

Adelante Selby 4th/5th Grade Soccer

Redwood City Parks, Recreation & Community Services | www.teamsideline.com/redwoodcity

PLEASE COMPLETE AND RETURN TO RED MORTON COMMUNITY CENTER - 1120 ROOSEVELT AVE, REDWOOD CITY REGISTRATION DEADLINE: Wednesday, February 12, 2025. | CONTACT: Mike Smith 780.7254 msmith@redwoodcity.org

REGISTRATION FEE: \$110

PROGRAM #s: Boys--46.182 Girls--46.183

INFORMATION: Schedules will be provided after coaches meeting on 2/25/25. Practices start week of 3/3/25 and will take place at school site unless otherwise stated. Practice schedule determined by coaches. Games: 3/18-6/2/25 (No games over Spring Break.) Boys play Mondays - Girls play Tuesdays - 4:15PM at Hoover. Transportation is not provided. Participant must provide their own shorts, shin guards, socks, and cleats. Jersey provided - JERSEY MUST BE RETURNED. See website for uniform policy. For more information, please contact Mike Smith at 780.7254.

REFUND POLICY: A check/credit card refund will be issued if the participant withdraws at least 2 weeks prior to the start of league games, less a \$5 processing fee. (There is no processing fee if team is canceled.) No refund will be given if participant withdraws within 2 weeks prior to the start of league games/races/meets. Late fees are non-refundable, regardless if class/team is canceled.

Within 2 weeks prior to the start of league games,		c .ccs are		,	c.c.c, ccarri is car	
ACTIVITY REGISTRATION						
PARTICIPANT'S NAME First & Last	BIRTHDATE (mm/dd/yy)	GRADE	SCHOOL	GENDER (circle)	PROGRAM #	FEE
				M/F/NB/O		\$110
_	·			Tota	Fees \$	
Are you interested in coaching? If yes, check the	box.	wish to don	ate to the Youth	Scholarship F	und + \$	
Permission to walk home alone? If yes, check th	e box.		Less	Credit on Acco	ount - \$	
				7	TOTAL \$	
PRIMARY CONTACT (Adult)			COMPLET	E ENTIRE FO	RM	
Name		_ Birthdate	e//_	Gender — (Circle one)	M F Non Binai	ry Other
Street Address						
CityZip	Ema	il Address _			Check box to re promotional e	eceive mails
Primary Phone ()Second	lary Phone ()		Ce	ll Phone ()	
Cell Phone Carrier (if you wish to receive important to	ext alerts- ATT, Ve	rizon, etc.)	:	_Emergency C	Contact	
Relationship to participantEmerger	ncy Daytime Ph:(_)	Emerg	ency Evening F	Ph:()	
LIABILITY WAIVER & PHOTO RELEASE (A	dult)					
LIABILITY WAIVER (all classes require the signature of in the following programs, including associated travel s is given for me and/or child as named below. In conside the City of Redwood City, its agents, its employees and varising from or connected with these programs. I assum of my child's and/or my participation in the program. To responsible for ensuring my child's and/or my environmentems, etc.) is done at our own risk. I sign of my own fre PHOTO RELEASE: I/we agree to allow use of my/our ph	ponsored by the C ration of participa volunteers working e all risk for any in the extent I and/on nt is safe/free from e will. Sign Below	ity of Redwition in these for the City juries, incluing my child are obstruction	ood City Parks, Re e programs, I here for any and al ding the risk of ex e participants of as and that any us	ecreation & Coreby indemnify of liability for injustration of the community of the community of the community of the control of third-party of the control o	mmunity Services I and hold harmless ury suffered by me municable diseases on classes, I acknov applications (Zoon	Department and release or my child s as a result wledge I am n, Microsoft
Waiver Signature	Photo Release Ini	tial				
Print Name	Date					
PAYMENT VISA MASIGICAN DISCOVER EXPRESS						
CREDIT CARD Card #E	xp. Date		curity Code or 4 digit #)	- '	CHECK able to: CITY OF F	
Signature X				_ \$15	returned check fe	<u>ee</u>
Name on Card (print)				_	CASH	



