

City of Plymouth Recreation Department – Fall 2019 Youth Soccer Registration Form
W.S.S.L. Divisions – U9 thru U14

Last Day of In-Office Open Registration is June 28 by 4:00pm - Rec. Office Counter Hours M-F, 11:30am – 4:00pm

Mail to: City of Plymouth Recreation, 525 Farmer, Plymouth MI, 48170

Fees: Non-City of Plymouth Resident Fee: \$144.00 City of Plymouth Resident Fee: \$99.00 Please make checks payable to: The City of Plymouth

**** Fee for WSSL players includes Home and Away Jerseys**

Household / Primary Adult Contact: _____

Address: _____ City/Township: _____ Zip: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Household E-Mail _____

Secondary Adult Contact: _____ Home /Work /Cell Phone: (____) _____

(circle one) **Yes No** - I am interested in coaching my child's team. (Head Coaches Children play for free!)

Child's Name: _____ Child's Birth Date: ____/____/____ **Male / Female** (circle one)

School Attending _____

Did your child play with the City Soccer Program during the Spring 2019 season? **Yes No**

If Yes, what was the coach's name: _____

Are you having your child play up in an older age division than his/her true age division? **Yes No**

Do you have any requests? Please list below. We cannot guarantee requests but will try to accommodate if possible.

Check the appropriate Age Division.

<u>Boys</u>	<u>Girls</u>
____ U9 - (2011 Birth Year) # 251121-01	____ U9 - (2011 Birth Year) # 251128-01
____ U10 - (2010 Birth Year) # 251122-01	____ U10 - (2010 Birth Year) # 251129-01
____ U11 - (2009 Birth Year) # 251123-01	____ U11 - (2009 Birth Year) # 251130-01
____ U12 - (2008 Birth Year) # 251124-01	____ U12 - (2008 Birth Year) # 251131-01
____ U13 - (2007 Birth Year) # 251125-01	____ U13 - (2007 Birth Year) # 251132-01
____ U14 - (2006 Birth Year) # 251126-01	____ U14 - (2006 Birth Year) # 251133-01

PLEASE COMPLETE THE BACK OF THIS FORM

WAIVER AND RELEASE OF LIABILITY - READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the City of Plymouth’s sports program, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- 1) The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce risk, the risk of serious injury does exist; and,
- 2) I accept all responsibility to inform the coach or instructor of any pertinent medical information required as part of this activity.
- 3) I /my child have received and reviewed the State of Michigan, Department of Community Health – Youth Concussion, Heads Up Program information as required by State Law.
- 4) I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and
- 5) I will willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- 6) I, for myself, my child, and on behalf of our heirs, assigns, personal representatives and next of kin, hereby release and hold harmless, and agree to defend and indemnify the City of Plymouth, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event (Releasees), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the Releasees, any other entity or individual, or otherwise, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND I SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____
(Parent/Guardian Signature)

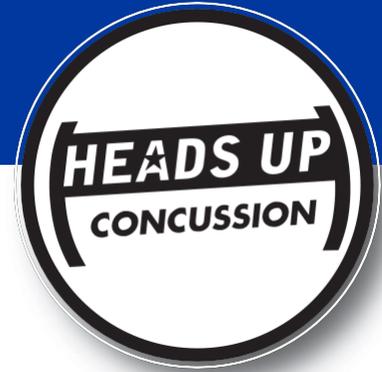
(Print Name)

(Date)

Please read the City Youth Soccer Policies at: www.plymouthmi.gov

Copies are also available on the registration table next to these registration forms.

PARENT & ATHLETE CONCUSSION INFORMATION SHEET



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 quickly 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.

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 after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

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.

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 is “feeling down”

SIGNS OBSERVED BY COACHING STAFF:

- 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
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

Michigan Department
of Community Health



Rick Snyder, Governor
James K. Haveman, Director

▶ **“IT’S BETTER TO MISS ONE GAME
THAN THE WHOLE SEASON”**

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 if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

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

1. 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 professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much 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 their brain. They can even be fatal.

JOIN THE CONVERSATION → www.facebook.com/CDCHeadsUp

The logo for the CDC's Heads Up program, featuring the words "HEADS UP" in a bold, white, sans-serif font. The text is set against a black, stylized banner that curves upwards at both ends, resembling a helmet's brim or a protective shield.

TO LEARN MORE GO TO >> [WWW.CDC.GOV/CONCUSSION](https://www.cdc.gov/concussion)

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).