

The Sturgeon Bay Soccer Club (SBSC) is gearing up for its 2021 Fall Season!

The SBSC provides an instructional and developmental path for soccer players in 5th through 8th grade who desire to have fun, learn more about the game, develop their skills, and potentially play at the high school level.

Participation is open to all students entering 5th through 8th grade in the Sturgeon Bay, St. John Bosco, and Southern Door School Districts, as well as home schooled students. The fall season runs from early August through mid-October and consists of regular trainings, games, and weekend tournaments.



Registration Information

- Registration will begin on **07/01/2021** and needs to be postmarked by **Monday, 07/30/2021**.
- The Registration Packet also can be downloaded at the SBSC website:
sbsoccerclub.org
- Printed registration packets will be available at the Middle School Office.
- Once completed, all registrations can be mailed to:
SBSC-Registration
P.O. Box 532
Sturgeon Bay, WI 54235
- An email will be sent to you upon receipt of your completed registration packet.
- QUESTIONS:
E-mail your questions to sturgeonbaysoccerclub@yahoo.com or visit our website at **sbsoccerclub.org**.

Sturgeon Bay Soccer Club 2021 Season

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Sturgeon Bay Soccer Club Fall 2021 Registration Form



Registration and Responsibility Agreement

Participation is open to all students entering 5th through 8th grade in the Sturgeon Bay, St. John Bosco, and Southern Door School Districts as well as home-schooled students. Our season runs from early August through mid-October and consists of regular trainings, games, and weekend tournaments.

Player: _____ Date: _____

Birthday: _____ Grade: _____ School: _____

Parent/Guardian Name(s): _____

Please list the **best** phone number to contact you at:

Phone Number: _____

Address: _____

Please list the **best** e-mail address (one per registration, two if child lives in multiple residences) where you would like notifications and updates sent to:

E-mail: _____

***Registration Packet Forms & Fees:** All players must turn in the Registration/Emergency Contact form, Release of Liability/Medical Consent form, payment, and a Sports Physical form OR alternate year card prior to the practice sessions. The fee to play this year is \$40 per player. This fee goes toward referee fees, equipment, insurance, and other club costs. Please make payment by cash or check, postmarked by July 30, 2021. Any Registration Packets postmarked late will have a late registration fee of \$50 per player. (No player should be denied participation. If you are in need of financial assistance, please contact us.) Enclose with your entire registration packet a check payable to “Sturgeon Bay Soccer Club” and mail to: **SBSC Registration, P.O. Box 532, Sturgeon Bay, WI 54235**. Upon receipt of your registration packet, an e-mail will be sent to you.

***Save These Dates:** Conditioning Practice starts Monday, August 2, 2021 from 5:00 PM – 6:30 PM (schedule can be found on last page of registration packet). Team Practice starts Monday August 16, 2021 and will be held every Monday, Tuesday, and Thursday from 5:00 PM – 6:30 PM, unless there is a scheduled game. At the first Conditioning practice on August 2nd, **ALL** registration forms and physical cards must be turned in or your child will not be allowed to participate.

***Parent Meeting:** There will be a mandatory parent meeting on Monday, August 16, 2021 at 5:00 PM in the John Miles County Park Pavilion.

***Uniforms:** Uniform provided includes shirt and shorts. Each player is responsible for their own cleats, black soccer socks, and safety equipment. Uniforms must be returned at the end of the season.

SBSC Responsibility Agreement

Sturgeon Bay Soccer Club, Inc. (SBSC) is a 100% volunteer-run, non-profit organization. SBSC expects everyone affiliated with the club to conduct themselves in an appropriate, responsible, and positive manner at all times—including, but not limited to, board members, coaches, referees, players, and parents. By signing this agreement, you are indicating that you agree to abide by this expectation and will display “good sportsmanship” and self-control at all SBSC events as well as at school and in the community.

Player Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Check out our website: www.sbsoccerclub.org for up-to-date SBSC information!



