



# FALL 2018 YOUTH SOCCER REGISTRATION



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

If we do not receive your fee by 5:00 PM on July 11th, it will be considered a late registration.

AFTER 5 PM on July 11th, PLAYERS WILL BE PLACED ON A WAITING LIST & CHARGED A \$10.00 LATE FEE.

REGISTRATION : Mon.-Fri., 8:00 a.m.-5:00 p.m. June 1, 2018 till teams are full.

**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 2013 or 2014: (You must be born by December 31st, 2014)

For 6 & 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 2001 through 2012: 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:

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_ MI \_\_\_\_\_

\* HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

\*Check here if New

HOME PHONE \_\_\_\_\_ Sex \_\_\_\_\_ BIRTH DATE \_\_\_\_\_ (Must be born by Dec.31, 2014) Age of Child \_\_\_\_\_

SCHOOL ATTENDING \_\_\_\_\_ GRADE \_\_\_\_\_ \*WE NEED A COPY OF YOUR 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 \_\_\_\_\_

Parent/Guardian must initial beside each stating that you received, read and understand the following information and sign:

**Concussion Statement** \_\_\_\_\_, a **Cardiac Arrest Acknowledgement** \_\_\_\_\_ and an **Abuse Prevention Form** \_\_\_\_\_,

Parent/Guardian signature \_\_\_\_\_ before your child will be eligible to play soccer.

All players are required to buy a reversible red and royal JAWS soccer shirt from Great American Sports.

These shirts can be used season after season. You will also need a ball, shin guards and socks to cover the shin guards.

**(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](http://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 1<sup>st</sup> games you will receive a 20% refund. There will be no refunds of fees on or after the date of the 1<sup>st</sup> 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 11th, 2018 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, Cardiac Arrest Acknowledgement and Abuse Prevention Form have 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. 8th. Game schedules will be out Aug. 31st.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

.....  
Date

Rec.

Check



## **Preventing Child Abuse in Youth Sport Information Sheet**

(Athlete/Parent/Guardian)

### **SAFE SPORT ACT**

On February 15<sup>th</sup>, 2018, the President signed a Sexual Assault Bill aimed at protecting amateur athletes from sexual abuse. The Safe Sport Act has a three pronged approach. The first, any adult interacting with amateur athletes in the program have a duty to report abuse and or suspected abuse within a 24 hour period. EVERY adult is a mandatory reported. Next, the statute of limitations is extended for up to 10 years after a victim realizes he or she was abused. Lastly, the act limits an athlete under the age of 18 from being alone with an adult who is not their parent.

### **ABUSE TOLERANCE**

There is a zero tolerance for abuse in all youth soccer teams, programs or activities. It is the responsibility of every coach and volunteer to participate in the effort to create a safe environment for all soccer participants.

### **BULLYING**

Bullying of any kind is unacceptable at any event, and will not be tolerated. Bullying is counterproductive to team spirit and can be devastating to the victim. We are committed to providing a safe, caring and friendly environment for all participants. If bullying does occur, incidents will be dealt with promptly and effectively. Any minor athlete who is aware of bullying behavior is expected to tell a coach, volunteer, team official, or league official.

### **REPORTING RESPONSIBILITIES**

Given the zero tolerance for abuse, we encourage a culture of communication regarding matters that place athletes at risk. We support and encourage a culture of communication related to abuse or suspected abuse of athletes. If you see or suspect inappropriate interaction with or between athletes, it is your responsibility to report the inappropriate interaction to a coach, supervisor, team official, league official, Risk Management Chair for the state association, or other designated state soccer association representative. Because sexual abusers 'groom' athletes for abuse, it is possible that a coach or volunteer may witness behavior intended to 'groom' a child for sexual abuse. Coaches and volunteers are asked to report 'grooming' behavior, or any suspicious behaviors to a supervisor, team official, or league official. All reports of inappropriate behaviors or suspicions of abuse will be taken seriously and will be reported to state law, to law enforcement, Child Protective Services, or other appropriate agency.

### **WHAT IS THE GROOMING PROCESS?**

The grooming process is an abuser's process of choosing his victims. Here is an overview of the abuser's grooming process

- Gaining Access: To children within the abuser's age range and gender of preference, through a program serving children of that age and gender
- Selecting A Child: often a child easily isolated from the group (elite skill, single parent home)
- Introducing Nudity and Sexual Touch: abuser engaging in 'barrier testing and erosion'
- Keeping the Victim Silent: subtle or direct threats, shame, embarrassment, access to team

### **WHAT IS APPROPRIATE CONTACT?**

Common Criteria for Appropriate Physical Contact Physical contact with minor athletes – for safety, consolation and celebration –has multiple criteria that make it both safe and appropriate. These include:

1. The physical contact takes place in public;
2. There is no potential for (or actual) physical or sexual intimacies during the physical contact;
3. The physical contact is for the benefit of the athlete, not to meet an emotional or other need of an adult.

### **Safety**

The safety of minor athletes is paramount, and in many instances the athletic activity is made safer through appropriate physical contact. Examples include:

1. Spotting an athlete so that he or she will not be injured by a fall or piece of equipment;
2. Positioning an athlete's body so that he or she more quickly acquires an athletic skill, gets a better sense of where his or her body is in space, or improves balance and coordination;
3. Making athletes aware that he or she may be in harm's way due to other practicing athletes, or equipment use;
4. Releasing muscle cramps.

