



Corpus Christi Catholic School

Fall Soccer Sign- Ups

Due August 28 2023

The Corpus Christi Catholic School Athletic Association is again coordinating sign-ups for the Recreation Department's Spring Soccer Program. We hope to have teams for grades K-5.

Grades K-1 will play 3 v 3, Grades 2-3 will play 7 v 7, Grades 4-5 will play 9 v 9.

Registration forms will be dated as they are received. In the event there are not enough registrations to fill multiple rosters, students will be placed on teams in the order in which registrations were received. Please note that **dates and times of practice are set by your child's coach. I am not able to guarantee days or times of practice.**

Checks should be made out to the Corpus Christi Athletic Association. Fees: \$20 for boro residents, \$25 for township residents or non-boro/non-township residents.

Please complete **(top and bottom portions)** the attached registration form required by the Recreation Department and return with your payment to CCCS in a sealed envelope labeled Fall Soccer attn: Dr. Joe Brady.

ALL REGISTRATIONS ARE DUE BY August 28, 2023. Any late registrations will be returned.

We can't have teams without coaches! If you are willing to coach a team, please email me and I will get the necessary information to you. All coaches will receive one free registration for their child to play. I may be reached at drjoe@absolutechiropa.com

Anticipated league dates: September 16, 23, 30 October 7, 14, & 21, (possible additional dates October 28 & November 4). The Recreation Department will only reschedule one rain-out.

Parents,

Many forms of unsportsmanlike conduct and egregious behaviors have become increasingly more pervasive in all youth sport leagues across the nation. To counteract this growing problem, the Chambersburg Recreation Department is emphasizing its support of the participants in our leagues through an approach summarized by the acronym **S.C.O.R.E. - Skills, Character, Opportunity, Results of Lasting Value and Enjoyment.**

Skills	Success is measured by skill improvement at all levels of ability rather than just winning.
Character	Personal development, reaching personal goals, learning “good sportsmanship” are encouraged.
Opportunity	All children involved will have an equal opportunity to play, including those of varying skill levels.
Results	Results of lasting value such as responsible behavior, teamwork, leadership skills and an appreciation for health and fitness are most important.
Enjoyment	A love of the game is fostered in a fun and enjoyable environment. Participating in sports should be anticipated not dreaded.

To put these ideas into practice the cooperation of all involved, especially you, the greatest role model for your child, will be important. ***If they see you supporting the ideas of S.C.O.R.E., they will be able to see that Sports can be Fun and will more likely enjoy and learn from their experiences.***

We are asking that you, as parents, model and pledge to accept the following responsibilities:

1. I will model the behavior I wish to see in my child.
2. I will identify success by my child’s level of effort, not the score of the game.
3. I will only yell **positive encouragement** from the sidelines.
4. I will not question or comment on a coach or referee’s decision during a game. If I have questions I will address them appropriately after the game.

Failure to adhere to these standards could result in the following:

- | | |
|-------------------------|---|
| 1 st Offense | Written warning / possible suspension from the next game. |
| 2 nd Offense | Suspension for the remainder of the season |

******* Important Information – Please Read *******

- All participants must wear shin guards (to be worn under socks)
- All children will play equal or close to equal amounts of time in each game, and coaches are expected to adhere to this requirement.
- Arrive 15 minutes prior to the start of your game.
- You are only permitted to park in the parking lots. Your car may be ticketed if you park on Rustic Hill Drive or Stanley Avenue. Overflow parking located at Chambersburg Bible Church.
- Do not use the concrete walkway for spectator seating. Please place chairs along each field sideline.
- **You are not permitted to bring dogs to the park on game days.**
- We strongly encourage a smoke free environment and smoking and/or vaping is never permitted on the sidelines. You will be asked to move to a designated smoking area if you are observed smoking along the sideline.
- Adults, not children, should assist as line judges.
- **In the event of inclement weather**, please visit our announcement blog: <https://www.chambersburgpa.gov/blog3/>, or follow us on twitter @ChambersburgRec, or contact your coach to find out if games have been canceled. An announcement will be made by 7:00 AM for games beginning at 8:30 AM through 12:00 PM. A separate announcement will be made by 11:00 AM for games beginning at 12:15 PM through the end of the day. The Recreation Department will only formally reschedule one rain out that will be played at the end of the regular season.
- Please attempt to have your child attend practices as this will only improve skills and build team unity.
- Should you experience any problems with your child’s coach or any officials, please contact the Recreation Department at 717-261-3275 ext. 2903 or shewitt@chambersburgpa.gov

Youth Sports Emergency Information

PLEASE COMPLETE

Please return this form to the coaches. Coaches should keep this information with them at all times.

