



## City of Folsom - Folsom Parks & Recreation

### Youth Indoor Soccer Team Application

Season 2024-25 - Session \_\_\_\_\_

Registration #

TEAM GENDER:  GIRLS  BOYS

DIVISION:  REC  ACADEMY-COMP

FOLSOM:  RESIDENT  NON-RESIDENT

TEAM NAME: \_\_\_\_\_ AGE GROUP: \_\_\_\_\_

MGR/COACH NAME: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

LAST YOUTH ORGANIZATION THAT YOU COACHED: \_\_\_\_\_ YEAR: \_\_\_\_\_

ASST COACH: \_\_\_\_\_ EMAIL: \_\_\_\_\_ CELL: \_\_\_\_\_

#### FOR OFFICIAL USE ONLY

TEAMS MUST HAVE ALL OF THE FORMS BELOW COMPLETED AT REGISTRATION

- \_\_\_\_ TEAM APPLICATION
- \_\_\_\_ TEAM ROSTER
- \_\_\_\_ HEAD COACH TEAM REGISTRATION & MANAGEMENT FORM
- \_\_\_\_ HEAD COACH RULE AWARENESS & COMPLIANCE AGREEMENT
- \_\_\_\_ ASST. COACH TEAM REGISTRATION & RISK MANAGEMENT FORM
- \_\_\_\_ ASST. HEAD COACH RULE AWARENESS & COMPLIANCE AGREEMENT
- \_\_\_\_ PAYMENT
- \_\_\_\_ LIABILITY WAIVERS FOR EACH PLAYER

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ Payment Time: \_\_\_\_\_

Comments:

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# Team Roster

PARKS & RECREATION | 66 CLARKSVILLE ROAD, FOLSOM, CA 95630 | WWW.FOLSOM.CA.US



CITY OF  
**FOLSOM**  
DISTINCTIVE BY NATURE

## City of Folsom – Parks & Recreation Youth Indoor Soccer Team Roster *Season 2024-25 – Sesson*

Registration #

Team Name: \_\_\_\_\_ Age Group & Division: \_\_\_\_\_

Coach: \_\_\_\_\_ Assistant Coach: \_\_\_\_\_

Players Name	Player Birthday	Parent Signature	City	Cell	Date
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

**Resident Team:** At least 60% of the players listed on the roster reside in Folsom.

**Non-Resident Team:** Less than 60% of the players listed on the roster reside in Folsom.

\*\*\*Resident teams have priority over non-resident teams. Priority is also given based on date of registration.

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# Team Registration & Risk Management Form



CITY OF FOLSOM  
DISTINCTIVE BY NATURE

**CITY OF FOLSOM - PARKS & RECREATION  
TEAM OFFICIAL REGISTRATION  
and RISK MANAGEMENT DISCLOSURE FORM  
SEASON 2024-25**

PROVIDING FALSE INFORMATION OR OMITTING INFORMATION WILL RESULT IN IMMEDIATE SUSPENSION FROM ALL CITY OF FOLSOM ACTIVITIES

TEAM OFFICIAL INFORMATION	<b>* = REQUIRED FIELDS</b>				Activity: Coach <input type="checkbox"/>		Asst. Coach <input type="checkbox"/>		Manager <input type="checkbox"/>		Team Official <input type="checkbox"/>	
	TEAM NAME:				AGE GROUP:		DIVISION:		TEAM GENDER:			
	*Legal First Name: _____				*Legal Last Name: _____							
	*Address: _____											
	*City: _____				*State: _____				*Zip: _____			
	*Email: _____				*Birth Date: _____				*Gender: M <input type="checkbox"/> F <input type="checkbox"/>			
	*Company: _____				*Occupation: _____				*CPR Trained: Y <input type="checkbox"/> N <input type="checkbox"/>			
	*Cell Phone: _____											
	*Driver License/ID Number: _____				*State: _____				*Expiration Date: _____			
	Are you a licensed Coach? Y <input type="checkbox"/> N <input type="checkbox"/> .						Do you have a current Referee License? Y <input type="checkbox"/> N <input type="checkbox"/>					

**\*MUST FILL IN ALL STARRED IDENTIFICATION REQUIREMENTS**

**IMPORTANT REGISTRATION QUESTIONS (Check Box Required) Have**

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1 you ever been convicted of a crime of violence?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 2 Have you ever been convicted of a crime against children?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 3 Have you ever been convicted of a crime against an individual?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 4 Have you ever been convicted of fraud?  | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 5 Have you ever been convicted of a felony?   | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| 6 Have you ever been convicted of a crime involving an alcohol or drug related offense in the past 5 years? | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

If you have answered YES to one or more of the above questions, please complete page 2, lines A-I.

