

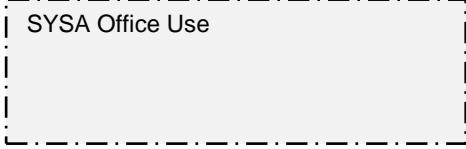
*\*Forms received without complete payment information will not be processed.*      CCV \_\_\_\_\_

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 Washington Youth Soccer Release and the Washington State Concussion Compliance on back.

Parent/Guardian: \_\_\_\_\_ printed name      \_\_\_\_\_ signature      \_\_\_\_\_ Date \_\_\_\_\_





## 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.

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

<b>Signs observed by teammates, parents and coaches include:</b>		
<ul style="list-style-type: none"> <li>• Appears dazed</li> <li>• Vacant facial expression</li> <li>• Confused about assignment</li> <li>• Forgets plays</li> <li>• Is unsure of game, score, or opponent</li> </ul>	<ul style="list-style-type: none"> <li>• Moves clumsily or displays incoordination</li> <li>• Answers questions slowly</li> <li>• Slurred speech</li> <li>Shows behavior or personality changes</li> <li>• Can’t recall events prior to hit</li> </ul>	<ul style="list-style-type: none"> <li>• Can’t recall events after hit</li> <li>• Seizures or convulsions</li> <li>• Any change in typical behavior or personality</li> <li>• Loses consciousness</li> </ul>

### 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](http://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

## Washington Youth Soccer:

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

Recognizing the possibility of injury or illness, and in consideration for the US Youth Soccer and members of US Youth Soccer accepting my son/daughter as a player in the soccer programs and activities of US Youth Soccer and its members (the “Programs”), I consent to my son/daughter participating in the Programs. Further, I release, discharge, and otherwise indemnify US Youth Soccer, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my son’s/daughter’s participation in the Programs and/or being transported to or from the Programs, which transportation I authorize. My player son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I have provided written notice, which was submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child’s participation in the Programs. I give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.