



Sounders Discovery Program Registration FALL 2018 & Spring 2019

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 style="text-align: center;"><u>U9/U10</u></p> <p style="text-align: center;">Fall 2018 and Spring 2019</p> <p style="text-align: center;">Both sessions included: Fall 2018 and Spring 2019 same team, coach, & uniform</p>	<p style="text-align: center;">Boy _____ Girl _____ AGE* Birth Year 2009-2010 *Age-group details: Born anytime in 2009 or 2010</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>REGISTER BY June 30, 2018</p> <p>Sounders Discovery Program</p> </div> </div> <p style="text-align: right; margin-top: 20px;"> <input type="checkbox"/> U9/10 \$395 </p>
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Participant First _____ M.I. _____ Last _____ DOB ____ / ____ / ____

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 2nd Email: _____ P/G2 Email: _____

Allergies or Special Needs _____

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

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: _____ Date _____
printed name signature

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

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.



Cancellation & Refund Policy

Spokane Youth Sports Association

DATE:

Refund

Early Request for Refund/Cancellation

\$20 Administration fee

Request either two weeks prior to first game/meet or when rosters are sent out whichever is first

Eligible for a 50% refund, upon approval of the SYSA Sport Coordinator

Once games/meets have begun

Refunds will not be given for cancelled Registrations. Under extenuating circumstances, a partial refund may Be considered

- SYSA equipment issued for the season must be returned to SYSA before the refund process begins; issued uniforms are non-refundable.
- Late fees are non-refundable, NO EXCEPTIONS.

Credit/Debit: Refunded to original card [allow 5-7 business days]

Check/Cash: Refunded by SYSA issued check [allow up to 2 weeks]

Parent/Guardian: _____
printed name

signature

Date _____



SYSA Anti-Violence Policy

The purpose of Spokane Youth Sports Association (SYSA) Anti-Violence Policy is to promote a positive and safe environment for its players, coaches, officials, referees, staff and spectators.

This Policy applies, but is not limited to, the following behaviors/actions by or against players, coaches, officials, referees, staff or spectators at any SYSA event:

- Verbal assaults or verbal abuse
- Verbal or physical intimidation and threats
- Aggressive action both physical and verbal
- Striking another person
- Physical or verbal action that attempts or leads to inciting violence
- Throwing objects at another person
- Any other physical or verbal behavior that would lead a reasonable person to feel threatened or unsafe

Anyone engaging in any of these behaviors will be immediately removed from the SYSA event and will not be allowed to return to the event or future SYSA activities until cleared by SYSA. If a decision is made to not allow the individual removed to return, no refunds will be issued.

No Fighting – Zero Tolerance

SYSA has a strict zero tolerance “no fighting” policy for all of its sports and other activities.

- If any individual (player, coach, official, referee, staff or spectator) as set forth in this Anti-Violence Policy engages in any sort of physical or verbal altercation/fighting which includes, but is not limited to, punching, kicking and/or any other act which is intended to or causes harm to another person, the following consequences will be implemented and enforced:

1. The individual will be immediately removed from the SYSA event;
2. The individual will not be allowed to return to the event or any future SYSA event or activities until cleared by SYSA;
3. If the individual is a player or coaching staff, the player or coaching staff will be immediately suspended for the entire remaining season (will carry over to the following year) and will not be allowed to return to future SYSA events/activities until cleared by SYSA;
4. No refunds will be issued.

By signing below, you agree to the terms of SYSA’s “Anti-Violence” Policy

Parent/Guardian: _____
printed name

_____ *signature*

Date _____