CODES OF CONDUCT



PLAYERS

- I will be a good sport (win or lose); Be honest, fair and always show good sportsmanship to all coaches, players, officials, parents, and fans at every game and practice.
- I will learn the value of commitment to the team. I will attend every practice and game that I can, and will notify my coach if I cannot.
- I will show courtesy and respect to teammates, opponents, officials, and coaches.
- I realize that athletic contests, including practice sessions, are educational experiences and opportunities.
- I will not engage in unsportsmanlike conduct or inappropriate behavior.
- I will treat everyone, including coaches, parents, players, and officials, with respect, regardless of race, creed, color, nationality, or gender.

By signing this document, I acknowledge that I have read and agree to comply with this Code of Conduct and understand that if I violate this agreement I could be subject to suspension or removal from my team.

Participant Name	Participant Signature	nature		
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PARENTS AND SPECTATORS

By registering my child in the Redwood City After School Sports Program, I agree to learn the rules of the game and the league and to comply with the following Parent Code of Conduct:

- I understand that my role as a parent is to support all players and coaches and to enjoy my child's opportunity to experience the benefits of participating in sports.
- I will help my child to learn the right lessons from winning and losing and from individual accomplishment and mistakes. I understand that performance is more important than winning.
- I will <u>not</u> attempt to coach from the sideline and I will show respect and courtesy to all game officials, players, coaches, and other spectators.
- I will engage in positive encouragement of all players at all times. I will refrain from making negative or abusive remarks to any player, coach, official, or other spectators.
- I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game. I will take time to speak with coaches at an agreed upon time and place.
- I will ensure that my child will attend all games and practices possible. When it's not possible, I agree to inform the coach in advance.

I understand that if I fail to comply with this Code of Conduct, I will be subject to sanctions by the Redwood City After School Sports Program. These sanctions include, but are not limited to being prohibited from attending any scheduled match or game.

By signing this document, I acknowledge that I have read and agree to comply with this Code of Conduct.

Parent Name	Parent Signature



CONCUSSION WAIVER



PARENT/ATHLETE CONCUSSION AWARENESS INFORMATION

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

Signs and symptoms of a concussion can show up right after the injury or may appear days or weeks after the injury. If an athlete reports one or more symptoms of concussions listed below after a bump, blow or jolt to the head or body, they should be kept out of play the day of the injury and until a health care professional, experienced in evaluating concussions, says they are symptom-free and they are OK to return to play.

SIGNS OBSERVED BY COACH/STAFF

Appears dazed or stunned
Is confused about position or assignment
Forgets an instruction
Is unsure of game score or opponent
Moves clumsily
Answers questions slowly
Loses consciousness (even briefly)
Shows mood, behavior or personality changes
Cannot recall events prior to hit or fall
Cannot recall events after hit or fall

SYMPTOMS REPORTED BY ATHLETE

Headaches or "pressure" in the head
Nausea or vomiting
Balance problems or dizziness
Double or blurry vision
Sensitivity to noise
Feeling sluggish, hazy, foggy or groggy
Concentration or memory problems
Confusion
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 they exhibit any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse or slurred speech
- Weakness, numbness or decreased coordination

- Convulsions, seizures or unusual behavior
- Cannot recognize people or places
- Becomes increasingly confused or agitated
- Loses consciousness for any amount of time

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 healing, they are 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. It can even be fatal.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove them from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play until a medical professional says they are symptom free and are OK to return to play. Rest is the key to help an athlete recover. Exercising or activities that involve a lot of concentration (studying, computers, video games) may cause concussion symptoms to reappear or worsen. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

I(we), hereby acknowledge having received education about the signs, symptoms and risks of sport related concussion as provided in the information above. I also acknowledge my responsibility to report to my coaches, parent(s) / guardian(s) any signs or symptoms of a concussion.

			Sport:
Athlete Printed Name	Signature	Date	
Parent/Guardian Printed Name	Signature	 Date	