Players Name _____ Phone _____

Address _____ City _____ Zip _____

Email Address _____ Grade _____ Age _____ Birthdate _____

Shirt Size: _____

Please circle township in which you reside:

Borough Greene Guilford Hamilton Letterkenny Lurgan Other

Allergies _____

Any other medical condition of which we should be aware:

_____ Parent/Guardian's

Name _____

In the event of an emergency, please contact the following individuals:

1. Name _____ Phone before 5:00 p.m. _____ after 5:00 p.m. _____

2. Name _____ Phone before 5:00 p.m. _____ after 5:00 p.m. _____

In the event of an emergency we will first attempt to contact parents/guardians and then the persons listed as emergency contacts. If any of the above listed persons cannot be reached, we will then seek ambulance attention at our discretion.

Parent/Guardian's Signature _____ Date _____

Sports Coordinator, please return the next page (Permission Slip and Waiver/Release) to the Recreation Department at time of registration.

Participant's Permission Slip and Parents' Pledge of Conduct

This form grants _____ (player's name) permission to participate in the Chambersburg Recreation Department's Elementary Fall Soccer League. I am aware that participation in this type of recreational activity may result in injury. I (we) agree that the Borough of Chambersburg, its representative(s), and/or all other organizations and individuals connected with sponsoring or conducting this event will not be held liable for any injury or accident that may occur.

**I have read and understand the principles of S.C.O.R.E. and pledge to adhere to the standards set forth by the Recreation Department thus helping to provide a great sports experience for my child.*

Signature of Parent/Guardian Date Home Phone Work Phone Address

City _____ Zip _____

Email Address _____

Circle Residency: Borough Guilford Greene Hamilton Letterkenny Lurgan Other

School Name Grade Date-of-Birth Age M _____ F _____

Did you receive the following forms? **Parent Letter/Pledge of Conduct:** Yes / No **League Info Sheet:** Yes / No **Concussion Awareness Info:** Yes / No

WAIVER AND RELEASE

THIS WAIVER & RELEASE (the "Waiver") is provided on the date indicated below and is agreed to and signed in consideration of being permitted to participate in any program, activity, event, or any other similar occurrence (the "Activity") directly or indirectly organized, authorized, or provided by the Borough of Chambersburg (the "Borough") or taking place on or in any Borough property, grounds, or facilities. By signing below, the Participant acknowledges, understands, and agrees to be bound by the following:

1. Participation in Activity may result in Participant's exposure to and/or illness and infection from diseases, including, but not limited to, MRSA, influenza, and COVID-19, and these diseases, illnesses, infections, and viruses can carry the risk of serious illness or death.
2. Participant knowingly and freely assumes all such risks, both known and unknown, whether or not said risks are associated with the illnesses and diseases listed above, or from other infectious diseases, infections, illnesses, and viruses not contemplated herein. Participant assumes full responsibility for participation in the Activity.
3. Participant hereby agrees to release and hold harmless the Borough, its successors and assigns, its agents, officers, elected officials, employees, and their heirs and assigns (the "Releasees") from any and all liability arising from or related to the Activity and Participant's participation therein, including negligence. Participant further releases and holds harmless the Borough and Releasees from any and all damages arising from injuries, illness, disability, death, loss or damage to person or property, resulting directly or indirectly from participation in the Activity.
4. Participant shall comply with the guidelines issued by the Centers for Disease Control and Prevention and the Pennsylvania Department of Health regarding the prevention of the spread of infectious diseases, including COVID-19, to the extent practicable while participating in the Activity.
5. Participant assumes the responsibility to terminate participation in the Activity if Participant notices, observes, or becomes aware of any unusual or significant hazard that arises during the course of the Activity.
6. **Minor Participants.** Any Participant who is under the age of 18 (the "Minor Participant") shall have a parent/guardian/person with legal responsibility for the Minor Participant (the "Responsible Party") sign this Waiver on the Minor Participant's behalf, and all the terms and conditions of this Waiver shall apply to the Minor Participant. The Responsible Party has read, understood, and agreed to the terms of this Waiver and has explained to the Minor Participant the potential risks associated with participation in the Activity. The Minor Participant and Responsible Party understand the rules and guidelines contemplated by this Waiver. The Responsible Party, for itself, its spouse/partner, and the Minor Participant freely consents and agrees to be bound by the Waiver and to release and hold harmless the Borough and Releasees for any and all liabilities as provided in this Waiver that may arise from Minor Participant's participation in the Activity.

