



# Cleat Soccer Camp July 22<sup>nd</sup>- July 26<sup>th</sup> **REGISTRATION FORM**

Register Online: [www.cleatsoccercamp.org](http://www.cleatsoccercamp.org)

Please complete the following information for CLEAT Soccer Camp 2024.

**Camp Dates: July 22<sup>nd</sup> – July 26<sup>th</sup> 2024**

**1st-6<sup>th</sup> (8:45am to 11:30am)**

**7<sup>th</sup>-12<sup>th</sup> (12:30-3:15pm)**



Register Online

**Note:** *Basic Camp begins Monday, July 22<sup>nd</sup> with an early check-in at 8:45am for K-6<sup>th</sup>*

*Advanced Camp begins Monday July 22<sup>nd</sup> with check-in at 12:30 for 7<sup>th</sup>-12<sup>th</sup>*

Registration Fee: (Must be Postmarked)

**Early Bird Registration** (before June 17<sup>th</sup>, 2024) **\$85.00**

**Mail In Registration** (ends July 15<sup>th</sup>, 2024) **\$95.00**

**Walk On Registration** (on July 22<sup>nd</sup>, 2024) **\$105.00**

**Player First Name:** \_\_\_\_\_

**Player Last Name:** \_\_\_\_\_

**Date of Birth** (MM/DD/YYYY): \_\_\_\_\_ **Male:** \_\_\_ **Female:** \_\_\_

**Program:** (Circle one)

**School Grade** (Fall of 2024): -1<sup>st</sup> -2<sup>nd</sup> -3<sup>rd</sup> -4<sup>th</sup> -5<sup>th</sup> -6<sup>th</sup>

**School Grade** (Fall of 2024): -7<sup>th</sup> -8<sup>th</sup> -9<sup>th</sup> -10<sup>th</sup> -11<sup>th</sup> -12<sup>th</sup>

**Skill Level** (Years Played): \_\_\_\_\_

**Shirt Size: (please select 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



# Parent/Guardian Consent & Release Form

Cleat Soccer Camp July 22<sup>nd</sup>- July 26<sup>th</sup>, 2024

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 CLEAT Soccer Camp (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. (For more information: [www.cdc.gov/headsup/youthsports/parents.html](http://www.cdc.gov/headsup/youthsports/parents.html))

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:**

- Headaches
- Feelings of 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
- Amnesia
- Saying they “Don’t feel right”
- Fatigue or low energy
- Sadness
- Nervousness or anxiety
- Irritability
- Stronger emotions
- 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/>