If sections A through I are incomplete, this application will be returned, resulting a delay in processing.

I certify that I have no physical illness or impairment which will make participation in soccer related activities dangerous to me. Registrant represents that the information contained on this form is true and correct and that the registrant has not lied about, misrepresented, or otherwise falsified such information. Incomplete forms will be returned!

I understand that:

- 1 It is the intent to deny a coaching position to any person who has been convicted of a crime against an individual.
- 2 The information which I have furnished on this form is subject to verification, which may include a criminal history.
- 3 I will abide by the rules and regulations set forth by the City of Folsom, Parks and Recreation Department, and The Folsom Sports Complex.
- 4 THIS TEAM OFFICIAL REGISTRATION AND RISK MANAGEMENT DISCLOSURE FORM MUST BE UPDATED EVERY SEASONAL YEAR.

I declare under **Penalty of Perjury** under the laws of the **State of California** that the information that I have furnished on this form is true and correct to the best of my knowledge.

This declaration was executed at \_\_\_\_\_, California, on \_\_\_\_\_.  
City MM/DD/YY

SIGNATURE: \_\_\_\_\_

TEAM OFFICIAL REGISTRATION AND RISK MANAGEMENT DISCLOSURE FORM 2024-25

If you checked "YES" in any of the boxes in the IMPORTANT REGISTRATION QUESTIONS section, you MUST provide complete information for lines A through I for each conviction.

Submit "YES" marked forms directly to the City of Folsom, Parks and Recreation Dept, Andy Morin Sports Complex, 66 Clarksville Road, Folsom, CA 95630, Attn: Cynthia Mandel. All information provided will be held. CONFIDENTIAL.

If you have answered YES, you cannot be associated with any team until you have received clearance from the City of Folsom. If sections A through I are incomplete, this application will be returned, and may result in a delay in processing.

\*Legal First Name: \_\_\_\_\_ \*Legal Last Name: \_\_\_\_\_

Conviction #1:

- A. Case Number: \_\_\_\_\_
- B. Section Number Charged with: \_\_\_\_\_
- C. Description of Offense: \_\_\_\_\_  
\_\_\_\_\_
- D. Date of Incident/Conviction: \_\_\_\_\_
- E. Superior Court in the County of: \_\_\_\_\_ in the state of: \_\_\_\_\_
- F. Sentencing from the Superior Court: \_\_\_\_\_
- G. Have you successfully completed all the sentencing requirements from the Superior Court? Yes  No
- H. Are you currently paying fines and/or restitution to the Superior Court? Yes  No
- I. Are you currently on any type of probation? Yes  No  What type of probation: Formal  Informal 
  - i. How many years of probation were you given by the court? \_\_\_\_\_
  - ii. When does your probation end? \_\_\_\_\_
  - iii. Do you have a Probation Officer that you must report to? Yes  NoIf Yes what is the name of your Probation Officer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_
  - iv. Can City of Folsom Authorized Staff contact your Probation Officer? Yes  No

Conviction #2:

- A. Case Number: \_\_\_\_\_
- B. Section Number Charged with: \_\_\_\_\_
- C. Description of Offense: \_\_\_\_\_  
\_\_\_\_\_
- D. Date of Incident/Conviction: \_\_\_\_\_
- E. Superior Court in the County of: \_\_\_\_\_ in the state of: \_\_\_\_\_
- F. Sentencing from the Superior Court: \_\_\_\_\_
- G. Have you successfully completed all the sentencing requirements from the Superior Court? Yes  No
- H. Are you currently paying fines and/or restitution to the Superior Court? Yes  No
- I. Are you currently on any type of probation? Yes  No  What type of probation: Formal  Informal 
  - i. How many years of probation were you given by the court? \_\_\_\_\_
  - ii. When does your probation end? \_\_\_\_\_
  - iii. Do you have a Probation Officer that you must report to? Yes  NoIf Yes what is the name of your Probation Officer: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_
  - iv. Can City of Folsom Authorized Staff contact your Probation Officer? Yes  No



## City of Folsom – Parks & Recreation

### Youth Indoor Soccer

### Rules Awareness and Compliance Agreement

### Season 2024-25

**Must Be Submitted for Each and All Coaches/Managers Per Team**

Revised: 08/28/24

As a volunteer coach or team representative of teams having applied to and been accepted to participate in a youth indoor soccer league at the Andy Morin Sports Complex, I agree to make myself aware of, abide by, comply with, and communicate to my team players, parents and guests, the current Folsom Sports Complex Youth Indoor Soccer League rules, regulations, and interpretations. I understand that the rules change periodically, and I will keep myself abreast of the current rules.

