

# YUMA YOUTH SOCCER ASSOCIATION

## COVID-19 Clause and Refund Stipulation Statement 2020/2021

Dear YYSAs Parent/Guardian,

This COVID-19 Clause and Refund Stipulation Statement was created in order to afford as much advanced transparency regarding league operations and requirements. Currently the YYSAs "plan" is to run its season in a typical timeframe, minding all: ASA, Gubernatorial and CDC safety guidelines.

Should a time arise, after registration has closed, in which season needs to be delayed (longer than deemed reasonable by the YYSAs Board of Directors), or must be cancelled due to COVID-19 related safety concerns, YYSAs is advising that there are some fees that **ARE NOT REFUNDABLE** once your child(ren) are registered. These fees include:

- City of Yuma administration fee \$7.75, and
- ASA registration \$7.50

**TOTAL NON-REFUNDABLE FEES** **\$15.25**

**Additional refund questions/grid:**

	<b>TYPE OF FEE</b>	<b>NON-Refundable Fees:</b>	<b>Potential Refund amount</b>	<b>Notes:</b>
<b>\$80.00</b> <b>Registration FEE</b>	<b>City of Yuma &amp; Arizona Soccer Association Fees:</b>	<b>\$15.25</b>	\$64.75	<u>"If"</u> Uniform order has NOT been processed
	If uniform order is already in process	<b>\$25.00</b>	\$39.75	Player to receive uniform
	If pictures have already been taken	<b>\$6.50</b>	\$33.25	Player to receive pictures
	If soccer balls have already been ordered	<b>\$10.00</b>	\$23.25	Player to receive ball

**Additional note: NO refunds, of any kind/form will be issued due to COVID-19 caused, or weather related cancellation once 75% of season has been played. Any COVID-19, quarantined games MAY not be re-scheduled, due to field availability. All attempts will be made, however are NOT guaranteed.**

## **YYSA WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19**

### **ASSUMPTION OF RISK / WAIVER OF LIABILITY**

In participating in a YYSA sponsored/hosted activity, I agree:

Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,

1. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
2. I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation.
3. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS YYSA, their officers, officials, coaching staff and 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 ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

**I HAVE READ, UNDERSTAND AND AGREE TO THE "COVID-19 Clause and Refund Stipulation Statement" FOR THE 2020/2021 AND 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 SIGN IF FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Name of participant: \_\_\_\_\_

Participant signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

### **FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)**

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I for myself, my spouse, and child/ward do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: \_\_\_\_\_

Parent guardian/signature: \_\_\_\_\_

Date signed: \_\_\_\_\_

# Yuma Youth Soccer Association

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
<b>(For YYSA staff use ONLY)</b>

\*\*1<sup>st</sup> Time registration REQUIRES a copy of birth Certificate  
 \*\*Child MUST have been born between 2017 and 2000 (if 2000, must be in high school)  
**Registration- September 28-October 22, 2020 ONLY (\$80)**

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

**Player Registration Form 2020/2021**      **\*\*\* NO REFUNDS AFTER NOVEMBER 15, 2020 (or, COVID-19 Clause) \*\*\***

Legal Last Name: \_\_\_\_\_ Legal First Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone Number \_\_\_\_\_ Male / Female  
 Circle one

E-mail Address (**REQUIREMENT to complete registration**): \_\_\_\_\_

Medical Problems or Limitations of Player: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Other Emergency Contact Name: \_\_\_\_\_ Contact #: \_\_\_\_\_

Is this child currently registered/playing, in ANY Arizona Soccer Association affiliated program right now?      YES      NO  
 If child is in high school, are they planning on playing high school soccer in the 2020/2021 season?      YES      NO

<p><b>Parents/Guardians - Please circle if interested:</b></p> <p>VOLUNTEER      TEAM SPONSOR          (in snack bar)      (Must attach sponsor form)</p> <p>COACH      ASSIST./TEAM PARENT          (Must attach coach app.)      (Must attach coach app.)</p> <p>Referee</p> <p><b>Please submit coach/assist/sponsor form with player application.</b></p>	<p><b>Practice in the 3E/Foothills area preferred?</b>          (Only honored if teams are available) Please circle one</p> <p>YES      NO</p> <p><b>If, 12 or older, would an ALL GIRLS team be preferred?</b>          (Only honored if teams are available) Please circle one</p> <p>YES      NO</p> <p><b>*TRANSPORTATION WILL NOT BE CONSIDERED WHEN PLACING PLAYERS ON TEAMS*</b></p>
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**BUDDY SYSTEM-** You may ONLY buddy with ONE other player. Younger of two players can move up ONLY 1 age group, CAN NOT drop-down age group. 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. NON-STAPLED "BUDDY REQUESTS" WILL NOT be honored.

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

BUDDY NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ CONTACT#: \_\_\_\_\_ Parent Initial acknowledging Buddy System Rules: \_\_\_\_\_

**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

I, the parent/guardian of the below-named player, a minor, agree that I and the player will abide by the rules and regulations of the USYSA, its affiliated organizations and its 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, administrator 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 caused of action arising out of or in connection with the player's participation in the Programs including, 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 also agree that I have read the ASA Concussion Policy and Code of Conduct.

