

Yuma Youth Soccer Association

**1st Time registration REQUIRES copy of birth Certificate

NEW THIS YEAR**Child MUST have been born between 2013 and 1999 (if 1999, must be registered in high school)

Early Registration- Aug 15 –Sept 15, 2016 (\$70) Late Registration- Sept 19 –Oct 6, 2016 (\$90)

U- _____ M/F
 V S C A B
 F Y/N G Y/N H Y/N
 B Y/N Y Y/N C Y/N
(For YYSAs staff use ONLY)

****Please make payments to: City of Yuma, 1 City Plaza, and Yuma, AZ 85365 Phone: (928) 373-5200****

Player Registration Form 2016/2017

*** NO REFUNDS AFTER NOVEMBER 25TH, 2016***

Last Name: _____ First Name: _____ Date of Birth _____

mm/dd/yyyy

Address: _____ City _____

State _____ Zip Code _____ Telephone Number _____

Male / Female
 Circle one

E-mail Address: _____

Medical Problems or Limitations of Player: _____

Parent(s) Name: _____ Contact #: _____

Other Emergency Contact Name: _____ Contact #: _____

Is this child currently registered, or playing, in the 2016/2017 Season for Yuma Futbol Club? **YES** **NO**
 If child is in high school, are they planning on playing high school soccer in the 2016/2017 season? **YES** **NO**

<p>Parents/Guardians - Please circle if interested:</p> <p>VOLUNTEER (in snack bar) TEAM SPONSOR (Must attach sponsor form)</p> <p>COACH (Must attach coach app.) ASSIST./TEAM PARENT (Must attach coach app.)</p> <p>Referee</p> <p>Please submit coach/assist/sponsor form with player application.</p>	<p>Practice in the 3E/Foothills area preferred? (Only honored if teams are available) Please circle one</p> <p>YES NO</p> <p>If, 12 or older, would an ALL GIRLS team be preferred? (Only honored if teams are available) Please circle one</p> <p>YES NO</p> <p>*TRANSPORTATION WILL NOT BE CONSIDERED WHEN PLACING PLAYERS ON TEAMS*</p>
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BUDDY SYSTEM- You may **ONLY** buddy with **ONE** other player. If you choose to participate in the Buddy System, both applications **must** be stapled together and the Buddy name, date of birth and phone # must be listed below.

*******Buddied players cannot be picked by a coach unless the coach picks both players*******

BUDDY NAME: _____ **Buddy date of Birth:** _____ **CONTACT#:** _____

SHIRTS: Please Circle
YOUTH SIZES: YXS YS (4-6) YM (8-10) YL (12-14) **ADULT SIZES:** AS AM AL AXL AXXL

SHORTS: Please Circle
YOUTH SIZES: YXS YS YM YL **ADULT SIZES:** AS AM AL AXL AXXL

IMPORTANT

I, the parent/guardian of the above named player, a minor, agree that I and the player will abide by the rules and regulations of the USYSA, its affiliated organizations and sponsors (USYSA Parties). In consideration of the player's participation in the soccer programs and activities of the USYSA Parties (the Programs) I, for myself and the player and our respective heirs, administrators, and successors, intending to be legally bound, hereby release and indemnify the USYSA Parties, the owners, and operators of the facilities used for the Programs and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs. These include, without limitation, player's transportation to/from any Program which transportation is hereby authorized. I further grant the USYSA Parties the right to use the player's name, picture, and or likeness in printed, broadcast, and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs.

I have received and read the AYSA Concussion Policy and Code of Conduct

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or Legal Guardian of the above named player, I hereby consent for medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

Printed Name: _____ Signature: _____ Date: _____



In order to help protect the soccer players of Arizona, the Arizona Youth Soccer Association has mandated that all our soccer players, parents/guardians and coaches follow the [AYSA Concussion Policy](#).

What can happen if my child/player 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 administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child/player 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.

“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”.

