



Fall 2020 Youth Soccer Registration Form
Kingston Springs Parks and Recreation
Office: (615) 952-9885 Fax: (615) 952-2397
kingstonsprings.net bminiat@kingstonsprings-tn.gov

Player's Last Name: _____ First Name: _____ M.I.: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Ph.: _____ Cell : _____ Birth Date: _____ Gender: _____

Grade in School: _____ Age: _____ **Primary E-Mail: _____**

Father's Name: _____ Mother's Name: _____

Did you play in the fall?: _____ Last Season Coach: _____

Players may be assigned to the same coach they played for in the Fall if possible. KSYS reserves the right to place players on a team on a space available basis. Ages 4 -12.

Jersey Size: YS / YM / YL / S / M / L / XL

Shorts Size: YS / YM / YL / S / M / L / XL

(Uniform sizes this season are not guaranteed. We will be using the existing uniforms that were ordered in the spring that were not used.)

The Kingston Springs Youth Soccer League is an all-volunteer league that is dependent on parents volunteering to coach. Please indicate below if you would be willing to help coach your child's team. If the league is unable to obtain coaches you may be issued a refund.

Yes: _____ No: _____

Player Registration Fees – Fall 2020 – Please do not send in fees at this time. Once we have determined we have enough participants to conduct the season payment will be due prior to first game and will be non-refundable.

- \$65.00 – City Residents (must be received by 9/11/2020)
- \$75.00 – Non-City Residents (must be received by 9/11/2020)

Registration: **Onsite:** Kingston Springs City Hall – Monday – Friday from 8:00 –4:00
By Mail: Kingston Springs Parks & Recreation, PO Box 256, Kingston Springs, TN 37082
(Must include registration form and check made payable to the Town of Kingston Springs)

Calendar
September 19th - First Game Day
October 10th – No Games
November 14th - Last Game Day

Permission to Play / Hold Harmless

I, the parent or guardian of the minor registrant, agree that the registrant and I will abide by all the rules of the Kingston Springs Parks and Recreation Department (KSPRD). Recognizing the possibility of physical injury associated with soccer and in consideration the "League" accepting the registrant for its soccer programs and activities "Programs", I hereby release, discharge and/or otherwise indemnify the KSPRD, their employees and associated personnel and volunteers including the City of Kingston Springs and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from KSPRD sponsored activities. I have read the cancellation policy and agree to its terms.

Signature _____

Date _____

*****Office Use Only*****

Date Received: _____ Amount Received: _____

Cash: _____ Check: _____ Check Number: _____

Received By: _____

KINGSTON SPRINGS YOUTH SOCCER LEAGUE PARENT/ GUARDIAN CODE OF CONDUCT

As the Parent or Legal Guardian of a child involved with the Kingston Springs Youth Soccer League, I agree to abide by the following rules and guidelines below:

- I will promote the emotional and physical well being of the athletes ahead of any personal desire to win.
- I will remember that my child plays soccer for his/her enjoyment, not mine.
- I will always allow the coach to be the only coach.
- I will make every effort to get my child to scheduled practices.
- I will encourage good sportsmanship through my actions, by demonstrating positive support for all players.
- I will provide support for coaches and officials working with the athletes to provide a positive experience for all.
- I will demand my athlete treat all players, coaches, officials, parents, and spectators respect regardless of race, creed, color, sex or ability.
- I will treat all players, coaches, officials, parents, and spectators with dignity and in language, attitude, behavior, and mannerisms.
- I will inform the coach of any physical disability or ailments that may affect the safety my athlete or the safety of others.
- I will respect the property and equipment of KSYS.

I understand that by signing this document I am agreeing to support and promote this Parent/Legal Guardian Code or Conduct Agreement. Further, my failure to comply with this Agreement will result in disciplinary action and could include expulsion form the Kingston Springs Youth League.

Signature

Date

Printed Name

**TOWN OF KINGSTON SPRINGS
REC SOCCER
GUIDELINES, REQUIREMENTS, ACKNOWLEDGEMENT, AND INDEMNIFICATION**

Playing it Safe

Kingston Springs Rec Soccer parameters for activities are set in accordance with local, State and Federal guidelines - and in accordance with Tennessee State Soccer Association's Return to Play Guidelines. As these guidelines are modified, Kingston Springs Rec Soccer's parameters for activities will be modified accordingly.

Coaches, Coordinators, Directors - and all involved - will help ensure the health and safety of the players and will follow the requirements for safe play, while having fun and fostering a love of the game.

