



Department of Parks & Recreation – Recreation Division
101 Field Point Road, Greenwich, CT 06836-2540
Phone: (203) 618-7649 Email: Recreation@greenwichct.org

2018 Mighty Mites Spring Soccer Coed Ages 3 – 9



ACTIVITY NUMBER: 10302

DESCRIPTION: Spring soccer is a fun, recreational, coed program. This program will focus on the fundamentals of soccer, which include passing, dribbling, trapping, and shooting through skill work and modified games.

REGISTRATION DATES:

- **Online:** **Monday, February 12** - online registration is only available to Greenwich residents. To register online go to www.greenwichct.org/webtrac and select "Activity Registration."
- **Mail-in:** **Monday, February 26** - application should not be postmarked earlier than February 26.
- **In-person:** **Monday, March 12** at the Parks and Recreation Office. Non-residents may sign-up starting Monday, March 12. Registration closes Friday, April 6 or when the program has filled; space is limited.

Proof of Greenwich residency is required once each calendar year for all Parks and Recreation programs. The Primary account holder is required to provide two current proofs of Greenwich residence. Acceptable forms of proofs with resident name and Greenwich address are as follows: residential lease, utility bill (Gas, Electric, Water, Oil), phone, internet and/or TV service bill (No Cell/Wireless Phone Bills), credit card or bank statement (No Mortgage Statement) or valid Driver's License or Connecticut State ID card. **All non-residents must provide identification and proof of address.**

AGES: 3 – 9 years old; must be 3 prior to the start of the program (April 21); proof of age required (3 years old). Must provide copy of birth certificate, passport or baptismal record if not submitted for past programs(s).

SESSIONS: Saturdays from April 21 through June 9; Rain date: Saturday, June 16

LOCATIONS: Upper and Lower Havemeyer Fields (behind Town Hall); may be moved to synthetic turf field when necessary.

SECTION NUMBER	PLAYERS	AGE	TIMES
A1	Coed	3 years old	9:00 AM – 9:45 AM
A2	Coed	4 years old	9:45 AM – 10:30 AM
A3	Coed	5 years old/Kindergarten	10:30 AM – 11:30 AM
A4	Coed	6 & 7/grades 1 or 2	11:30 AM – 12:30 PM
A5	Coed	8 & 9/grades 3 or 4	11:30 AM – 12:30 PM

FEES: **Sections A1 – A3** \$124.00 payable to "Town of Greenwich" **NO REFUNDS**
Sections A4 – A5 \$137.00 payable to "Town of Greenwich" **NO REFUNDS**

We accept Visa, MasterCard, American Express, and Discover credit cards at the Town Hall Parks and Recreation Office & for online registration. **There are no refunds and we do not pro-rate fees. Requests for credit will only be considered if received in writing prior to the start of the program. There is a \$15.00 administrative fee for credits and a \$25.00 fee for any returned checks.**



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TEAM MANAGERS: Volunteers are ESSENTIAL to this program. Volunteers will be needed to organize the kids on the field, run pre-game drills/exercises, and help enforce the rules for modified games. **We will have some soccer instructors help the team managers in sections A3 – A5.** Acceptance of ALL applicants and number of teams depends on the number of team managers. The Town of Greenwich is a member organization of the National Alliance for Youth Sports (NAYS) and provides certification to all volunteers. Team managers will also be subject to a background check.



Anyone interested in being a manager is encouraged to attend the following:

- Informal meeting for first year managers on **Wednesday, April 18 at 6:00 PM** at Greenwich Town Hall (101 Field Point Road, Greenwich): Meeting room TBA.

VOLUNTEERS ARE ESSENTIAL TO THIS PROGRAM

WITHOUT THEM THERE IS A POSSIBILITY YOUR CHILD MAY NOT HAVE A TEAM TO PLAY ON

I am interested in being a **MANAGER**/ I would like to work with _____

Name _____ Work Phone _____

E-Mail _____ Cell Phone _____

Team jerseys will be handed out to all team managers on April 21 at the field 15 minutes before their session.

