



TEAMMATE/COACH REQUEST FORM

IF YOU ARE REQUESTING A TEAMMATE OR COACH, OR WANT TO SPONSOR A TEAM, THIS FORM MUST BE TURNED INTO THE SOCCER OFFICE BY JULY 1

Player's First Name: _____ Last Name: _____

Gender: (circle one) **Boy** **Girl** Birth Date & Year _____

Grade in Fall 2020 _____ School Attending in Fall 2020 _____

If your child has NOT played soccer with RSF Soccer before we will need a copy of his/her birth certificate before we can register him/her.

Players may **NOT** play with any type of jewelry. If your child has pierced ears, no dangle earrings will be allowed and will need to be removed for practices and games. Post earrings must be taped over.

Age Group/Play Level: (circle one)

Age groups are based on an August 1-July 31 calendar to accommodate school grade years.

Pee Wee (Age 4-5; co-ed) Aug 2016-July 2014 **Micro/U7** (Age 5-6) Aug 2015-July 2013

U8 Aug 2014-July 2013 **U9/10** Aug 2013-July 2011 **U11/12 Aug** 2011-July 2009 **U13/14** Aug 2009-July 2007

Pee Wee Fees \$225 (\$25 off for Early Bird Discount until May 31)

All Other Age Groups \$325 (\$25 off for Early Bird Discount until May 31)

Checks should be made out to RSF Soccer. Credit Cards incur a 3-4% service fee.

Teammate/Coach Request:

SPONSOR THIS TEAM

_____ I WOULD LIKE TO SPONSOR THIS TEAM FOR \$500 AND HAVE MY FAMILY/COMPANY NAME ON THE JERSEY'S AMONG OTHER GREAT PERKS!

Sponsorships are available on a first-come-first-served basis. One sponsorship per team.

Note: Coach and Team Requests will be accepted in the order received and will be honored on a space available basis. Refunds cannot be made because your child was not placed with a requested player/coach.



California State Soccer Association - South

2020 - 2021 SEASONAL YEAR FALL SPRING SUMMER



YOUTH PLAYER REGISTRATION APPLICATION

Parent/ Guardian Information

*Required field

**At least one field is required

First Name* MI Last Name* Relation*

Street Address*

City* State ZIP*

Home Phone** Work Phone** Mobile Phone**

Email* Gender* M - Male F - Female

Parental/Volunteer Support: Coach Manager Referee Board Position Fields Publicity Concession Fundraising

Player Information

New Player Returning Player If returning, Cal South Player ID Number: n/a

First Name* MI Last Name* Gender* M - Male F - Female

DOB (MM/DD/YYYY)* Rank n/a Seasons Played n/a Height n/a ft. n/a in. n/a lbs. Weight

School Name* Fall 20 Grade* Fall 2020 Play Type: Competitive Signature Recreational TOPSoccer

Rancho Santa Fe Soccer Rancho Santa Fe Attack

League* Club*

n/a n/a n/a n/a n/a n/a

Shirt Size Short Size Sock Size Age Group Division Team ID Number

Emergency Contact #1* Phone*

Emergency Contact #2 Phone

If applicable, list any medical problems(s)/physical limitation(s) the player has:

As a parent or legal guardian of the above named player, I request that the registrant's name be removed from the Association's magazine, camp, ODP, and other program mailing list.

Cal South Waiver

We, the registrant and the registrant's legal parent or guardian, hereby agree and acknowledge the following: (1) We agree to abide by the rules of Cal South and its affiliated organizations and sponsors. (2) We recognize the inherent risk of serious or permanent physical injury and possible death associated with youth soccer activities and games. In consideration for Cal South accepting the youth player's registration and participation in its sanctioned youth soccer leagues, tournaments and team travel activities ("Youth Programs"), we hereby release, discharge and/or otherwise indemnify and hold harmless Cal South, its affiliated organizations and sponsors, volunteers, their employees and associated personnel, including the owners of fields and facilities utilized for the Youth Programs, against any claim, lawsuit or written demand, including but not limited to any claims for personal or physical injury or death, by or on behalf of the registrant as a result of the registrant's participation in the Youth Programs and/or being transported to or from the same, which transportation we hereby authorize. (3) We authorize verification of the registrant's date of birth from legal records to be provided to a Cal South authorized representative for the limited purpose of verifying the Cal South player's age and identity. (4) We consent to emergency medical care prescribed by a duly licensed Health Care Provider or Dentist. This care may be given under whatever conditions are necessary to preserve the life, limb or registrant's well-being and we hereby agree to be financially responsible for all costs associated with such treatment. (5) We consent to Cal South taking photographs, video recordings, and/or sound recordings in documenting the activities of Cal South's programs and services. We hereby grant Cal South and their affiliates' permission to use the negatives, prints, motion pictures, video/audio tapings, or any other reproduction of the same for Cal South and its affiliates' educational and promotional purposes in manuals, on flyers, the internet, or other publications. We have read this release and waiver of liability and fully understand its terms. We understand that we waive substantial rights by signing this form. We agree to waive all such rights above including the right to file a legal action or assert a claim for personal or physical injury or death of any kind. We sign this release form freely of our own free will.