Medical Clearance

Anyone - including players, guardians, coaches, and referees - who may be at increased risk of COVID-19 (including but not limited to age >65, chronic cardiac or respiratory conditions including hypertension or diabetes or have an immunocompromised state) should seek guidance by their physician regarding participation. Anyone - including players, guardians, coaches, and referees - with a pre-existing medical condition is recommended to seek clearance from a physician for participation.

Prior to Practice / Game

- Players must clear and submit a Health Check form prior to practice or game. This form will be supplied to you either on paper or electronically. If a player fails a Health Check, the guardian will remotely communicate their health status to the Kingston Springs Parks Director (615-952-9885), speak to a physician and follow CDC guidelines on self-quarantine. Players may be sent home for failure to clear a Health Check prior to attending a practice / game.
- Guardians are asked to keep their child home should their child feel sick - and notify their team coach and the Kingston Springs Parks Director (615-952-9885) immediately.
- Players must bring their own ball, water bottle and hand sanitizer to each practice / game.
- Guardians and coaches will ensure all equipment, cleats, balls, shin guards, etc. are sanitized before each practice / game.
- Everyone must wash their hands before arriving at a practice / game.
- It is recommended to only travel to a practice / game with members of your immediate family or household.

Arrival to Practice / Game

- Everyone must maintain social distancing of at least six feet.
- Everyone must wear a new or clean mask. Players are required to wear a mask until practice / game begins.
- Coaches will ensure all players have cleared and submitted a Health Check form prior to practice or game.
- Coaches will ensure all players have their individual equipment - ball, water bottle, hand sanitizer, etc., and will instruct players where to place any personal belongings. Personal belongings will be placed at least six feet apart.
- Coaches must send a player home if they look or act sick.
- Before a practice / game begins, everyone participating - including players, coaches and referees - will sanitize their hands.

During Practice / Game

- Everyone must maintain social distancing of at least six feet when feasible.
- Everyone - except the players on the field - is required to wear a mask.
- Prolonged proximity - even with masks - should be avoided.
- Where possible, sidelines will be marked to assist players and coaches to maintain appropriate social distancing.
- Everyone participating - including players, coaches, and referees – are required to sanitize their hands.
- Practice bibs/goalie gloves will not be shared or rotated.
- Players will not share or touch each other's personal belongings - ball, water bottle, snack, etc.
- No group celebrations. No high fives, hugs, handshakes, etc.
- In the case of injuries, the coach or referee will wear a mask and gloves while attending to the player. The coach or referee will remind other players to keep their distance from each other, and the injured player, during the break in play. Players must not congregate.

After Practice / Game

- Everyone participating - including players, coaches, and referees - will sanitize their hands, immediately after a practice / game.
- Everyone must maintain social distancing of at least six feet.
- Everyone - including players - is required to wear a mask.
- Prolonged proximity - even with masks - should be avoided.
- Players and guardians are not to assist coaches with equipment / cleanup.
- It is recommended to only travel from a practice / game with members of your immediate family or household.

- Everyone should wash their hands as soon as they return home. It is recommended that players immediately bathe including washing hair.
- Guardians and coaches will ensure all equipment, cleats, balls, shin guards, etc. are sanitized after each practice / game. Age Group Coordinators will wash / return worn bibs.
- Guardians should ensure child's clothing is washed after every practice / game.
- Guardians must notify their team coach and the Kingston Springs Parks Director (615-952-9885) immediately if their child becomes ill for any reason.

Symptoms / Exposure / Testing Positive

- Everyone - including players, guardians, coaches, and referees - must immediately report the onset of any symptoms (including sore throat, shortness of breath / difficulty breathing, fever 100.4f, chills, headache, sinus congestion, cough persistent and / or productive, joint aches or soreness, vomiting or diarrhea or rash) to the Kingston Springs Parks Director (615-952-9885) and should contact a physician and follow current CDC guidelines.
- Anyone - including players, guardians, coaches, and referees - who has experienced known COVID-19 exposure (close contact) in the past 14 days, must immediately notify the Kingston Springs Parks Director (615-952-9885) and should contact a physician and follow current CDC guidelines. A written confirmation of COVID-19 clearance from a physician is required to return to Kingston Springs Rec Soccer activities.
- Anyone - including players, guardians, coaches, and referees - who has tested positive for COVID-19 must immediately notify the Kingston Springs Parks Director (615-952-9885), must stay at home, and follow current CDC guidelines. A written confirmation of COVID-19 clearance from a physician is required to return to Kingsport Rec Soccer activities.
- If a participant or coach on a team tests positive for COVID-19 the entire team will be quarantined from practices and games for a 14-day period starting from notice received of positive test.

