

Soccer TEAM ROSTER 2021-22

BREAK AWAY SPORTS CENTER, INC.

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

LEAGUE: _____ TEAM NAME: _____

CONTACT INFORMATION

TEAM MANAGER: _____ PHONE (H) _____ W) _____

MANAGER'S EMAIL ADDRESS _____

COACH (if different from Manager): _____ PHONE (H) _____ W) _____

COACH'S EMAIL ADDRESS _____

By signing as a player, parent/guardian of the player ("the Player") listed below, I have read, understand and agree to abide by the following policies before the player will be allowed to participate. As a participant, the Player shall participate by the game rules and facility policies written in the "Official Game Rules and Facility Policies" of Break Away Sports Center, Inc. and I accept that **the Player, my team, or any player on my team can be removed from participation for inappropriate behavior or unpaid team fees without refund.** I also attest that the Player's birthdate is accurate. I understand that the Player shall not participate in any activity at Break Away Sports Center, Inc. until I have completed a "Release of Liability and Consent for Medical Treatment" Form signed by myself.

I am also aware of the existence of the risk from my physical appearance to the venue and the Player's participation in close proximity to others in an activity at Break Away Sports Center, Inc may cause injury or illness such as, but not limited to Influenza, MRSA, COVID-19 or other infectants that may also cause illness. I understand that if the Player experiences symptoms that of fever, fatigue, difficulty in breathing, or dry cough or exhibiting any other symptoms relating to COVID-19 or any communicable disease within 14 days, the Player shall not enter the premises of Break Away Sports Center, Inc and shall seek immediate medical advice. I am fully and personally responsible for the Player's own safety and actions while attending and/or during the Player's participation, and in doing so, I recognize that the Player may be at risk of contracting COVID-19 or other infectants.

I/the Player also understands that Break Away Sports Center, Inc. may take photographs and/or videos in which the Player herein may be a participant and/or a spectator. I/ the Player hereby consent to Break Away Sports Center, Inc. use of any such photos, videos, or likeness in program promotions and/or marketing of such program(s) without notice or any compensation. I/the Player waive all rights that may be claimed in relation to the use of such photographs, videos or likeness.

FIRST/LAST NAME <u>Must Print Clearly</u> (illegible names will NOT be accepted)	BIRTHDATE mm/yy	PARTICIPANT (U11 & Older) or PARENT/GUARDIAN SIGNATURE	OFFICE USE ONLY RELEASE ON FILE	Concussed	
				Injury Date	Cleared Date
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
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 AM RESPONSIBLE FOR THE CONDUCT OF MYSELF and supervision of THE PARTICIPANTS, SPECTATORS AND/OR PARENTS ASSOCIATED WITH THIS TEAM and that they adhere to the guidelines of Break Away Sports and the CDC regarding Covid-19. 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, 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.