



FALL 2016 YOUTH SOCCER REGISTRATION



CITY OF JACKSON & JACKSON AREA WIDE SOCCER
3 WESTWOOD GARDENS DRIVE, JACKSON, TN.38301

REGISTRATION DATES: Mon.-Fri., 8:00AM-5:00PM, June 1 till July 6th. \$10 late fee after 5:00 PM on July 6th.

Applications accepted until teams are full. When teams are full, we will start a waiting list.

You cannot play down, but you can play up if your child was one of the best players in their age division last season.

Make checks payable to COJ (City of Jackson)

If your child was born in 2011 or 2012: (You must be born by December 31st, 2012)

For 5 & Under info: www.jacksonrecandparks.com. We will need lots of coaches for this age group.

FEE: JACKSON CITY RESIDENTS-\$35.00-(TSSA FEE-\$10.00, JAWS FEE-\$17.00, COJ \$8.00)

NON-JACKSON CITY RESIDENTS-\$43.00-(TSSA FEE-\$10.00, JAWS FEE-\$17.00, COJ \$16.00).

If child was born in 1999 through 2010: Coaches are needed for these age groups

FEE: JACKSON CITY RESIDENTS-\$30.00-(TSSA FEE-\$10.00, JAWS FEE-\$10.00, COJ \$10.00)

NON-JACKSON CITY RESIDENTS-\$40.00-(TSSA FEE-\$10.00, JAWS FEE-\$10.00, COJ \$20.00)

PLAYER INFORMATION:

LAST NAME _____ FIRST NAME _____ MI _____

* HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

*Check here if New

HOME PHONE _____ SEX _____ DATE OF BIRTH _____ (Must be born by Dec. 31, 2012) Age of Child _____

SCHOOL ATTENDING _____ GRADE _____ *WE NEED A COPY OF YOUR CHILD'S BIRTH CERTIFICATE

* NOTE: Attach copy of birth certificate for our files if not previously supplied

Print best e-mail twice E-MAIL _____ Print same e-mail _____

(We will communicate by E-mail. Be sure we can read your e-mail address)

PARENT INFORMATION:

Home phone for either parent if different from child _____ Mother / Father (Circle One)

FATHER: FIRST NAME _____ LAST NAME _____ Date of Birth _____

Work Phone # _____ Cell Phone # _____

MOTHER: FIRST NAME _____ LAST NAME _____ Date of Birth _____

Work Phone # _____ Cell Phone # _____

PLAYER INFORMATION:

Has your child played soccer for JAWS/JRPD before? YES _____ NO _____ Number Of Years Played Soccer _____

A Parent / Legal Guardian must fill out a Concussion Statement before your child will be eligible to play soccer.

You will need to purchase shin guards, an age appropriate ball, socks and the required red and royal reversible team shirt at Great American Sports. The shirt will have the JAWS/COJ logo on the front chest.

(OVER)

VOLUNTEER INFORMATION: Would you or someone you know like to volunteer as a coach or referee?

_____ COACH JRPD reserves the right to refuse any individual to coach or assist. **Head Coaches get one child's registration fee free . All coaches are required to go on line: www.tnsoccer.org and fill out a Coaches disclosure** and get a form showing you know the risk and symptoms of a concussion and head injury.

_____ REFEREE-GRADE _____ DATE OF CERTIFICATION OR LAST RE-CERTIFICATION _____

_____ OTHER - Please specify how you can help _____

Name and Contact Number for Volunteer _____ phone # _____

(NOTE: - This does not have to be a parent - older siblings, aunts, uncles, neighbors and friends are welcome!)

*Coaches can request one assistant coach: _____ phone # _____

** We will try to grant you your assistant coach request, but our #1 priority will be to make the teams as equal as possible.*

MEDICAL INFORMATION AND CONSENT

Emergency Contact other than Parent: Name _____ Phone _____

Relation _____ Doctor _____ Phone _____

Notes _____

I UNDERSTAND THAT MY CHILD IS ENROLLED IN A RECREATIONAL SOCCER PROGRAM. We agree to show respect to coaches, referees and other league volunteers. I understand the refund policy. Before sign-up deadline you will be charged a \$3.00 service charge. If your request is made before participant is placed on a team you will receive a 40% refund, if requested before the scheduled date of the 1st game you will receive a 20% refund. There will be no refunds of fees on or after the date of the 1st scheduled games. Refund could take up to 4 weeks.

