

# WILLIAMSON COUNTY SOCCER ASSOCIATION SUMMER INDOOR SOCCER LEAGUE 2018



**REGISTRATION DEADLINE: May 13, 2018**

**\$10 late fee per player if postmarked after May 13, 2018**

**REGISTRATION FEE: \$65.00 per player**

WCSA indoor teams may consist of up to 12 players.

12 games per team (6 arena visits) **Age groups:** Spring 2018 Boys and Girls Age groups: U8 to U19.

**U11 and younger limit 2 travel players per team; U12-U19 limit 3 travel players per team**

Practices begin June 1, 2018, season concludes August 4, 2018 Teams may play one or two nights per week. No Sunday games.

Player Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Area/Subdivision \_\_\_\_\_ School \_\_\_\_\_ Years Played \_\_\_\_\_

Home Phone \_\_\_\_\_ Sex: M F Birthdate: Mo \_\_\_ Day \_\_\_ Year \_\_\_

Father's Name \_\_\_\_\_ Cell # \_\_\_\_\_ Mother's Name \_\_\_\_\_ Cell # \_\_\_\_\_

e-mail \_\_\_\_\_ Would you like to Coach? \_\_\_\_\_ Asst? \_\_\_\_\_

Name of 2018 Spring Coach: \_\_\_\_\_

Special Comment: \_\_\_\_\_

**Are you registered with a travel association for the 2017/2018 season? Y N**

**Name of travel team and coach \_\_\_\_\_**

Waiver: I/We certify that the given information is correct and complete and will provide proof of age. I/We know of no medical or other reason why the player cannot participate in WCSA activities. As parent(s)/legal guardian(s) of this player, I/we give my/our consent for emergency medical and/or dental care in the event of any injury or illness while involved in a WCSA program, and accept responsibility for prompt payment of such care and services. Recognizing the possibility of injury, damage, and death, I/we agree to assume the risks of participation in WCSA activities.

I/We release, discharge, hold harmless, and indemnify WCSA (and it officers and agents, affiliated organizations and sponsors, leagues, tournaments, and owners of fields, facilities, equipment, and vehicles utilized) from any cost and liability for any injury, damage, loss, expense (including attorney fees), lawsuit, or otherwise, from negligence or any cause, excepting only willful or wanton misconduct directed at this player.

***Failure to complete this form truthfully may result in this registration being denied and forfeiture of registration fee.***

Signature **X** \_\_\_\_\_ Date **X** \_\_\_\_\_

**Requests for refund must be made in writing prior to the start of the season  
All refunds are subject to a 10% processing fee**

**NO REFUNDS WILL BE ISSUED AFTER THE FIRST DAY OF THE SEASON**

**Pay by Credit Card** circle type of card: **Visa** **MasterCard**

Your name as it appears on the card \_\_\_\_\_ Expiration \_\_\_\_/\_\_\_\_ Account  
Number \_\_\_\_\_ Security Code \_\_\_\_\_

**Or Pay by Check:** Check # \_\_\_\_\_ Total Amount Tendered \$ \_\_\_\_\_

**Return form (with payment) to:  
Williamson County Soccer Association, P.O. Box 680037, Franklin, TN 37068-0037 Phone:  
(615) 791-0590 Fax: (615) 791-7695  
[www.williamsoncountysoccer.com](http://www.williamsoncountysoccer.com)**

# WCSA POLICY WAIVER

WCSA reserves the right to combine age divisions where necessary.

U11 and younger limit 2 travel players per team; U12-U19 limit 3 travel players per team.

Teams may play one or two nights per week. No Sunday games.

New players to WCSA must provide proof of age.

I/We also give permission for the free use of our and player's name and/or likeness in any advertisement, broadcast, telecast, or other transmission or account or promotion of WCSA programs.

**PLAY UP REQUESTS MUST BE SUBMITTED WITH A PLAYER'S REGISTRATION EACH SOCCER YEAR  
NO JEWELRY OF ANY KIND MAY BE WORN DURING PLAY.  
EARRINGS COVERED BY BAND-AIDS ARE NOT ALLOWED.**

Any request for a refund must be received in writing, prior to the start of the season (fax or email is acceptable).

A 10% processing fee is applied to all refunds. No refunds will be issued after the start of the season.