Licensed Health Care Providers acceptable to make the determination:

1. Medical Doctors (MD)
2. Doctor of Osteopathy (DO)
3. Advanced Registered Nurse Practitioner (ARNP)
4. Physicians Assistant (PA)
5. Licensed Certified Athletic Trainers (ATC)

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

For current and up-to-date information on concussions you can go to:

<http://www.cdc.gov/ConcussionInYouthSports/>

This form remains possession of player parent/guardian for their record and review



YOUTH SOCCER ASSOCIATION

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/player reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

<ul style="list-style-type: none">• Headaches• “Pressure in head”• Nausea or Vomiting• Neck Pain• Balance problems or Dizziness• Blurred, Double, or Fuzzy Vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns	<ul style="list-style-type: none">• Amnesia• Don’t feel right• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or Memory problems (forgetting game plays)• Repeating the same question/comment
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Signs observed by teammates, parents, and coaches can include:

<ul style="list-style-type: none">• Appears dazed• Vacant Facial Expression• Confused about assignment• Forgets plays• Is unsure of game, score, or opponent• Moves clumsily or displays in-coordination• Answers questions slowly• Slurred speech• Shows behavior or personality changes• Can’t recall events prior to hit• Can’t recall events after hit• Seizures or convulsions• Any change in typical behavior or personality• Loses consciousness
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The Arizona Youth Soccer Association strives to provide the best possible environment for youth players and play an important role in promoting the physical, social, and emotional development of young people. Therefore, it is essential for parents, coaches, spectators, and officials to encourage youth athletes to embrace the values of good sportsmanship. Furthermore, parents, coaches, spectators, and officials involved in youth sports events should be models of good sportsmanship and should lead by example by demonstrating fairness, respect, and self-control. The Arizona Youth Soccer Association is committed to establishing an environment that is safe and fosters optimal learning opportunities for all our players.

To maintain the reputation of the league and the learning environment AYSA has formulated this Code of Conduct and requires that you commit to be responsible for your words and actions while attending, coaching, officiating, or participating in AYSA and that you conform your behavior to the following Code of Conduct:

1. I will treat coaches, players, opponents, referees, spectators and all other individuals with respect.
2. I will not engage in any behavior which would endanger the health, safety, or wellbeing of any coach, parent, player, participant, referee, or any other attendee.
3. I will not use drugs, alcohol or tobacco products while involved in any youth soccer activities, whether training, attending, or officiating games.
4. I will not use profanity, obscenity or any other offensive language.
5. I will endeavor to ensure that no parents, spectators or anyone associated with my team to use profanity, obscenity or any other offensive language while within the hearing of players or officials.
6. I will not engage in verbal or physical abuse towards any other coach, player, parent, spectator, participant, or official.
7. I will be punctual; arriving at games and practice well before the start time to have cleats, shin guards, and other training gear to be checked.

All players should communicate any and all injuries, illness, conflicts or problems to the head coach in a timely manner, including their intent to participate in school sports or activities.

As a spectator and/or parent I will also:

1. I will calmly watch play and not shout instructions to my child or other players.
2. I will not question the calls of the referee or the actions of coaches.
3. I will provide encouragement to any and all players.
4. I will support my child's efforts to be on time and prepared for all training sessions, games and other team related activities.
5. I will make sure my child comes to training sessions and games with appropriate equipment.
6. Except in the case of an emergency, I will refrain from entering the team bench area and discussing issues with the team or coach, unless asked to do so by the coach.

Anyone who fails to conform to the preceding Code of Conduct or if a spectator receives a red card by an official while attending, coaching, training, officiating or participating in any event sanctioned by AYSA will be subject to the penalties listed:

- 1. First Offense: Must watch an interactive training video regarding anger management and good behavior at games.**
- 2. Second Offense: \$250 fine.**
- 3. Third Offense: \$500 fine and expulsion for one year.**

All charges will be made directly to the Parent/Fan/Coach, NOT the club.

By signing I understand the code of conduct as well as the penalties and understand that if I violate the code of conduct I will be subject to the penalties listed.

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