



**Fall 2016 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 Spring?: \_\_\_\_\_ Last Season Coach: \_\_\_\_\_

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

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

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

**(Uniforms are ordered ONCE per year in the fall and are worn for both the fall & spring seasons)**

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 2016**

- \$65.00 – City Residents (must be received before 7/31/2016)
- \$75.00 – Non-City Residents (must be received before 7/31/2016)
- \$90.00 – Fall 2016 Late Registration (received between 8/01/2016 – 8/6/2016)

**\* No Applications will be accepted after 8/6/2016**

**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)

**\*\*Cancellation Policy - A cancellation request must be made by letter, fax or e-mail. Refund requests must be received no later than 7/31/2016 for a full refund. Requests received after 7/31/2016 will receive a refund minus a \$30.00 cancellation fee. Requests received after 8/06/2016 will not receive a refund.**

**Calendar**

**July 30<sup>th</sup> - Onsite Registration Kingston Springs City Hall – 9:00 – 12:00**

**August 1<sup>st</sup> – 8<sup>th</sup> – Late Registration**

**August 20<sup>th</sup> – First Game Day**

**October 1<sup>st</sup> – No Games – Art in the Park**

**October 8<sup>th</sup> – No Games – Fall Break**

**October 22<sup>nd</sup> – 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 for 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 SPRING 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.

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Signature

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Date

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Printed Name

## 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: \_\_\_\_\_

Parent/Legal Guardian Name(s): \_\_\_\_\_

After reading the information sheet, I 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.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	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 have 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

# CONCUSSION

## INFORMATION AND SIGNATURE FORM FOR STUDENT-ATHLETES & PARENTS/LEGAL GUARDIANS (Adapted from CDC "Heads Up Concussion in Youth Sports")

Public Chapter 148, effective January 1, 2014, requires that school and community organizations sponsoring youth athletic activities establish guidelines to inform and educate coaches, youth athletes and other adults involved in youth athletics about the nature, risk and symptoms of concussion/head injury.

**Read and keep this page.**

**Sign and return the signature page.**

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.

### Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

### WHAT ARE THE SIGNS AND SYMPTOMS OF 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 an athlete reports **one or more** symptoms of concussion listed below after a bump, blow or jolt to the head or body, s/he should be kept out of play the day of the injury and until a health care provider\* says s/he is symptom-free and it's OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or "pressure" in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness, even briefly	Feeling sluggish, hazy, foggy or groggy
Shows mood, behavior or personality changes	Concentration or memory problems
Can't recall events <i>prior</i> to hit or fall	Confusion
Can't recall events <i>after</i> hit or fall	Just not "feeling right" or "feeling down"

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