Initials of Responsible Party: _____

Date: _____

Participant Name

Participant Signature or Parent/Guardian Signature for Minor Participant

Name of Parent/Guardian for Minor Participant

Concussion

INFORMATION SHEET



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.


What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - Work with their coach to teach ways to lower the chances of getting a concussion.
 - Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
 - Ensure that they follow their coach's rules for safety and the rules of the sport.
 - Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no “concussion-proof” helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.

 **Plan ahead.** What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just “don't feel right” after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

- Appears dazed or stunned
- Forgets an instruction, is confused about an assignment or position, or is unsure of the 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* or *after* a hit or fall

Symptoms Reported by Children and Teens

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision
- Bothered by light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Confusion, or concentration or memory problems
- Just not “feeling right,” or “feeling down”

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious, or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*



CONCUSSIONS AFFECT EACH CHILD AND TEEN DIFFERENTLY.

While most children and teens with a concussion feel better within a couple of weeks, some will have symptoms for months or longer. Talk with your children's or teens' healthcare provider if their concussion symptoms do not go away, or if they get worse after they return to their regular activities.

What Are Some More Serious Danger Signs to Look Out For?

In rare cases, a dangerous collection of blood (hematoma) may form on the brain after a bump, blow, or jolt to the head or body and can squeeze the brain against the skull. Call 9-1-1 or take your child or teen to the emergency department right away if, after a bump, blow, or jolt to the head or body, he or she has one or more of these danger signs:

- One pupil larger than the other
- Drowsiness or inability to wake up
- A headache that gets worse and does not go away
- Slurred speech, weakness, numbness, or decreased coordination
- Repeated vomiting or nausea, convulsions or seizures (shaking or twitching)
- Unusual behavior, increased confusion, restlessness, or agitation
- Loss of consciousness (passed out/knocked out). Even a brief loss of consciousness should be taken seriously

Children and teens who continue to play while having concussion symptoms, or who return to play too soon—while the brain is still healing—have a greater chance of getting another concussion. A repeat concussion that occurs while the brain is still healing from the first injury can be very serious, and can affect a child or teen for a lifetime. It can even be fatal.

What Should I Do If My Child or Teen Has a Possible Concussion?

As a parent, if you think your child or teen may have a concussion, you should:

1. Remove your child or teen from play.
2. Keep your child or teen out of play the day of the injury. Your child or teen should be seen by a healthcare provider and only return to play with permission from a healthcare provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's healthcare provider for written instructions on helping your child or teen return to school. You can give the instructions to your child's or teen's school nurse and teacher(s) and return-to-play instructions to the coach and/or athletic trainer.

Do not try to judge the severity of the injury yourself. Only a healthcare provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show up for hours or days.

The brain needs time to heal after a concussion. A child's or teen's return to school and sports should be a gradual process that is carefully managed and monitored by a healthcare provider.

To learn more, go to [cdc.gov/HEADSUP](https://www.cdc.gov/HEADSUP)



Discuss the risks of concussion and other serious brain injuries with your child or teen, and have each person sign below.

Detach the section below, and keep this information sheet to use at your children's or teens' games and practices to help protect them from concussion or other serious brain injuries.

- I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

Athlete's Name Printed: _____ Date: _____

Athlete's Signature: _____

- I have read this fact sheet for parents on concussion with my child or teen, and talked about what to do if they have a concussion or other serious brain injury.