Sturgeon Bay Soccer Club, Inc. Emergency Contact Form



Player Name (last, first): _____

Parent/Guardian Name: _____

Emergency Contacts

NAME	RELATIONSHIP	PHONE NUMBER

Physician

NAME	PHONE NUMBER	DATE OF LAST EXAM

Insurance Information

HEALTH INSURANCE CARRIER	INSURANCE ID NUMBER

THE PARTICIPANT AND/OR THEIR PARENT(S) MUST RESPOND TO THE FOLLOWING QUESTIONS AS ACCURATELY AND COMPLETELY AS POSSIBLE:

Please check those that apply: (Provide necessary details below)

CHRONIC AILMENTS:	ALLERGIES:
ASTHMA, OR OTHER RESPIRATORY PROBLEMS	MEDICATION (please list below)
DIABETES OR HYPOGLYCEMIA	LATEX
HEMOPHILIA, OR OTHER BLEEDING PROBLEMS	BEE STINGS/INSECT BITES
CIRCULATORY OR HEART PROBLEMS	IF YES, DO YOU CARRY AN EPIPEN?
EPILEPSY/ SEIZURE	FOODS
OTHER	OTHER

Current medications: _____

We give our consent for coaches and trainers to use their own judgment in securing medical aide and ambulance service in case the parent/guardian cannot be reached.

Parent/Guardian Signature: _____ Date: _____



Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly 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 listed below after a bump, blow, or jolt to

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.

the head or body, s/he should be kept 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.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or “pressure” in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness (<i>even briefly</i>)	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can’t recall events <i>prior</i> to hit or fall	Confusion
Can’t recall events <i>after</i> hit or fall	Just not “feeling right” or “feeling down”

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 not only does not diminish, but 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*)

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. For more information on concussions, visit: www.cdc.gov/Concussion.

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.

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

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.

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, or 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.

Student-Athlete Name Printed

Student-Athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date

* This form is also available in Spanish. Please visit the following link:

http://www.cdc.gov/headsup/pdfs/youthsports/esp/parent_athlete_info_sheet_spanish-a.pdf



Sturgeon Bay Soccer Club, Inc.

Consent for Medical Treatment Form



With full knowledge of the risks of injury in the game of soccer, I hereby authorize the following persons to administer emergency medical treatment to my child, _____ (print full name), the "Registrant," for any injury or other medical emergency while at a practice, game, tournament, scrimmage, or while attending or traveling to or from any of those activities: all coaches and managers of my child's team; all officers and officials of the soccer club to which my child's team belongs; and all directors, officers, sponsors, officials, or agents of any league or tournament that my child my participate in. This consent also extends the right to those persons listed above to arrange for immediate medical treatment by a licensed physician and/or other trained medical personnel, and for them to provide such emergency medical care as they deem appropriate to preserve the life or well-being of my child.

My child and I hereby release, hold harmless and indemnify the above listed persons for any injury or damage related to administration or emergency medical care as authorized herein. **This consent for medical treatment is in effect from the date it is signed below to December 31, 2021, and shall be interpreted under Wisconsin law.**

I have read and fully understand the above statements and acknowledge that before signing I had an opportunity to contact the Sturgeon Bay Soccer Club Representative to discuss any questions I had about the above Release and Consent.

Date: _____

Signature of parent or legal guardian: _____

Print name of parent or legal guardian: _____



Sturgeon Bay Soccer Club, Inc.

Release of Liability Form



The undersigned parent or legal guardian of _____ (print full name), the “Registrant,” recognizes that soccer is a vigorous contact sport and that the Registrant may suffer temporary or permanent serious physical injury including, but not limited to sprains, fractures, brain or spinal damage, paralysis or even death while playing soccer or attending a game, tournament, practice or scrimmage. The undersigned parent or legal guardian of the Registrant recognizes that the types of injuries and harm mentioned in the preceding sentence of this release can arise from a wide spectrum of causes in regard to the sport of soccer including, but not limited to head injuries suffered by the players impacting each other, goal posts, or the ground; players getting hit by motor vehicles in parking lots or roads near fields; violent or overly rough play; playing in weather that may be too dark, too hot, too wet, or too slippery; player fights; injuries caused by poor field conditions including pot holes, protruding sprinkler heads, holes or the like; lightning; or negligence or misconduct by coaches, parents, referees or other players.