I hereby give my permission for the above to attend and participate in and with teams and all related team activities, including travel to and from, sponsored by Jackson Recreation and Parks Dept. & Jackson Area Wide Soccer, an affiliate of TSSA and USSF. I give my consent for medical care for the above player under any condition deemed necessary by a licensed doctor or hospital or medical technician for the well - being of the player, including travel to such licensed facility, and agree to be responsible financially for the reasonable cost of such assistance and / or treatment. I understand that the insurance coverage included as a part of my registration fee is supplemental to my own coverage.

I agree to abide with and be bound by the constitution, rules, bylaws and guidelines of the Association and its affiliates as a condition for the privilege of participation by the player in this program, and agree to waive any legal claim against those associated with these activities in the event the player is injured while participating in the program. I further understand the city of Jackson reserves the right to photograph facilities, activities, and program participants for potential future use. All Photos will remain property of the City of Jackson and may be used for publicity or promotional purposes only.

You can not request a coach. To request a player you must register on time. After 5:00 PM on July 6th, 2016 there will be no player request. Name only ONE (If you request more than one, your request will be

thrown out)child you would like to be on the team with _____ . The player you request must request your child on their form before they will be placed on the same team.

** We will try to put them together, but our #1 priority will be to make the teams as equal as possible.*

Will your child be playing on a club team this season? YES ___ NO ___ If yes, be sure that your child plays on the rec team that he or she is assigned. We work really hard trying to make our teams a equal as possible. If your child drops off their assigned rec. team, it really handicaps that team.

What is the name of your child's club team? _____

There will be a \$25 charge to change to another team and we do not guarantee that you will be moved to the team you want.

Is your home address in Jackson City limits? Yes ___ No ___

A copy of the Parent/Legal Guardian Concussion Statement has to be turned in along with the registration form for your child to be registered.

I realize it is the parent's/guardian's responsibility to keep up with practices and games. Games start on Sept. 12th.

Signature of Parent or Guardian

Date

.....
Date

Rec.

Check



TSSA Concussion Information and Signature Form for Parents/Legal Guardians

Public Chapter 148, effective January 1, 2014, requires that school and community organizations sponsoring youth athletic activities establish guidelines to inform and educate coaches, youth athletes and other adults involved in youth athletics about the nature, risk and symptoms of concussion/head injury.

WHAT IS A CONCUSSION?

Concussion is a type of traumatic brain injury caused by a bump, blow or jolt to the head. Concussions can also occur from a blow to the body that causes the head and brain to move quickly back and forth, causing the brain to bounce around or twist within the skull. This sudden movement of the brain can cause stretching and tearing of brain cells, damaging the cells and creating chemical changes in the brain.

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.

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 the head or body, s/he should be kept out of play the day of the injury and until a **health care provider*** says s/he is symptom-free and it's OK to return to play.

Signs Observed By Coaching Staff

- Is confused about assignments or position
- Forgets Instruction
- Is Unsure of game, score or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness, even briefly
- Shows mood, behavior or personality changes
- Can't recall events prior/after to hit or fall

Symptoms Reported By Athletes

- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light and/or noise
- Feeling sluggish, hazy, foggy or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or "feeling down"



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Athlete & Parent/Legal Guardian Concussion Statement

	Parent/Legal Guardian Initials:
I have read the concussion symptoms on the Concussion Information Sheet.	
After Reading the Concussion Information Form for Parent/Legal Guardian I am aware of the following information:	
A concussion is a brain injury which should be reported to parents, coach/coaches or a medical professional if one is available.	
A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
I will not/my child will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	
I will/my child will need written permission from a health care provider* to return to play or practice after a concussion.	
Most concussions take days or weeks to get better. A more serious concussion can last for months or longer.	
After a bump, blow or jolt to the head or body an athlete should receive immediate medical attention if there are any danger signs such as loss of consciousness, repeated vomiting or a headache that gets worse.	
After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before the concussion symptoms go away.	
Sometimes repeat concussion can cause serious and long-lasting problems and even death.	

*** Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training.**

Printed Name of Athlete: _____

Signature of Parent/Legal Guardian: _____

Printed Name of Parent/Legal Guardian: _____

Date: _____

