

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
(For YYS staff use ONLY)

**1st Time registration REQUIRES a copy of birth Certificate
 **Child MUST have been born between 2016 and 2001 (if 2001, must be in high school)
Early Registration- Aug 19 –Sept 13, 2019 (\$80) Late Registration- Sept 16 –Oct 3, 2019 (\$100)

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

Player Registration Form 2019/2020 * NO REFUNDS AFTER NOVEMBER 27, 2019 *****

Last Name: _____ 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, or playing, in the 2019/2020 Season for Yuma Futbol Club? YES NO
 If child is in high school, are they planning on playing high school soccer in the 2019/2020 season? YES NO

Parents/Guardians - Please circle if interested:

VOLUNTEER (in snack bar) TEAM SPONSOR (Must attach sponsor form)
 COACH (Must attach coach app.) ASSIST./TEAM PARENT (Must attach coach app.)
 Referee

Please submit coach/assist/sponsor form with player application.

Practice in the 3E/Foothills area preferred?
 (Only honored if teams are available) Please circle one
 YES NO

If, 12 or older, would an ALL GIRLS team be preferred?
 (Only honored if teams are available) Please circle one
 YES NO

TRANSPORTATION WILL NOT BE CONSIDERED WHEN PLACING PLAYERS ON TEAMS

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 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 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 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**

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.