Parent/Legal Guardian Print First & Last Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

# ***ARIZONA SOCCER ASSOCIATION, COVID-19 PROTOCOLS***

The below provides the definitions and responsibilities for individuals, clubs, and teams as it relates to what is required if an individual has close contact exposure, symptoms, or a positive result. Regardless of which may be the situation notifying the coach and club must a top priority.

## **CLOSE CONTACT EXPOSURE TO POSITIVE CASE OF COVID-19**

### **DEFINITION**

Close contact would be defined as:

- You were within 6 feet of someone who has COVID-19 for at least 15 minutes.
- You were provided care at home to someone who is sick with COVID-19
- You had direct physical contact with the person (hugged or kissed them)
- You shared eating or drinking utensils
- They sneezed, coughed or somehow got respiratory droplets on you

### **ACTIONS OF INDIVIDUAL(S)**

Notify club/coach ASAP and quarantine for 14 days. Monitor for:

- Fever > 100.4
- Cough
- Shortness of breath
- Chills
- Headache
- Other symptoms

### **ACTION OF TEAM(S)**

Team is permitted to continue training and participating in events. Team members and coaches should be mindful of onset of any symptoms.

### **COMMUNICATION REQUIRED**

Club/team should communicate to the team(s) that have an individual on the team(s) has been exposed and will begin a 14 day quarantine.

### **RETURN TO PLAY**

Completion of 14 days of quarantine

## **SYMPTOMS**

### **DEFINITION**

People with COVID-19 have had wide range of symptoms reported - ranging from mild symptoms to severe illness. Symptoms may appear 2-14 days after exposure to the virus. People with these symptoms may have COVID-19:

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Fatigue
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Congestion or runny nose
- Nausea or vomiting
- Diarrhea

### ACTIONS OF INDIVIDUAL(S)

Notify club/coach ASAP and get a COVID-19 test

Quarantine until at least 10 days have passed since symptom onset

AND

At least 24 hours have passed since resolution of fever without that use of fever-reducing medications

AND

other symptoms have improved

### ACTION OF TEAM(S)

All team activities are suspended for 14 days OR all team activities are suspended until the individuals(s) test results are received. If test was negative team can resume all activities.

### COMMUNICATION REQUIRED

Club/team should communicate to the entire team(s) that have an individual on the team(s) has demonstrated symptoms will begin a quarantine.

All team activities suspended immediately. Entire team will begin a full 14 day quarantine. (NOTE: Quarantine can end prior to 14 days *ONLY IF* the individual who displays symptoms provides a negative test result)

Club/team should communicate to any opposing teams that they played against within the date of the onset of symptoms that they had an individual with symptoms. Once test results are received there should also be a notification.

DO NOT give any names or personal details.

NOTE: Opposing team are not required to quarantine. Notification is done as a courtesy to be aware of the situation.

### RETURN TO PLAY

All three actions (quarantine for 10 days after symptoms began, at least 24 hours without a fever without medicine, and other symptoms improved) have been met.

## **POSITIVE**

### DEFINITION

Official results provided by medical professional

### ACTIONS OF INDIVIDUAL(S)

Notify club/coach ASAP and get a COVID-19 test

Quarantine until at least 10 days have passed since symptom onset

AND

At least 24 hours have passed since resolution of fever without that use of fever-reducing medications

AND

other symptoms have improved

### ACTION OF TEAM(S)

All team activities are suspended for 14 days

### COMMUNICATION REQUIRED

Club/team should communicate to the entire team(s) that have an individual on the team(s) has demonstrated symptoms will behind a quarantine. DO NOT give any names or personal details.

Club/team should communicate to any opposing teams that they played against within onset of symptoms that they had an individual with a positive test.

DO NOT give any names or personal details.

Complete ASA notification process, found on the ASA website.

Note: Opposing teams are not required to quarantine. Notification is done as a courtesy to be aware of the situation.

### RETURN TO PLAY

All three actions (quarantine for 10 days after symptoms began, at least 24 hours without a fever without medicine, and other symptoms improved) have been met.



## **ARIZONA SOCCER ASSOCIATION HEAD INJURY/CONCUSSION POLICY**

### **Policies for the management of concussion and head injury in youth soccer**

#### **Arizona Soccer Association Head Injury/ Concussion Policy – Effective 2019/2020 Season**

- i. An informed consent must be signed annually by parents and youth athletes acknowledging the risk of head injury prior to practice or competition.
- ii. A youth athlete who is suspected of sustaining a concussion or head injury must be removed from play– “when in doubt, sit them out”
- iii. A youth athlete who has been removed from play **must receive written clearance from a licensed Medical Doctor (MD) or Doctor of Osteopathy (DO) prior to returning to play. The ASA “Concussion Return to Play Form”** <https://usys-assets.ae-admin.com/assets/979/15/ASA%20Concussion%20Return%20to%20Play%20Form.pdf> **must be completed and signed by a licensed Medical Doctor (MD) or Doctor of Osteopathy (DO). This form must be submitted to the ASA office prior to returning to play.**
- iv. The referee will note on the game card a player being removed due to head injury. The referee will pull the player pass and advise the coach or team manager the player pass has been pulled and will require written release before being allowed to play in any further games.

