



Little Kickers



Summer Soccer League

This league is a great introduction to the sport of soccer. During the two weeks of practices and four weekday games your little kicker will be playing 3-4 to a side on micro soccer fields. Soccer basics will be taught with games, drills and tons of fun! No scores are kept for games and coaches will emphasize FUN in their teaching of dribbling, passing and shooting.

Sponsors Needed - only \$100 per team!
~~~ **REGISTRATION ENDS FRIDAY, JUNE 30TH!** ~~~  
**\* Special requests submitted after JUNE 30<sup>th</sup> may not be considered \***

**AGES:** Boys and Girls, ages 3-4 or Boys & Girls, ages 5-6

*NOTE: League age group modifications may be made as needed to accommodate friend requests, siblings, carpooling, etc.*

**PRACTICE:** Practices will be outdoors, on weekday evenings, days & times determined by the coach.

*1<sup>st</sup> Practice is week of July 17th. Coach will call you with 1<sup>st</sup> Practice info. Can be cancelled due to weather.*

**GAMES:** 6 games will be scheduled on Tuesday and/or Thursdays evenings throughout the month of August & may be rescheduled due to weather

**FEE:** \$50, T-shirt and trophy included

### REGISTRATION FORM

**League:**  Little Kickers (ages 5-6)  Littlest Kickers (ages 3-4) **T-shirt Size:** XS(2-4) S(6-8) M(10-12)

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (C): \_\_\_\_\_ Email: \_\_\_\_\_

**Special Requests** (teammates, coaches, etc.) *NOTE: every attempt will be made to accommodate special requests submitted before the registration deadline; however, we cannot guarantee accommodation of any requests* \_\_\_\_\_

**PAYMENT METHOD** (Cash, Checks payable to M.V.P.R, VISA or MasterCard) ~ 1717 S. 13<sup>th</sup> St., Mount Vernon, WA 98274

Visa or Master Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ Check # \_\_\_\_\_

**Volunteer Coaches Needed!!:**  **Yes, I would like to coach** - by choosing "Yes" I agree to coach a team, complete volunteer paperwork/training, & pass a Background Check. **Volunteer Coaches are eligible to have one player's fee waived.** Please register your player with the M.V.P.R. office directly and not online to receive this exemption.

**No, not available**

**Team Sponsors Needed!!:**  **Yes, I would like to Sponsor a Team!** - Only \$100/per team!

#### HOLD HARMLESS AGREEMENT

I(we) am/are the parents(s) or legal guardian of \_\_\_\_\_ who desires to be a participant in the City of Mount Vernon sponsored recreational activity of Little Kickers Soccer League. It is important to me(us) that this child be allowed to participate in this activity. I(we) understand there are special dangers and risks inherent in this activity, including but not limited to, the risk of serious physical injury, death or other harmful consequences which may arise directly or indirectly from the child's participation in this activity. Being fully informed as to these risks and in consideration of the City's allowing my child to participate in this sponsored activity and/or use of City facilities I(we), on behalf of myself(ourselves) and on behalf of the above-named participant child, assume all risk of injury, damage and harm to the child which may arise from the child's participation in the activities or use of City facilities. I(we) further agree, individually and on behalf of the above-named child, to release and hold harmless the City of Mount Vernon, its officials, employees and agents and agree to waive any right of recovery that I(we) may have to bring a claim or lawsuit for damages against them for any personal injury, death or other harmful consequences occurring to the above-named child or me arising out of the Child's voluntary participation in this activity. I(we) grant my(our) full and voluntary consent for the above named child to participate in the activity described above. I hereby certify that if the participant has any physical ailment or condition which might affect my health or the health of the participant through participating in recreational activities or programs, I have consulted with my personal physician or other medical authority and received permission to participate. I understand that the City of Mount Vernon and Mount Vernon Parks and Recreation prohibits discrimination on the basis of sex in community recreation programs under the "Fair Play" law. *\*\*I have signed the Concussion Information Sheet on the back of this form\*\**

Parent(s) / Guardian Signature(s)

Parent(s) / Guardian Printed Name(s)

Date



I have signed the Concussion Information Sheet on the back of this form

\*\*\*\*\*Please see reverse for more information\*\*\*\*\*



## Concussion Information Sheet



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.

|                                                                                                                                             |                                                                                                                                             |                                                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------|
| <b>Symptoms may include one or more of the following:</b>                                                                                   |                                                                                                                                             |                                                                                                                            |
| -Headaches<br>-“Pressure in head<br>-Nausea or vomiting<br>-Neck pain<br>-Balance problems or dizziness<br>-Blurred, double or fuzzy vision | -Feeling sluggish or slowed down<br>-Feeling foggy or groggy<br>-Drowsiness<br>-Change in sleep patterns<br>-Amnesia<br>-“Don’t feel right” | -Sadness<br>-Nervousness or anxiety<br>-Irritability<br>-More emotional<br>-Confusion<br>-Concentration or memory problems |

|                                                                                                                                                                                    |                                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Signs observed by teammates, parents and coaches may include:</b>                                                                                                               |                                                                                                                                                                                                                |
| -Appears dazed<br>-Vacant facial expression<br>-Confused about assignment<br>-Forgets plays<br>-Is unsure of game, score or opponent<br>-Moves clumsily or displays incoordination | -Slurred speech<br>-Shows behavior or personality changes<br>-Can’t recall events prior to hit<br>-Can’t recall events after hit<br>-Seizures or convulsions<br>-Any change in typical behavior or personality |

### **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 administration, 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.”

You should also inform your child’s coach if you think that your child may have a concussion. Remember, it’s better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

\_\_\_\_\_  
Student Athlete Printed Name

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Parent or Legal Guardian Printed Name

\_\_\_\_\_  
Date