



# PARENT/GUARDIAN CODE OF CONDUCT

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

The Rocky Hill Soccer Club provides higher level soccer opportunities for the youth of Rocky Hill to compete against athletes from other Connecticut towns. Our goal is to provide a safe, challenging and healthy environment to promote personal and athletic development for member athletes. To achieve this goal we need the cooperation and commitment from the Coaches, the Players and the Parents/Guardians. To that end, the Board of Directors of the Rocky Hill Soccer Club has established Codes of Conduct that must be reviewed and accepted by each participating Coach, Player and Parent/Guardian.

As a Parent/Guardian of a member of the Rocky Hill Soccer Club you can expect and I understand and agree to the following:

- 1) My son/daughter has made a commitment to the Coaches and Players on this team and I (we) support that commitment;
- 2) I understand that our commitment during the fall soccer season is to my team and coaches aside from family and educational responsibilities; Spring participation is mandatory but is secondary to primary sports.
- 3) I will proudly represent the Rocky Hill Soccer Club and conduct myself with honor and dignity, never using abusive or foul language. I will treat the team members, the Coaches, the other Parents/Guardians, the opponents and the Referees as I expect them to treat me, with dignity, respect and tolerance;
- 4) I will do my best to ensure my son/daughter will be on time and prepared to fully participate in practices and games;
- 5) If my son/daughter will be late or unavailable for a practice or game the Coach will be notified as far in advance possible;
- 6) I will encourage my son/daughter to communicate with their Coaches and to discuss any issues or concerns directly with them. If my son/daughter is not comfortable doing this, I will take the issues or concerns to the Coaches with them.
- 7) I will respect the rules established by the coach even if I do not agree with them.
- 8) I will not confront a Coach at a practice or game but will contact the Coach to request some time to discuss the matter at a later time;
- 9) I will bring a positive attitude to each game regardless of whether the team is winning or losing. I will be positive or I will be quiet;
- 10) I will support the Coaches and refrain from instructing the players from the sidelines practices or games, understanding the confusion that such actions might cause;
- 11) I will encourage my son/daughter to practice on their own to improve their skills.
- 12) I am aware of the club fee schedule and understand that my child's participation will be impacted if these are not taken care of by the dates specified

I understand that if I fail to behave in accordance with these statements that there will be consequences for my actions which may include a prohibition from attendance at future events.

Parent/Guardian's signature: \_\_\_\_\_ Date: \_\_\_\_\_



# PLAYER CODE OF CONDUCT

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

The Rocky Hill Soccer Club provides higher level soccer opportunities for the youth of Rocky Hill to compete against athletes from other Connecticut towns. Our goal is to provide a safe, challenging and healthy environment to promote personal and athletic development for member athletes. To achieve this goal we need the cooperation and commitment from the Coaches, the Players and the Parents/Guardians. To that end, the Board of Directors of the Rocky Hill Soccer Club has established Codes of Conduct that must be reviewed and accepted by each participating Coach, Player and Parent/Guardian.

As a Player of the Rocky Hill Soccer Club you can expect and I understand and agree to the following:

- 1) I understand that my commitment during the fall soccer season is to my team and coaches aside from family and educational responsibilities; Spring participation is mandatory, but is secondary to primary sports.
- 2) I will proudly represent the Rocky Hill Soccer Club and conduct myself with honor and dignity, never using abusive or foul language. I will treat my team members, the Coaches, my Parent(s)/Guardian(s), my opponents and the referees as I expect them to treat me, with respect, dignity and tolerance.
- 3) I will be on time and prepared to participate in practices and games;
- 4) If I will be late or unavailable for practice or game I will notify the Coach as far in advance as possible. I understand that asking another player to tell the coach is not acceptable;
- 5) I will bring a positive attitude to each practice or game regardless of whether the team is winning or losing;
- 6) I will bring my best effort to each practice or game and will expect the same from my teammates;
- 7) I will work to improve my skills and conditioning on my own throughout the year;
- 8) I will communicate with my coaches. If I have any concerns or problems with the team or the Coaches I will talk to the Coach to have it addressed. If I do not feel that I can bring the issue to the Coach I will discuss the issue with my Parent or Guardian and together we will bring the issue to the Coach;
- 9) I will cooperate with my Coaches and help my teammates. I will strive to be the best teammate I can, always putting the team ahead of myself as an individual;
- 10) I will be a good sport, being gracious when our team wins and graceful when our team loses.