#### **TEAM/CLUB OFFICIAL:**

- i. Shall immediately remove from participation/competition any athlete who is suspected of sustaining a concussion or head injury.
- ii. Shall not allow an athlete who has been removed from play because of a suspected concussion/brain injury to return to play until the athlete has received written clearance from a licensed Medical Doctor (MD) or Doctor of Osteopathy (DO) prior to returning to play The ASA “Concussion Return to Play Form” <https://usys-assets.ae-admin.com/assets/979/15/ASA%20Concussion%20Return%20to%20Play%20Form.pdf> must be completed and signed by a licensed Medical Doctor (MD) or Doctor of Osteopathy (DO). This form must be submitted to the ASA office prior to returning to play.
- iii. In coordination with the parent/guardian complete an injury report form) within 30 days of the injury. <https://usys-assets.ae-admin.com/assets/979/15/Injury%20Report%20Form%206-27-19.pdf>

#### **REFEREES:**

- i. Shall note on the game card that player suffered Head Injury and was taken out of the game. Pull player pass from and mail to the ASA office.
- ii. Shall complete online concussion submittal form. (<https://gotsport.com/forms/open/?FormID=784>)

#### **PARENTS/GUARDIANS:**

- i. Shall annually review, sign and return to the Arizona Soccer Association Club in which their child plays. This policy can be found on [www.azyouthsoccer.org](http://www.azyouthsoccer.org) and clicking on Member Resources and following to the ASA forms section and click on the Arizona Soccer Association Head Injury/Concussion Policy and Procedures tab.

#### **ATHLETES:**

- i. Shall annually review, sign and return to the Arizona Soccer Association Club in which they play for, prior to initiating practice or competition. This policy can be found by logging into the player’s Got Soccer account, or downloading the hardcopy from the ASA website, [www.azyouthsoccer.org](http://www.azyouthsoccer.org) and clicking on Member Resources and following to the ASA forms section and click on the Arizona Soccer Association Head Injury/Concussion Policy and Procedures tab.
- ii. Athletes are encouraged to notify a coach if they or a teammate exhibit signs or symptoms of a concussion?brain injury.

#### **What licensed health care providers are trained in the evaluation and treatment of concussions/brain injuries and authorized to allow the athlete to return to play?**

Licensed Health Care Providers

- i. Medical Doctors (MD)
- ii. Doctor of Osteopathy (DO)

Research is currently being done to determine which other licensed health care providers may have sufficient training to qualify to authorize return to play.



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:**

- Headaches
- Nausea or vomiting
- Balance problems or dizziness
- Sensitivity to light or noise
- Feeling foggy or groggy
- Change in sleep patterns
- “Don’t feel right”
- Sadness
- Irritability
- Confusion  
(forgetting game plays)
- “Pressure in head”
- Neck pain
- Blurred, double, or fuzzy vision
- Feeling sluggish or slowed down
- Drowsiness
- Amnesia
- Fatigue or low energy
- Nervousness or anxiety
- More emotional
- Concentration or memory problems
- Repeating the same question/comment

**Signs observed by teammates, parents and coaches include:**

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination

## **HEAD INJURY/CONCUSSION MANAGEMENT PROTOCOL**

**What can happen if my child/player keeps on playing with a head injury/concussion 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 head injury/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”. **The ASA “Concussion Return to Play Form”** <https://usys-assets.ae-admin.com/assets/979/15/ASA%20Concussion%20Return%20to%20Play%20Form.pdf> **must be completed and signed by the licensed health care provider trained in the evaluation and management of brain injuries. This form must be submitted to the ASA office [medical@azyouthsoccer.org](mailto:medical@azyouthsoccer.org)**

Licensed Health Care Providers acceptable to make the determination:

1. Medical Doctors (MD)
2. Doctor of Osteopathy (DO)



## ASA Code of Conduct

The Arizona 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, 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 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 ASA 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 ASA 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 use profanity, obscenity or any other offensive language.
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 ready 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. Calmly watch play and not shout instructions to my child or other players.
2. Not question the calls of the referee or the actions of coaches.
3. Provide encouragement to any and all players.
4. Support my child's efforts to be on time and prepared for all training sessions, games and other team related activities.
5. Make sure my child comes to training sessions and games with appropriate equipment.
6. Except in the case of an emergency, 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 receives a red card by an official while attending, coaching, training, officiating or participating in any event sanctioned by ASA will be subject to the penalties listed on receipt of a written complaint from an official (referee, coach, team parent, etc.) and after an appropriate hearing has been conducted by the ASA Discipline & Rules Committee or its designated authority.

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

In the event of an incident where an individual cannot be identified or multiple individuals are at fault, all parents may be asked to attend a hearing where penalties may be assessed that include a team's parents and spectators being restricted from attending games for a certain number of games or a certain period of time. These penalties would be assessed after an appropriate hearing has been conducted by the ASA Discipline & Rules Committee or its designated authority.

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

By signing the application on the first page of this packet, I agree and 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.