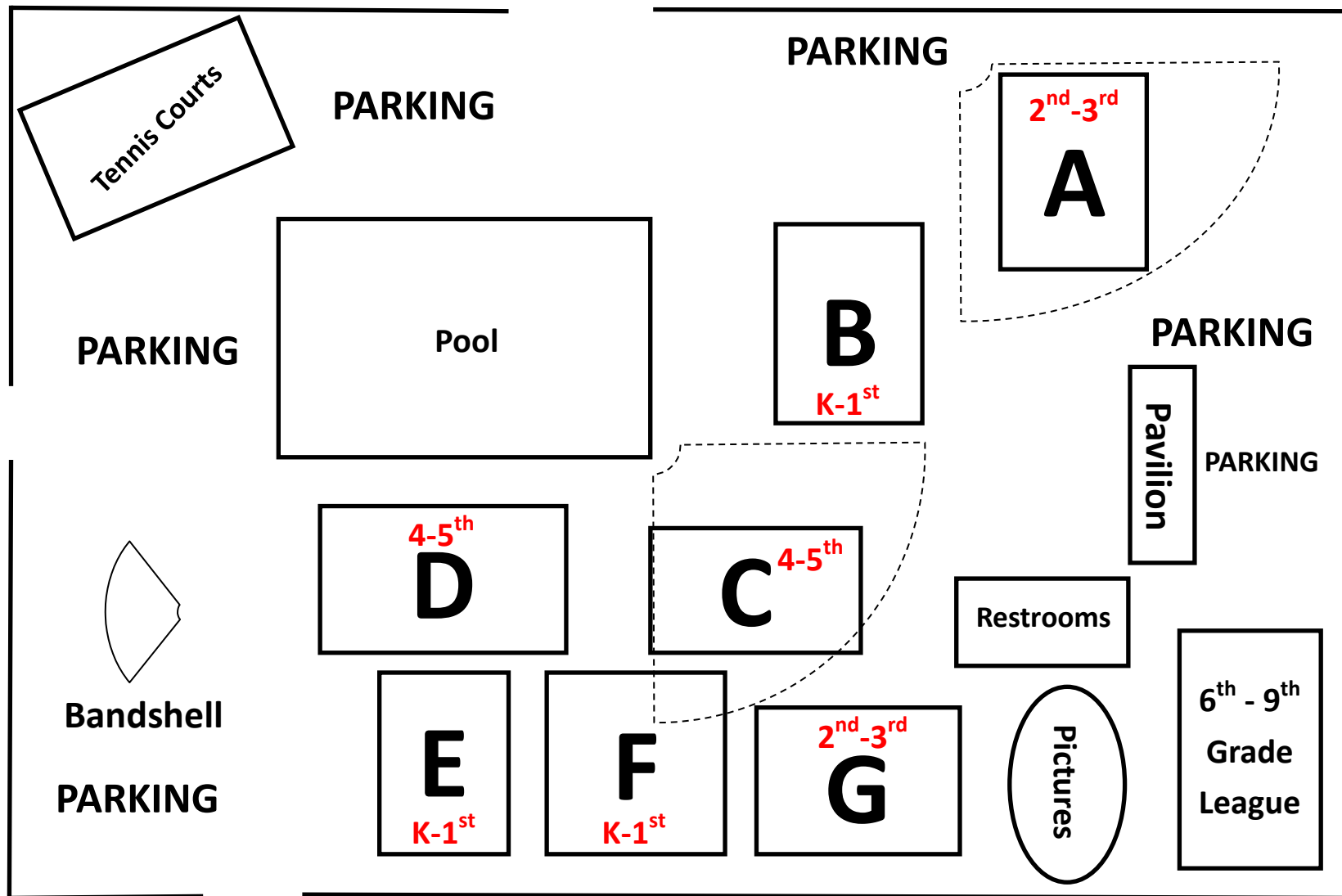
Parent or Legal Guardian's Name Printed: _____ Date: _____

Parent or Legal Guardian's Signature: _____

McKinley Street

Stouffer Avenue

Interstate 81



Stanley Avenue