Further, if requested by the Andy Morin Sports Complex director of youth soccer, I agree to attend any rules education meetings, or rules compliance education sessions.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

STAFF: Upon receipt, attach to the team application.

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## City of Folsom – Parks & Recreation

### Youth Sports Activities

#### Waiver, Release of Liability, Assumption of Risk, and Hold Harmless Agreement – Season 2024-25

Team Name: \_\_\_\_\_

Player's Name: \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

Medical/Insurance Coverage: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Name of Program or Activity and Age Group or Team: \_\_\_\_\_

I understand that participation in Youth Sports Activities ("Activities") involves certain inherent risks, including the potential for death, serious injury, or property loss or damage. The risks include, but are not limited to, those caused by terrain and natural and manmade site conditions; exposure to natural elements, temperature and weather conditions; actions of others including, but not limited to participants, volunteers, spectators, league officials, or sponsors; lack of hydration; use of sporting equipment; and other hazards, known or unknown. I affirm that my child is in good health, physically able to perform the activities, and I have not been advised against my child's participation by a qualified medical professional. **My child is voluntarily participating in the Activities and as the parent or legal guardian, I agree to assume all risks associated with my child's participation in the Activities.**

I understand and agree that this document shall be construed broadly to provide a waiver, release of liability, assumption of risk, and hold harmless agreement to the maximum extent permitted by law. I understand that by signing this document I am freeing the City of Folsom, its officers, agents, employees, volunteers, and the owners and maintainers of any facility used for the Activities from any liability resulting from my child's participation in the Activities. I understand that if my child is injured, this document will be used against me and anyone else claiming injury or damage in any legal action because of my child's injury.

For and in consideration of my child's participation in any City of Folsom Youth Sports Activities, on behalf of myself, my child, my executors, administrators, heirs, next of kin, successors, assigns, and representatives, I agree to: (A) Protect, defend, indemnify, and hold harmless the City of Folsom, its officers, agents, employees, volunteers, and the owners and maintainers of any facility used for the Activities from and against any and all claims or causes of action for death, personal injury, or property

loss or damage arising out of, resulting from, or in any way related to my child's participation in the Activities; (B) Waive, release from all liability, and forever discharge the entities and individuals mentioned above from any and all claims and demands of any kind, nature, and description whatsoever, and any and all liabilities, damages, injuries, actions or causes of action, either at law or in equity, which my child or I have or may have in the future arising out of or in any way related to or connected with my child's participation in the Activities. I realize that liability may arise from negligence or carelessness on the part of the persons or entities being released from dangerous or defective equipment or property owned, maintained, or controlled by them or because of their possible liability without fault. I acknowledge and agree that this release applies to all claims for death, injury, damage, or loss to my or my child's person and property, whether known or unknown, foreseen or unforeseen, patent or latent, and I hereby waive application of California Civil Code Section 1542 on behalf of myself and or my child. I understand and acknowledge that the significance and consequence of this waiver is that even if my child and/or I should eventually suffer injury, loss or damages arising out of participation in the Activities, neither my child nor I will be able to make any claim for those damages. I acknowledge that I intend these consequences even as to claims for damages that may exist as of the date of this release but which I do not know exist, and which, if known, would materially affect my decision to execute this release. I certify that I have read the following provisions of California Civil Code Section 1542: **"A general release does not extend to claims which the creditor does not know or suspect to exist in his or her favor at the time of executing the release, which if known by him or her must have materially affected his or her settlement with the debtor"** and indicate that fact by placing my initials here:  (Initials).

I also acknowledge by my signature below that I have received and read the **"Heads Up Concussion"** fact sheet and the **"Sudden Cardiac Arrest Information Sheet"** attached to this Agreement.