COMMENTS:

- Players MUST wear shin guards
- Players must provide their own soccer ball – size 3 for 4 year olds and under, size 4 for everyone else with their name clearly marked.
- Players should wear shorts, warm-ups, sneakers or soccer cleats
- Players should bring a water bottle to the field
- Game schedules and weather updates will be available on our Recreation Sports web site at www.teamsideline.com/greenwichct. You may sign up for automated e-mail and/or text alerts from this website. In addition, you may call the weather hotline number at (203) 861-6100.
- If mailing application and payment, please send to the following address:

Mighty Mites Soccer
Department of Parks and Recreation
P.O. Box 2540
Greenwich, CT 06836-2540





Program Registration (please print)

Program Name: Mighty Mites – Spring Soccer Activity # 10302 Section # _____

Participant's Name _____ Gender (M/F) _____

Address _____ Town _____ Zip Code _____

Birth Date _____ Age _____ Grade _____ School _____

Specific Program Information:

Parent/Guardian _____ E-mail _____

Home Phone _____ Work Phone _____ Cell _____

In case of emergency notify the following:

Name _____ Phone _____ Relationship: _____

List Physical Restriction(s):

INDEMNIFICATION AND RELEASE

THIS IS A LEGALLY BINDING DOCUMENT. DO NOT SIGN IT UNTIL YOU HAVE READ THE CONTENTS HEREOF AND UNDERSTAND THE SAME. IF YOU ARE IN DOUBT, CONSULT AN ATTORNEY PRIOR TO SIGNING THIS DOCUMENT.

The Undersigned (hereinafter referring to myself, my minor children or charges, my heirs and assigns) hereby agree(s) to assume all risk and bear all responsibility and to indemnify and hold the TOWN OF GREENWICH, its agents, representatives, servants, officers, and employees, harmless from and against any and all claims, demands, suits, proceedings, liabilities, judgments, awards, losses, damages arising out of injuries to any persons or property, including any and all costs and expenses incurred in the defense of such claims, demands, suits and proceedings including court costs and attorneys' fees resulting from, arising out of, or in any way related to or connected with my/our participation in the _____ program sponsored by the Town of Greenwich/use of Town of Greenwich property/facilities/apparatus or equipment thereof.

The Undersigned, does forever discharge the Town of Greenwich, its agents, representatives, servants, officers and employees from any and all claims including claims of negligence or carelessness, alleging damages and any and all causes of action which the Undersigned may have or may hereafter have, arising out of, related to, or in any manner connected with injuries or damages the Undersigned may sustain by reason of my participation in the above-described program or use of the Town of Greenwich property, facilities, apparatus or equipment.

The Undersigned, the participant or parent/guardian of the above named person, who participates in programs organized by the Town of Greenwich Department of Parks and Recreation, assumes all risks and hazards incidental to the conduct of the activity and transportation to and from the activity. I am aware that participating in any recreational program can be a dangerous activity involving many risks of injury. I further understand there is inherent risk associated with the(se) activity (ies) and authorize emergency medical treatment and transportation in my absence.

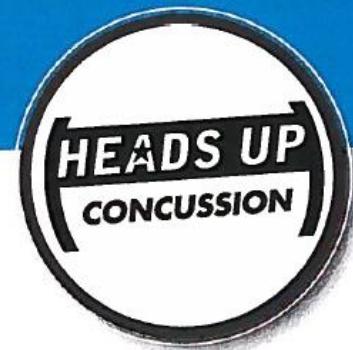
Dated at Greenwich, Connecticut, this _____ day of _____ 201_____

Signature of Participant or Parent or Guardian for participants under 18 years of age:

HH# _____ Check# _____ Receipt# _____ Proof _____ Initials _____

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PARENT & ATHLETE CONCUSSION INFORMATION SHEET



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.

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SYMPOTMS 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



► **"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.

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.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

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