SPRING 2015 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 January 13th, it will be considered a late registration.

AFTER 5 PM on January 13th, PLAYERS WILL BE PLACED ON A WAITING LIST & CHARGED A $10.00 LATE FEE.

REGISTRATION DATES: Mon.-Fri., 8:00 a.m.-5:00 p.m. Dec. 1, 2014 – 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)

____ **North Park Under 6:** ages 4 & 5 year olds only (must be at least 4 years old by July 31, 2014)

We will need lots of coaches for this age group. Maximum of 6 players on a team.

For under 6 info: **www.cityofjackson.net**

FEE: JACKSON CITY RESIDENTS-**$34.00**-(TSSA FEE-$9.00, JAWS FEE-$17.00, COJ $8.00)

If your child played in the COJ/JAWS Fall 2014 Rec. League you will only pay **$13**

NON-JACKSON CITY RESIDENTS-**$42.00**-(TSSA FEE-$9.00, JAWS FEE-$17.00, COJ $16.00).

If your child played in the COJ/JAWS Fall 2014 Rec. League you will only pay **$21**

____ **North Park Under 8 and OLDER**: Coaches are needed for these age groups

FEE: JACKSON CITY RESIDENTS-**$29.00**-(TSSA FEE-$9.00, JAWS FEE-$10.00, COJ $10.00)

If your child played in the COJ/JAWS Fall 2014 Rec. League you will only pay **$10**

NON-JACKSON CITY RESIDENTS-**$39.00**-(TSSA FEE-$9.00, JAWS FEE-$10.00, COJ $20.00)

If your child played in the COJ/JAWS Fall 2014 Rec. League you will only pay **$20**

PLAYER INFORMATION:

LAST NAME_____ FIRST NAME_____ MI_____

*___HOME ADDRESS_____ CITY_____ STATE____ ZIP_____

*Check here if New

HOME PHONE_____ Sex_____ BIRTH DATE_____ CHILD'S AGE ON AUGUST 1, 2014_____

(MUST BE AT LEAST 4 YEARS OLD BY JULY 31, 2014)

Their age on August 1, '14 determines the age division that they will be playing in this season.

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:
LAST NAME_____ FIRST 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_____

You can purchase the required red and royal reversible team shirt at Great American Sports. The shirt will have the JAWS/COJ logo on the front chest. The city will <u>not</u> be purchasing shirts or socks for teams.

(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. **Coaches you get one child's registration fee free . All coaches are required to go on line 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 January 13th, 2015 there will be no player request. **** 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 March 14th.

_____ _____

Signature of Parent or Guardian Date

Date Rec. Check

Rec'd_____ #_____ #_____ Amount_____ Cash _____

Parent/Legal Guardian Concussion Statement

Must be **signed and returned** to JRPD for youth activity prior to participation in practice or play. **You will not be considered registered until this form is returned in.**

Student-Athlete Name: _____

Parent/Legal Guardian Name(s): _____

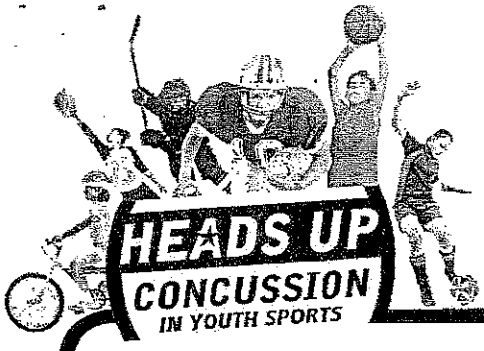
After reading the information sheet, I am aware of the following information:

	Parent/Legal Guardian initials
A concussion is a brain injury which should be reported to parents, coach(es) 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.	
My child will need written permission from a heath care provider* to return to play or practice after a concussion.	
Most concussions take day 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 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	
I have read the concussion symptoms on the Concussion Information Sheet	

**Heath care provider means a Tennessee Licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training*

_____ _____

Signature of Parent/Legal guardian Date



A Fact Sheet for **PARENTS**

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

You can't see a 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 your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs Observed by Parents or Guardians

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes

Symptoms Reported by Athlete

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

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
  - However, helmets are not designed to prevent concussions. There is no "concussion-proof" helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. SEEK MEDICAL ATTENTION RIGHT AWAY. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

2. KEEP YOUR CHILD OUT OF PLAY. Concussions take time to heal. Don't let your child return to play the day of the injury and until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

3. TELL YOUR CHILD'S COACH ABOUT ANY PREVIOUS CONCUSSION. Coaches should know if your child had a previous concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

It's better to miss one game than the whole season.

For more information, visit **www.cdc.gov/Concussion.**