Signature of Parent/Legal Guardian

Roster Freeze

As parent/guardian of the named player, I acknowledge the following stated rule (1.5.3): Team rosters shall be frozen at midnight August 1st to all but new players and those granted a waiver. The roster freeze period extends from August 1st through the first Monday after Thanksgiving. Initial here: _____

For Club/League Use Only

Date Received _____
Birth Certificate Checked _____
Payment Received _____
Cash _____ Check _____

Date



FIELD RULES AND GENERAL INFORMATION

Please understand that use of the soccer fields is a privilege that is very important to the Rancho Santa Fe Youth Soccer Program. Fields available for our usage are minimal. It is important that we all understand that we do not own these fields and that complying with "Field Rules" is critical in our relationships with the various landlords.

Every member of Rancho Santa Fe Youth Soccer plays a key role in the relationships we have at each field. It is the responsibility of everyone in our program to help assure that we all practice courteous and responsible use of these properties to assure our continued use of these fields.

Please take a moment to read the following rules and assist us in complying with them.

General Rules for All Fields

- **NO PETS OR ANIMALS ALLOWED**
- 10 mph in all parking lots
- Each team is responsible for removing debris and trash
- Park only in designated areas
- No rollerblading, skateboarding or roller-skating

Horizon Fields

- All children must be closely supervised
- Pay attention to the one-way street markings and signs on Horizon grounds
- Park only in the marked parking spaces. Do NOT park on the dirt.
- Do not loiter around the buildings; stay on the soccer field

Church of the Nativity

- **Only water is allowed on the field area. No food, gum or colored drinks.**
- Use the proper driveway (west for ingress, east for egress)
- **Children are not allowed to play on the playground equipment**
- Do not park in unmarked parking areas
- Do not loiter around the church

R. Roger Rowe School (Rancho Santa Fe School) Field

- **Only water is allowed on the field/track area. No food, gum or colored drinks.**
- **All children must be closely supervised and not allowed to play on the hillsides or around the buildings**
- Do not park in unmarked parking areas

Print Parent Name

Date

Parent Signature

Print Players Name



Code of Conduct Agreement Rancho Santa Fe Youth Soccer 2020-2021

Parents and players understand that Attack is organized, managed and dependent upon volunteers, and as such, you waive any right or cause of action against the Club, or any of its employees, agents or volunteers that may arise as a result of use of Club services or facilities.

By signing this Code of Conduct Agreement, you (parent/guardian) and the member (player) agree to the foregoing and to abide by the all the rules, policies and procedures of the Club, including without limitation the Code of Conduct. Serious violations will be brought before a Disciplinary Board.

Players: You are a part of a team and a Club and your actions reflect on your teammates and the rest of the Club. You are expected to:

- * Play the game for the game's sake-for the fun of it
- * Treat your coach, teammates, referees and opponents with respect
- * Demonstrate good sportsmanship by never arguing with the referee or linesperson
- * Avoid inappropriate behavior during practices, games and team/Club events
- * Control your emotions
- * Attend practices and games in a timely manner
- * Attempt to win through your skill, effort and tactics; to be fair always, no matter what the cost
- * Take victory modestly and defeat graciously
- * Adhere to the laws of the game
- * Conform to the rules established by the Club

Parents/Family/Guardians: You are not only a supporter of your child but a role model as well. Your actions reflect upon your child, his/her team, and the Club. You are expected to:

- * Remember that the game is for your child-not for you.
- * Encourage and support your child in meeting his/her responsibilities
- * Encourage your child to communicate with the coach
- * Set a good example by your conduct and sportsmanship
- * Avoid inappropriate behavior during practices, games, team/Club events, and/or tournaments
- * Treat your child's coach, teammates and opponents with respect
- * Refrain from directing the play of the game
- * Refrain from second-guessing the coach, comparing players, or complaining in public
- * Recognize and praise skillful play by both teams
- * Give positive reinforcement and never yell or ridicule
- * Refrain from arguing with or criticizing a referee or linesperson
- * Conform to the rules established by the Club
- * Should issues arise parents will follow the following steps:
 - 1- Player/parent speaks with the coach (24-hour rule will be enforced)
 - 2- Parent speaks with Director of League Operations
 - 3- Parent, player and coach meet with Director of Coaching and Director of League Operations
 - 4-These meetings should never take place before, during or after a game. The 24-hour rule should be strictly adhered to in these situations.

Player/Member Name (print): _____

Parent/Guardian Name (print): _____

Parent/Guardian Signature: _____ Date: _____



Parents of Soccer Players,

It is Rancho Santa Fe Youth Soccer's Recreational Refund Policy that soccer fees are non-refundable after July 1. Prior to July 1 fees paid will be refunded less a \$50 administrative fee. Cancellations must be received via email to leslie@rsfsoccer.com.

This includes:

- No refunds for players who have had their ears pierced prior to the season and are unable to play.
- No refunds because your child was not placed with a requested player or coach.

Please sign and date in acknowledgement of this policy.

(**PRINT** Parent Name)

(**PRINT** Child's Name)

(Parent Signature)

(Date)

PARENT & ATHLETE CONCUSSION INFORMATION SHEET



WHAT IS A CONCUSSION?

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 quickly 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 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 after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for 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"

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.

SIGNS OBSERVED BY COACHING STAFF:

- 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
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall



"IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON"

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 s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

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 still healing, s/he is 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. They can even be fatal.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

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