**I have carefully read this entire two-page Agreement and understand its terms and their legal significance. This waiver, release and indemnification is freely and voluntarily given with the understanding that any rights I may waive herein are knowingly given up in return for allowing my participation in these Activities. My signature is intended not only to bind myself, but all successors, heirs, representatives, administrators, and assigns that I may have. No oral representations, statements or inducements apart from this written agreement have been made.**

**PHOTOGRAPHY/VIDEO NOTE:** By signing this waiver, I understand that city staff may photograph/video my minor children and that the city may use such photographs/videos to promote city programs now and in the future. I expressly allow, and hereby waive any objection to, the city's photographing/videoing my minor child(ren) when my minor child(ren) are participating in a city recreation program or activity. I understand all photos/videos will remain the property of the City of Folsom Parks & Recreation Department.

**I certify that I have personally read and understand the foregoing.**

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

Participant or Parent/Guardian if Participant is under 18

Print Name: \_\_\_\_\_

Participant or Parent/Guardian if Participant is under 18

Minor's Name: \_\_\_\_\_

# CONCUSSION FACT SHEET FOR PARENTS



## WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

You can’t see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

## WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

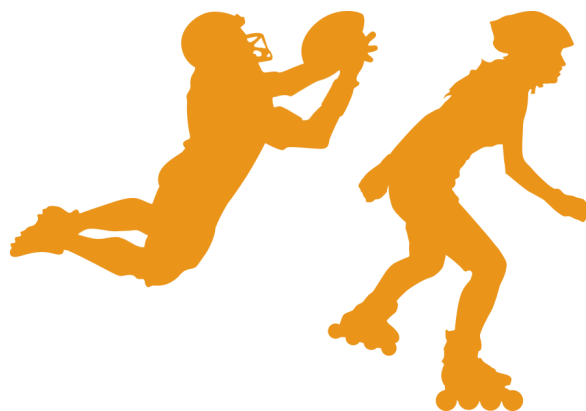
If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs of a concussion:

### SYMPTOMS REPORTED BY ATHLETE:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

### SIGNS OBSERVED BY PARENTS/ GUARDIANS:

- Appears dazed or stunned
- Is confused about assignment or position
- 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



## DANGER SIGNS

Be alert for symptoms that worsen over time. Your child or teen should be seen in an emergency department right away if s/he has:

- One pupil (the black part in the middle of the eye) larger than the other
- Drowsiness or cannot be awakened
- A headache that gets worse and does not go away
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Difficulty recognizing people or places
- Increasing confusion, restlessness, or agitation
- Unusual behavior
- Loss of consciousness (even a brief loss of consciousness should be taken seriously)

## WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. **SEEK MEDICAL ATTENTION RIGHT AWAY**  
A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.
2. **KEEP YOUR CHILD OUT OF PLAY.**  
Concussions take time to heal. Don't let your child return to play the day of the injury and until a health care professional says it's OK. Children who return to play too soon - while the brain is still healing - risk a greater chance of having a second concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
3. **TELL YOUR CHILD'S COACH ABOUT ANY PREVIOUS CONCUSSION.**  
Coaches should know if your child had a previous concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

## HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?

- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.
- Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.
  - However, helmets are not designed to prevent concussions. There is no "concussion-proof" helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

## HOW CAN I HELP MY CHILD RETURN TO SCHOOL SAFELY AFTER A CONCUSSION?

Children and teens who return to school after a concussion may need to:

- Take rest breaks as needed
- Spend fewer hours at school
- Be given more time to take tests or complete assignments
- Receive help with schoolwork
- Reduce time spent reading, writing, or on the computer

Talk with your child's teachers, school nurse, coach, speech-language pathologist, or counselor about your child's concussion and symptoms. As your child's symptoms decrease, the extra help or support can be removed gradually.

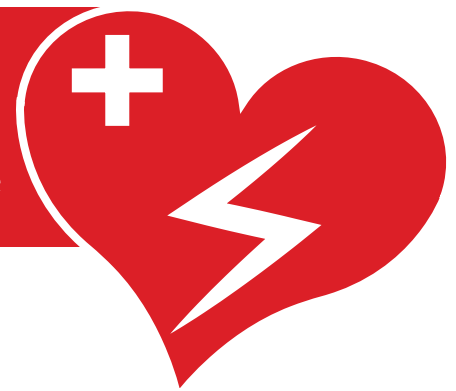


JOIN THE CONVERSATION  [www.facebook.com/CDCHeadsUp](http://www.facebook.com/CDCHeadsUp)

TO LEARN MORE GO TO >> [WWW.CDC.GOV/CONCUSSION](http://WWW.CDC.GOV/CONCUSSION)

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

# Cardiac Arrest: An Important Public Health Issue



Cardiac arrest is a public health issue with **widespread incidence** and **severe impact** on human health and well-being. There are several recommended **strategies for prevention** and control.