FAILURE TO ABIDE BY THESE GUIDELINES AND REQUIREMENTS WILL RESULT IN THE TERMINATION OF THE PARTICIPANT'S ABILITY TO PARTICIPATE IN THE TOWN OF KINGSTON SPRINGS REC SOCCER ACTIVITIES.

ACKNOWLEDGEMENT AND LIABILITY INDEMNIFICATION

Coronavirus Disease 2019 (COVID-19) is a disease caused by the SARS-Co V-2 virus that can result in mild or severe symptoms, including fever, cough, and shortness of breath, and can lead to serious illness or death, particularly in the case of older adults and persons with serious chronic medical conditions. Until COVID-19 is either eradicated, a vaccine is developed, or a cure is found, there is no way of eliminating the risk of infection. The risks of participation should be considered and understood prior to participation in the Town of Kingston Springs Rec Soccer's activities / program. No one is required to participate; all participation is voluntary.

Any information / resources provided by the Town of Kingston Springs and or Kingston Springs Rec Soccer in regard to COVID-19 is not intended or implied to be a substitute for professional medical advice, diagnosis, or treatment. All information / resources are provided for general informational purposes only. The knowledge and circumstances around COVID-19 are changing constantly and, as such, the Town of Kingston Springs makes no representation and assumes no responsibility for the completeness of any information / resources provided. Further, you should seek advice from medical professionals and/or public health officials if you have specific questions about participation in the Town of Kingston Springs Rec Soccer's activities / program.

Further, by participating in the Town of Kingston Springs Rec Soccer activities, you and you on behalf of your minor child assume all risks associated with not only the playing of the sport but also of any potential exposure to Coronavirus/COVID-19. The Town of Kingston Springs shall not be liable for any claims of illness, damages, injury or death suffered by any participant, coaches, or other parties arising from the participant's participation in the soccer events. In consideration of the premises and of the participant being allowed to participate in Kingston Springs Rec Soccer events, the undersigned, on behalf of himself/herself and of his or her minor children for whom they are registering, do hereby agree that he/she/they will assume all risks of injury, harm, damages, and death arising from the participation in such events; will bring no such claims for liability against the Town of Kingston Springs; and do indemnify and hold harmless the Town of Kingston Springs, its employees, staff, elected officials, agents, and volunteers from any such claims.

Further, in consideration of being allowed to participate in the Town of Kingston Springs Rec Soccer activities, the undersigned, on behalf of himself or herself, and any minor children for whom he or she has registered to participate, does hereby agree to abide by and uphold all of the requirements and guidelines contained herein. FAILURE TO ABIDE BY THESE GUIDELINES AND REQUIREMENTS WILL RESULT IN THE TERMINATION OF THE PARTICIPANT'S ABILITY TO PARTICIPATE IN THE TOWN OF KINGSTON SPRINGS REC SOCCER ACTIVITES.

This document shall be construed in accordance with the laws of the State of Tennessee. The undersigned, on behalf of himself/herself and any minor children for whom he or she is registering, consents to the jurisdiction and venue of the courts of Cheatham County, Tennessee, and the appellate courts therefrom for any litigation arising hereunder. FURTHER, THE UNDERSIGNED, ON BEHALF OF HIMSELF/HERSELF AND ANY MINOR CHILDREN FOR WHOM HE OR SHE IS REGISTERING, DOES HEREBY WAIVE THEIR RIGHTS TO A JURY TRIAL FOR ANY LITIGATION ARISING HEREUNDER.

Participant's name: _____

Parent or Legal Guardian

Participant (to be signed by parent or legal guardian if participant is under the age of 18)

Date: _____

Student-athlete & Parent/Legal Guardian Concussion Statement

Must be **signed and returned** to school or community youth athletic activity prior to participation in practice or play.

Student-Athlete Name: _____

Grade: _____

Parent/Legal Guardian Name(s): _____

I have read and am aware of the following information:

Student/Athlete Initials		Parent/Legal Guardian Initials
	A concussion is a brain injury which should be reported to my parents, my coach(es) or a medical professional if one is available.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	
	I will/my child will need written permission from a <i>health care provider*</i> to return to play or practice after a concussion.	
	Most concussions take days or weeks to get better. A more serious concussion can last for months or longer.	
	After a bump, blow or jolt to the head or body an athlete should receive immediate medical attention if there are any danger signs such as loss of consciousness, repeated vomiting or a headache that gets worse.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before the concussion symptoms go away.	
	Sometimes repeat concussion can cause serious and long-lasting problems and even death.	
	I agree to read the concussion symptoms on the Concussion Information Sheet.	

*Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training.

Signature of Student-Athlete: _____

Date: _____

Signature of Parent/Legal Guardian: _____

Date: _____