**\*\*\*I HAVE READ AND WILL DISCUSS/HAVE DISCUSSED THE  
ATTACHED CONCUSSION, CARDIAC INFORMATION, and ABUSE AWARENESS INFORMATION WITH MY PLAYER.**

*I have read and accept WCSA's Policy Waiver:* **X** \_\_\_\_\_ (Parent's Signature)

## PARENTS' CODE OF CONDUCT

WCSA's mission is to promote the sport of soccer by providing an organized, safe, fun-filled environment to develop players on an individual and team level. As a parent, you have a special opportunity to help all our players learn good sportsmanship and self-discipline by your encouragement and good example. Please observe WCSA's Code of Conduct to keep soccer a positive experience for all players, coaches and league officials.

### **I will:**

Be a good role model to my child by encouraging fair play and good sportsmanship, and helping the players to focus on the positive aspects of their performance, not the game result.

Provide only positive reinforcement and support to all players on both teams, applauding effort as well as success, and recognizing that mistakes are part of the learning process.

Treat all players (both teams), coaches, officials and spectators with respect before, during and after games, and encourage my child always to do likewise.

Remain outside the field of play and on the spectators' side of the field (not behind the goal line) unless specifically invited to assist the coach.

Refrain from instructing my child from the sideline so that the coach may do his job more effectively, and allow my child to make his/her own game decisions.

Avoid criticizing the referee's decisions.

Always refrain from using or tolerating offensive, insulting or abusive language or behavior.

**I understand that if I do not follow this Code of Conduct, I may be asked to leave the field area and/or the complex.**

*I have read and accept WCSA's Parents' Code of Conduct:*

Mother's Signature **X** \_\_\_\_\_ Father's Signature **X** \_\_\_\_\_

*Staging a successful soccer season is truly a cooperative effort. WCSA is a non-profit, volunteer organization, and we are always in need of coaches, commissioners, referees and more. If you would like to be involved, please let us know!*



## S.534 Abuse Awareness Information

February 15, 2018, the S.534 Sexual Assault Bill was signed into law.

The Bill has a 3-pronged approach:

1. 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 reporter.
2. The statute of limitations is extended to up to 10 years after a victim realizes he/she was abused.
3. Limits an athlete under the age of 18 from being alone with an adult who is not their parent/guardian.

As a member of Tennessee State Soccer Association, the following are the requirements:

1. Any complaint or reasonable suspicion of Sexual or Physical abuse/neglect must be reported within a 24-hour period awareness. Federal regulations state that reports should be made to a) local law enforcement, b) local child protective services, c) US Soccer and d) US Center for SafeSport.
2. The local phone numbers are as follows:
  - a. Franklin Police Department – 615-794-2513
  - b. Williamson County Sheriff – 615-790-5560
  - c. Williamson County Child Protective Services – 615-790-5965
  - d. WCSA Risk Manager – Mary K Anderson – 615-791-0590 or [director@williamsoncountysoccer.com](mailto:director@williamsoncountysoccer.com)
  - e. TSSA Risk Manager – Don Eubank – [EVP@insoccer.org](mailto:EVP@insoccer.org) or Hans Hobson – [hhobson@insoccer.org](mailto:hhobson@insoccer.org) or 615-590-2200
  - f. National Governing Body – US Soccer Integrity Hotline – 312-528-7004 – [www.ussoccer.com/integrity-hotline](http://www.ussoccer.com/integrity-hotline) - US Center for SafeSport – [www.safesport.or/report-a-concern](http://www.safesport.or/report-a-concern)
3. Other forms of misconduct such as emotional abuse, bullying, hazing or harassment should be reported to the Risk Manager of WCSA – Mary K Anderson – 615-791-0590 or [director@williamsoncountysoccer.com](mailto:director@williamsoncountysoccer.com)
4. [USYSA and TSSA Policy 3](#) – Code of Conduct aimed at preventing one-on-one interactions between an amateur athlete who is a minor and an adult is linked [HERE](#).
5. Prevention Training courses are available through Ministry Safe/Abuse Prevention and US Center for SafeSport.
6. No retaliation will be allowed to anyone who reports abuse and/or suspected abuse.



# Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by 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.

## 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

### 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.

the head or body, s/he should be kept 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.

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	Balance 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 ( <i>even briefly</i> )	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”

## 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 not only does not diminish, but 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*)

## 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.*

### *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.

## 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 professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

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, or 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.

It's better to miss one game than the whole season. For more information on concussions, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

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

\_\_\_\_\_  
Student-Athlete Signature

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Date



## **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.

***I have reviewed and understand the symptoms and warning signs of SCA.***

\_\_\_\_\_  
Signature of Soccer Player (ONLY if 18 or older)

\_\_\_\_\_  
Print Soccer Players Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Parent/Guardian's Name

\_\_\_\_\_  
Date