

SOCCER TEAM ROSTER **2018-19**

BREAK AWAY SPORTS CENTER, INC.

| | | | | |
|------------------------------------|-----|-----|-----|--------|
| OFFICE USE ONLY: Page _____ | | | | |
| Team #: | | | | |
| Session: Fall, | W1, | W2, | W3, | Spring |

LEAGUE: _____ TEAM NAME: _____

CONTACT INFORMATION

TEAM MANAGER: _____ PHONE H) _____ W) _____

MANAGER'S EMAIL ADDRESS _____

COACH: _____ PHONE H) _____ W) _____

COACH'S EMAIL ADDRESS _____

As a player or parent/guardian of the player listed below, I have read, understand and agree to abide by the game rules and facility policies written in the "Official Game Rules and Facility Policies" of Break Away Sports Center, Inc. I also attest that my/my child's birthdate is accurate. **I recognize that I, my child, my team, or any player on my/my child's team can be removed from participation for inappropriate behavior or unpaid team fees without refund.** Furthermore, as the undersigned player/participant/parent/guardian, I understand that I/my child shall not participate in any activity at Break Away Sports Center, Inc. until I or my parent/guardian have completed a "Release of Liability and Consent for Medical Treatment" Form signed by myself or by my parent/guardian if I am under 19 years of age and in high school.

| FIRST/LAST NAME <u>Must Print Clearly</u> (illegible names will NOT be accepted) | BIRTHDATE mm/yy | PARENT/GUARDIAN SIGNATURE or PARTICIPANT (U11 & Older) | OFFICE USE ONLY RELEASE ON FILE | Concussed | |
|---|--------------------|---|---------------------------------------|----------------|-----------------|
| | | | | Injury Date | Cleared Date |
| 1. | | | | | |
| 2. | | | | | |
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| 13. | | | | | |
| 14. | | | | | |

As the adult/parent manager/coach, I agree to allow only those players that are listed above, or on an attached second page, to participate during any games for league or tournament play that this roster represents; that all of the players information above is accurate and that every participant meets the age level requirements to participate for which I will bring age documentation of every player to every game to provide to Break Away Sports staff as they deem necessary. I also recognize that it is **my responsibility** to make sure **EVERY** Participant has a "Release of Liability, Consent for Medical Treatment and Concussion Participation" form on file at Break Away Sports Center, Inc. in order to participate. Furthermore, I agree to follow the rules and policies described for any Break Away Sports Center, Inc. league or tournament that this team roster represents and that I AM RESPONSIBLE FOR THE CONDUCT OF MYSELF, THE PARTICIPANTS, SPECTATORS AND/OR PARENTS ASSOCIATED WITH THIS TEAM. I understand that failure of the coach, manager, players, team or myself to abide by the terms stated herein may result in their/my removal from league/tournament and/or team forfeiture of any remaining games without refund.

X _____
Adult Manager's or Parent Manager's Signature

YOUTH TEAM MANAGER/COACH: CONCUSSION INFORMATION SHEET -: As the Manager and/or coach of the youth team indicated above, I agree that by signing this Form that I have received and read the Manager/Coach's Concussion Information Sheet on the reverse side. I agree to remove the athlete from practice/play if they exhibit signs or symptoms of a concussion. I understand that it is my responsibility to inform the parents/guardian if I suspect a concussion, or if a suspected concussion is reported to me, that the athlete cannot return to practice or play until the parent provides the team coach/manager with a signed written clearance from a trained health care provider (Clearance Forms are available at Break Away front desk). Furthermore, I realize that it is my responsibility only to allow coaches in the bench area who have also read and signed this roster.

I HAVE READ AND FULLY UNDERSTAND MY RESPONSIBILITY

X _____ (Parent Manager's Signature) _____ (Alternate) Coach _____ (Alternate) Coach

Break Away Sports Center, Inc – Manager/Coach(es) Concussion Information Sheet

Adapted materials from the WIAA, WI Department of Public Instruction, and U.S. Department of Health and Human Services Centers for Disease Control and Prevention.
To learn more about concussion go to : www.cdc.gov/Concussion or call 1.800.CDC.INFO.

WHAT IS A CONCUSSION?

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that caused the brain to move rapidly inside the skull. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or stationary objects. Concussions may occur in any sport or recreational activity. As many as 3.8 million sports-and recreation-related concussions occur in the U.S. each year.

THE FACTS

- All concussions are serious. Most concussions occur without loss of consciousness.
- Recognition and proper management of concussions when they first occur can help prevent further injury or even death.

RECOGNIZING A POSSIBLE CONCUSSION - “When in doubt, hold them out”.

To help recognize a concussion, you should watch for the following two things among your athletes:

| SIGNS OBSERVED BY COACHING STAFF | RECOGNIZING A POSSIBLE CONCUSSION |
|--|--|
| • Appears dazed or stunned | • Headache or “pressure” in head |
| • Is confused about assignment or position | • Nausea or vomiting |
| • Forgets sports plays | • 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 behavior or personality changes | • Concentration or memory problems |
| • Can’t recall events prior to hit or fall | • Confusion |
| • Can’t recall events after hit or fall | • Does not feel “right” |

PREVENTION AND PREPARATION

As an athletic coach, it is your responsibility to remove an athlete from the youth athletic activity if you determine the athlete exhibits signs, symptoms, or behavior consistent with a concussion or if you suspect the athlete has sustained a concussion. The athlete then needs to be evaluated by a health care provider to determine if he/she sustained a concussion. An athlete who has been removed because of a suspected concussion may not participate again until he/she is evaluated by a qualified health care provider (defined as being trained and has experience in evaluating and managing pediatric concussions and head injuries), is symptom free and has been provided written clearance to participate from a qualified health care provider.

- **Educate athletes and parents about concussion.** At the beginning of session, verify that each parent who wishes to have their child participate has read, signed and returned the Concussion Information Sheet (CIS) to Break Away Sports Center. No child under 19 may participate in a youth athletic activity (practice or play) without signing the CIS. Talk with athletes and their parents about the dangers and potential long-term consequences of concussion. Explain your concerns about concussion and your expectations of safe play to athletes, parents, and assistant coaches.
- **Insist that safety comes first.**
 - Teach athletes safe playing techniques and encourage them to follow the rules of play.
 - Encourage athletes to practice good sportsmanship at all times.
 - Make sure athletes wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.
- **Teach athletes and parents that it’s not smart to play with a concussion.** Sometimes players and parents wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Know if players have ever had previous concussions. Never allow an athlete that has a confirmed or suspected concussion to return to activity until symptom free and provided with written clearance from a health care provider. Don’t let athletes persuade you that they are fine. **“It’s better to miss one game than the whole season.”**
- **Prevent long-term problems.** A repeat concussion that occurs before the brain recovers from the first can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in Second Impact Syndrome, which causes brain swelling, permanent brain damage, and even death. Keep athletes with known or suspected concussion from play until they have been evaluated by a health care provider with experience in evaluating for concussion.

All team managers and coaches MUST sign the team roster.