



Cleat Soccer Camp July 16~July 20, 2018 Registration Form

Please complete the following information for CLEAT Soccer Camp 2018.

Camp Dates: July 16-July 20, 2018 **K-6th (8:45am to 11:30am)**
7th-12th (12:30-3:15pm)

Note: *Camp begins Monday July 16 with an early check-in at 8:45am for K-6th*
Camp begins Monday July 16 with check-in at 12:30 for 7th-12th

Registration Fee: (Must be Postmarked)

Early Bird Registration (before June 18th, 2018) **\$55.00**

Mail In Registration (ends July 9th, 2018) **\$60.00**

Walk On Registration (on July 16th, 2018) **\$65.00**

Player First Name: _____

Player Last Name: _____

Date of Birth (MM/DD/YYYY): _____ **Male:** ___ **Female:** ___

Program: (Circle one)

School Grade (Fall of 2018): -K -1st -2nd -3rd -4th -5th -6th

School Grade (Fall of 2018): -7th -8th -9th -10th -11th -12th

Skill Level (Years Played): _____

Shirt Size: (please circle one) **Youth:** -S (6-8) -M (10-12) -L (14-16)

Adult: -Small -Medium -Large

Parents Name: _____

Phone: _____

E-mail for Confirmation: _____

Please fill out this form AND the Parent Release form and take or mail to church office.

Mail to: Living Hope Church
 P.O. Box 908
 Port Orchard, WA 98366
 (360) 876-2333



Cleat Soccer Camp July 16~July 20 2018 Parent/Guardian Consent & Release Form

I, on behalf of my child, do hereby release, discharge, and agree to hold harmless, the church directors, leaders, employees, and agents thereof, from any and all liability. Further, I authorize and permission is hereby given to Living Hope Church leaders to furnish transportation for my youth. I give my permission to the church or leaders to take my youth to a doctor or hospital to obtain medical treatment including any emergencies, and I assume the responsibility of all medical costs, if any. I, also, give my permission for any church leader to administer Tylenol, Benadryl, or Ibuprofen to my youth, if needed, and no allergy is noted. I understand that the church leaders will make every attempt to reach me as soon as possible, if an incident occurs.

HB 1824 Compliance Statement: I have been provided with information on **concussions in youth sports**. I understand that if the player is suspected of a Head injury or Concussion, the player will be removed from play. The player will be kept from play until given permission to return to play by a health care provider. <http://www.cdc.gov/concussioninyouthsports/>

I, also, give permission for Living Hope Church to use my child's picture image in the following purposes: on Living Hope Church's website to accompany Cleat Soccer Camp promotion and in other web based or printed material to help publicize Living Hope Church's Cleat Soccer Camp.

Name of Child: _____
 Address: _____
 City: _____ State: _____ Zip code: _____
 Date of Birth: _____

Name of Parent/Guardian: _____
 Phone #: Home: _____
 Work: _____
 Cell: _____

Alternate person to Contact: _____
 Phone #: Home: _____
 Cell: _____

Relationship to youth: _____

Emergency Information:
 Allergies or conditions: _____

Date of Last Tetanus: _____

Other concern: _____

Contact lenses: _____

Current Medications:
 Prescription Drugs: _____
 Over-the-counter Drugs: _____

Family Physician: _____
 Phone #: _____

Family Dentist: _____
 Phone #: _____

Health Insurance Carrier: _____
 Policy #: _____

Date: _____

Parent/Guardian Signature



Concussion Information Sheet

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|--|--|
| <ul style="list-style-type: none">• Headaches• “Pressure in head”• Nausea or vomiting• Neck pain• Balance problems or dizziness• Blurred, double, or fuzzy vision• Sensitivity to light or noise• Feeling sluggish or slowed down• Feeling foggy or groggy• Drowsiness• Change in sleep patterns | <ul style="list-style-type: none">• Amnesia• “Don’t feel right”• Fatigue or low energy• Sadness• Nervousness or anxiety• Irritability• More emotional• Confusion• Concentration or memory problems (forgetting game plays)• Repeating the same question/comment |
|--|--|

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness



Concussion Information Sheet

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student-athlete's safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

"a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time"

and

"...may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider".

You should also inform your child's coach if you think that your child may have a concussion. Remember, it's better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to:
<http://www.cdc.gov/ConcussionInYouthSports/>

My player(s) and parent(s)/guardian acknowledge that we have read the above information.

Thank you for your attention, you are now in compliance.