## ⚡ Incidence



In 2015, approximately **357,000** people experienced out-of-hospital cardiac arrest (OHCA) in the United States.

## ⚡ Impact

**Mortality:**  
**70%–90%**



Approximately 70%–90% of individuals with OHCA die before reaching the hospital.



Approximately **209,000** people are treated for in-hospital cardiac arrest (IHCA) each year.



**Morbidity:** Those who survive cardiac arrest are likely to suffer from injury to the brain and nervous system and other physical ailments. Additionally, nearly half of OHCA survivors suffer psychological distress such as anxiety, post traumatic stress disorder, and depression.

## ⚡ Economic Impact



**Societal Cost:** The estimated burden to society of death from cardiac arrest is 2 million years of life lost for men and 1.3 million years for women, greater than estimates for all individual cancers and most leading causes of death.

## ⚡ Prevention



**Early intervention by CPR and defibrillation:** Early, high-quality CPR, including compression only CPR, and use of automated external defibrillators (AEDs) immediately following cardiac arrest can reduce morbidity and save lives.



**Clinical prevention:** For patients at high risk, implantable cardioverter defibrillators and pharmacologic therapies can prevent cardiac arrest.



**Other early interventions:** Depending on the cause of the cardiac arrest, other interventions such as cold therapy and administering antidote to toxin-related cardiac arrest can reduce mortality and long-term side effects.



# What Is Public Health's Role in Cardiac Arrest?

The public health community can implement strategies to prevent and control cardiac arrest. Making progress will require engagement and collaboration between CDC and key partners, including national partners, state programs, researchers, and many others.

## Public Health Strategies:

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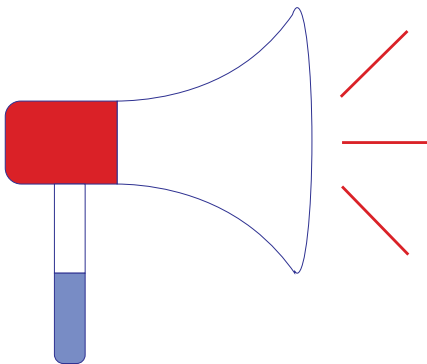


### Improved Surveillance

Directing effective cardiac arrest programs requires monitoring of trends over time and across environmental conditions. Improved surveillance could enhance our ability to identify and compare incidence rates, effective treatments, and groups at elevated risk.

Proposed or promising approaches include the following:

- ⚡ Develop and implement unique diagnostic codes for out-of-hospital cardiac arrest (OHCA) and in-hospital cardiac arrest (IHCA).
- ⚡ Classify OHCA and its outcomes as reportable events.
- ⚡ Support a national registry.

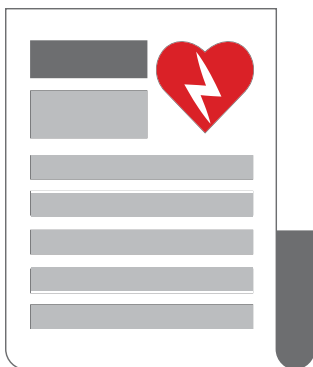


### Increasing Public Awareness of Cardiac Arrest, CPR, and AED

Advocacy groups have called for a "culture of action" surrounding cardiac arrest that would require widespread public awareness.

Proposed or promising approaches include the following:

- ⚡ Raise awareness about the difference between cardiac arrest and heart attack.
- ⚡ Educate the community on CPR and AED use.
- ⚡ Dispell common myths that cause bystanders to delay intervening in sudden cardiac arrest.



### Encouraging Public Access Defibrillation (PAD) Policies that Promote Effective Use of AEDs

Efforts are needed to improve the availability of AEDs, public awareness of their locations, and access to them.

Proposed or promising approaches for AED placement include the following:

- ⚡ Schools
- ⚡ Casinos
- ⚡ Sports facilities
- ⚡ Airports
- ⚡ Churches