The undersigned further acknowledges and understands that travel to and from games, practices, and tournaments by motor vehicle or other means of transportation may be necessary and that such travel carries with it inherent risks of injury. With full knowledge of the above reference risks, and in consideration for the Sturgeon Bay Soccer Club (SBSC), and pursuant to the Recreational Assumption of Risk Statute, sec. 895.525, Wis. Stats., the Registrant and I hereby accept and assume full responsibility for any and all harm caused by negligence, and release, discharge, and or otherwise indemnify the SBSC, their respective coaches and staff, directors and officers, league and tournament sponsors, and their directors and officers and any of their facilities utilized for soccer as to any claims and causes of action based on allegations of negligence by or on behalf of the Registrant and his or her parents or legal guardians. This release includes transportation to and from soccer games and tournaments, which I hereby authorize.

The undersigned gives Sturgeon Bay Soccer Club (SBSC) the absolute right and permission to use photographs of their child(ren), in its promotional materials and publicity efforts. The undersigned understands that the photograph(s) may be used in a publication, print ad, electronic media (e.g. video, CD-ROM, Internet, World Wide Web), or other form of promotion. The undersigned acknowledges that SBSC owns the photograph and has the right to crop or treat the photograph in its discretion. It is also acknowledged that SBSC may choose not to use the photograph(s) at this time, but may do so at its own discretion at a later date. The undersigned waives any right to compensation arising from or related to the use of the photograph(s).

If you have any questions regarding any of the provisions of this release, or otherwise wish to discuss or negotiate about any of the provisions of this release, please contact an SBSC Representative. Please note that the Registrant shall not be permitted to participate in any SBSC-sponsored program or game unless and until this form is signed and returned to an authorized SBSC representative or other satisfactory arrangements are made with regard to the subject matter of this release in writing, signed by both you and the SBSC Representative.

This release shall remain in effect for the date that is signed below through December 31, 2021, and shall be interpreted under Wisconsin law.

Dated: _____

Signature of parent or legal guardian: _____

Print name of parent of legal guardian: _____



Sturgeon Bay Soccer Club, Inc.

Reminder about Sports Physical Card/Alternate Year Card



- *Green Sports Physical Cards or Yellow Alternate Year Cards can be picked up at Sturgeon Bay High School (they have adjusted summer hours).*
- *Please turn them in as soon as possible, at any practice, no later than August 3, 2020 to be eligible to practice and play.*
- *SBSC will keep a photocopy on file and submit any originals to the TJW Middle School office for their files. Even if your child is in fifth grade, their physical information will be filed at the middle school.*

REMINDER BEFORE SUBMITTING YOUR REGISTRATION PACKET & REGISTRATION FEE:

- € Registration Form & Registration Fee
- € Emergency Contact Form
- € Concussion Page Signatures
- € Consent For Medical Treatment Form
- € Release of Liability Form
- € Physical Card /Alternate Year Card – COMPLETED (if originals are submitted, they will be given to the TJ Walker Middle School office (for all grades) and be filed.

SBSC SCHEDULE (SB FAIRGROUND SOCCER FIELDS)

Aug 2, 3, & 5	5th - 8th grade	Conditioning Practice	5:00 pm – 6:30 pm
Aug 9, 10, & 12	5th - 8th grade	Conditioning Practice	5:00 pm – 6:30 pm
Aug 16	** PARENT MEETING AT PAVILION FIRST @ 5pm, THEN PRACTICE!!**		5:00 pm - 6:30 pm
Aug 17 & 19	5th - 8th grade	Conditioning Practice	5:00 pm – 6:30 pm

A full game schedule and practice schedule will be presented at the parent meeting.