

# Kennedy Soccer (6th-8th Grade)

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--46.101 Girls--46.102

**INFORMATION:** Schedules will be provided after coaches meeting on 2/27/25. Practices start week of 3/3/25 and will take place at school site unless otherwise stated. Practice schedule determined by coaches. Games: 3/19-6/2/25 (No games over Spring Break.) Boys play Wednesdays - Girls play Thursdays - 4:15PM or 5:30PM at Hoover, Kennedy, or McKinley. 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/races	/meets. Lat	e tees are	non-refundable	, regardless if	class/team is car	nceled.
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?	•	1 1	wish to don	nate to the Youth	Scholarship F	und + \$	
Permission to walk home alone?	? If yes, check the box	ί.		Less	Credit on Acco	ount - \$	
					٦	TOTAL \$	
PRIMARY CONTACT (Adult)				COMPLET	E ENTIRE FO	RM	
Name			_ Birthdate	e//_	Gender — (Circle one)	M F Non Binar	y Othe
Street Address							
City	Zip	Emai	il Address_			Check box to re promotional er	aceive mails
Primary Phone ()	Secondary P	hone ()		Ce	ll Phone (	)	
Cell Phone Carrier (if you wish to rec	eive important text al	erts- ATT, Ve	rizon, etc.)	:	_Emergency C	Contact	
Relationship to participant	Emergency Da	aytime Ph:(_	)	Emerg	ency Evening F	Ph:()	
LIABILITY WAIVER & PHOTO	RELEASE (Adult)						
LIABILITY WAIVER (all classes require in the following programs, including as is given for me and/or child as named the City of Redwood City, its agents, its arising from or connected with these p of my child's and/or my participation in responsible for ensuring my child's and/Teams, etc.) is done at our own risk. I sepHOTO RELEASE: I/we agree to allow	ssociated travel sponsobelow. In consideration in employees and volunt rograms. I assume all rothe program. To the example of my environment is so	ored by the Conformation of participal in the conformation of the	ity of Redwition in these for the City juries, including my child are obstruction	ood City Parks, Re e programs, I here f, from any and all ding the risk of ex re participants of v as and that any us	ecreation & Coreby indemnify of liability for injury sposure to compire to the contraction of third-party of third-party	mmunity Services L and hold harmless ury suffered by me municable diseases on classes, I acknov applications (Zoon	Departme and relect or my ch s as a res wledge I c n, Micros
Waiver Signature	P	hoto Release Init	tial				
Print Name	D	ate					
PAYMENT VISA Mastercard	MERICAN DISCOVER						
CREDIT CARD	Exp. D	ate		curity Code or 4 digit #)	Pay	CHECK vable to: CITY OF F	₹WC
Signature X					_ \$15	returned check fe	<u>:e</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

## 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.



# **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	