I understand that if I fail to behave in accordance with these statements that there will be consequences for my actions which may include a loss of playing time, suspension or removal from the team.

Player's signature: \_\_\_\_\_ Date: \_\_\_\_\_



# TOURNAMENT AGREEMENT

Child's Name: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

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I/we the parents/guardians of the above name child on a team under the organization of the Rocky Hill Soccer Club understand that the operation and programs provided by the RHSC is funded solely through fees paid by families and the soccer tournament held in October over Columbus Day Weekend of each year. Every family is required to volunteer their time in planning or working at the tournament on that October weekend.

Parent or guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



# FEE SCHEDULE AGREEMENT

Child's Name: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

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I am aware of the below fee schedule and understand that my child's participation will be impacted if these are not taken care of by the dates specified.

**Commitment Fee** (Due by check with paperwork, make check payable to RHSC)

U09/U10: \$115.00

U11/U12: \$140.00

U13/U15: \$165.00

**Coaches Fee**

\$300 broken down into 2 payments

\$150 Due by September 1

\$150 Due by October 1

**Uniform Fee (New Players Only)**

\$125 due by check with paperwork. Please make checks payable to RHSC

Parent or guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



# LIABILITY/MEDICAL WAIVER FORM

Child's Name: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

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I/we the parents/guardians of the above name child on a team under the organization of the Rocky Hill Soccer Club, hereby give my/our permission for my child to participate in any and all Rocky Hill Soccer Club activities, including transportation to and from such activities. I/we know that participation in soccer may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless the Rocky Hill Soccer Club, the organizers, sponsors, supervisors, participants and person(s) transporting my/our child to and from activities from any claim arising out of injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

Parent or guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



# WEBSITE & SOCIAL MEDIA RELEASE

Child's Name: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

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I/we the parents/guardians of the above named child, do hereby grant permission to Rocky Hill Soccer Club to post my and/or my child's story, photo, or other item, hereinafter referred to as "Materials," I submit to and for Rocky Hill Soccer Club's Web site and Facebook account.

I hereby release you, your representatives, volunteers, employees, managers, members and directors from all claims and demands arising out of or in connection with any use of said "Materials", including, without limitation, all claims for invasion of privacy, infringement of my right of publicity, defamation and any other personal and/or property rights.

I acknowledge and agree that no sums whatsoever will be due to me as a result of the use and/or exploitation of the "Materials" or any rights therein.

Parent or guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



# UNIFORM SIZES (NEW PLAYERS)

Child's Name: \_\_\_\_\_

Date Of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

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New players are required to purchase the uniform package for the upcoming season. Please submit your child's sizes below. Sizes will be confirmed with you prior to submitting the club uniform order so these can be changed later if needed.

Jersey Size: \_\_\_\_\_

Youth Small , Youth Medium , Youth Large , Adult Small, Adult Medium , Adult Large, Adult X-Large

Short Size: \_\_\_\_\_

Youth Small , Youth Medium , Youth Large , Adult Small, Adult Medium , Adult Large, Adult X-Large

Practice T-Shirt Size: \_\_\_\_\_

Youth Small , Youth Medium , Youth Large , Adult Small, Adult Medium , Adult Large, Adult X-Large

Sock Size: \_\_\_\_\_

Extra Small, Small, Medium, Large

Parent or guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Player/Parent Concussion Awareness Form

**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”

### 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



**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.

## **“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.

Players Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Guardians Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Today's Date: \_\_\_\_\_