## Celebration

Sports are physical by definition. We recognize that participants often express a joy of participation, competition, achievement and victory through physical acts. We encourage these public expressions of celebration, which include:

1. Greeting gestures such as high-fives, fist bumps, and brief hugs;
2. Congratulatory gestures such as celebratory hugs, “jump-arounds” and pats on the back for any form of athletic or personal accomplishment.

## Consolation

It may be appropriate to console an emotionally distressed athlete (e.g., an athlete who has been injured or has just lost a competition). Appropriate consolation includes, publicly:

1. Embracing a crying athlete –in a public place or circumstance;
2. Putting an arm around an athlete while verbally engaging them in an effort to calm them down (“side hugs”);
3. Lifting a fallen athlete off the playing surface and “dusting them off” to encourage them to continue competition.

## PROHIBITED PHYSICAL CONTACT

Prohibited forms of physical contact include, without limitation:

1. Asking or having a minor athlete sit in the lap of a coach or volunteer;
2. Lingered or repeated embrace of a minor athlete that goes beyond the criteria set forth for acceptable physical contact;
3. Slapping, hitting, punching, kicking or any other physical contact meant to discipline, punish or achieve compliance from a minor athlete;
4. “Cuddling” or maintaining prolonged physical contact of a minor athlete during any aspect of training, travel or overnight stay;
5. Playful, yet inappropriate contact that is not a part of regular training, (e.g., butt-pats, tickling or wrestling-type “horseplay”);
6. Continued physical contact that makes a minor athlete obviously uncomfortable, whether expressed or not;
7. Any contact that is contrary to a previously expressed personal desire by the minor athlete for decreased or no physical contact, where such decreased contact is feasible in a competitive training environment.

# Concussion Signs and Symptoms Information Sheet

(Athlete/Parent/Guardian Copy)

## What is a Concussion?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

### 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.

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks following 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, the athlete should be kept out of play the day of the injury and until an approved health care provider\* says the athlete is symptom-free and it is safe to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or “pressure” in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balanced problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise

Loses consciousness, even briefly	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can't recall events <i>prior</i> to hit or fall	Confusion
Can't recall events <i>after</i> hit or fall	Just not "feeling right," or "feeling down"

### What are the Concussion Danger Signs?

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention after a bump, blow, or jolt to the head or body if the athlete exhibits any of the following danger signs:

- Has one pupil larger than the other;
- Is drowsy or cannot be awakened;
- Has a headache that does not diminish or go away;
- Has weakness, numbness, or decreased coordination;
- Has repeated vomiting or nausea;
- Has slurred speech;
- Has convulsions or seizures;
- Unable to recognize people or places;
- Becomes increasingly confused, restless, or agitated;
- Demonstrates unusual behavior;
- Loses consciousness (even though brief it is serious)

### Remember:

Concussions affect individuals differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or weeks. A more serious concussion can last for months or longer.

### Why should an Athlete Report Symptoms?

If an athlete has a concussion, their brain needs time to heal. While an athlete's brain is healing, they are more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to one's brain. They (concussions) can even be fatal.

### What should you do if you think your Athlete has a Concussion?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do NOT try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care provider\* says the athlete is symptom-free and is safe to return to play.

Rest is a key component to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration such as studying, working on the computer, or playing video games may cause concussion symptoms to reappear or grow worse. Following a concussion, returning to sports and school should be a gradual process that is carefully managed and monitored by a health care professional.

*\*NOTE: Health Care Provider means a Tennessee licensed medical doctor, osteopathic physician, or clinical neuropsychologist with concussion training.*

## Cardiac Arrest Acknowledgement Form

(Athlete/Parent/Guardian)

### What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA doesn't just happen to adults; it takes the lives of students, too. However, the causes of sudden cardiac arrest in students and adults can be different. A youth athlete's SCA will likely result from an inherited condition, while an adult's SCA may be caused by either inherited or lifestyle issues.

SCA is **NOT** a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

### How common is sudden cardiac arrest in the United States?

SCA is the #1 cause of death for adults in this country. There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under 25 die of SCA each year. It is the #1 cause of death for student athletes.

### **Are there warning signs?**

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- fainting or seizures during exercise;
- unexplained shortness of breath;
- dizziness;
- extreme fatigue;
- chest pains; or
- racing heart.

These symptoms can be unclear in athletes, since people often confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

### **What are the risks of practicing or playing after experiencing these symptoms?**

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it.

### **Public Chapter 325 – the Sudden Cardiac Arrest Prevention Act**

The act is intended to keep youth athletes safe while practicing or playing. The requirements of the act are:

- ***All youth athletes and their parents or guardians must read and sign this form. It must be returned to the recreational or competitive club/association before participation in any athletic activity. A new form must be signed and returned each recreational or competitive soccer year (August 1- July 31).***

*Adapted from PA Department of Health: Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form. 7/2013*

- The immediate removal of any youth athlete who passes out or faints while participating in an athletic activity, or who exhibits any of the following symptoms:
  - (i) Unexplained shortness of breath;
  - (ii) Chest pains;
  - (iii) Dizziness
  - (iv) Racing heart rate; or
  - (v) Extreme fatigue; and
- Establish as policy that a youth athlete who has been removed from play shall not return to the practice or competition during which the youth athlete experienced symptoms consistent with sudden cardiac arrest
- Before returning to practice or play in an athletic activity, the athlete must be evaluated by a Tennessee licensed medical doctor or an osteopathic physician. Clearance to full or graduated return to practice or play must be in writing.