

# 2021 Spring Youth Soccer

**Format:** Plans are to keep the teams and coaches together from the fall as much as possible. New participants will be placed on existing teams or used to form new teams. The micro-soccer format will be used which includes smaller sized teams at the younger levels. This will be an outdoor program. Shin-guards are required, and soccer cleats are encouraged.

**COVID:** Team sizes will be limited. Game times will be spread out to limit the number of fans. Please measure your child's body temperature to ensure that no fever is present. Families should limit those in attendance, keep a log of who attended what game, and sit in designated areas. Masks may be required.

**Ages:** 5 Year Old Kindergarten – Grade 8

**Location:** Brandt/Quirk Soccer Complex  
Coaches will contact players with details.



**Dates:** Games: Saturday mornings May 1-June 12, 2021 (omit May 29)  
Practices:

**Facebook:** "Like" Watertown Park and Recreation Dept. to get updates on programming and weather cancellations.

**Deadline:** Registration deadline is Monday, March 22, 2021.

**Fees:** **Micro (Grades K-2)** \$40.00/city resident \$60.00/non-city resident  
**Wing (Grades 3-8)** \$45.00/city resident \$67.50/non-city resident  
**A \$10.00 late fee will be added to registrations received after March 22, 2021.**

**Register Online:** <https://watertownwi.recdesk.com>

**Coaches:** We need volunteers to work in this capacity. If interested, please contact the Park & Recreation office. Coaches meeting Monday, April 12 at 6:00 pm at the Watertown Senior & Community Center or virtually at <https://global.gotomeeting.com/join/986993813> or by calling 1 (872) 240-3212, Access Code: 986-993-813

**Special Needs:** The department will make every effort to comply with the regulations associated with the American's with Disabilities Act (ADA). In the space provided, list any special needs that the participant may have that would benefit his/her participation in this program. The department will attempt to accommodate these needs and will contact you to discuss participation. **Parent should communicate any special needs with their coach.**

-----  
Watertown Parks & Recreation Department

## 2021 Spring Youth Soccer

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB: \_\_\_\_\_ Grade \_\_\_\_\_ M or F

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Did your child play in fall?** Yes or No If so, what Team or Coach from Fall 2020 \_\_\_\_\_

**New Player Shirt Size:** YS YM YL AS AM AL AXL Other: \_\_\_\_\_

**Is parent willing to help coach?** Yes No If yes, parent name \_\_\_\_\_

List any special needs or medical conditions this participant has \_\_\_\_\_

I understand the inherent risk of injury in participation in this sports program and verify that I am medically fit to participate. I give my permission to the supervisors of this program to take the proper steps in case I am in need of emergency medical attention. I also release the sponsoring groups and their agents from any and all claims arising from my participation in this activity. I also give my permission to use any photos taken for advertisement purposes of the Parks & Recreation Department.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Fee Paid: Micro (Grades K-2) \$40.00/cr \$60.00/ncr  
Wing (Grades 3-8) \$45.00/cr \$67.50/ncr

**Register Online:**  
<https://watertownwi.recdesk.com>

# Watertown Park & Recreation Department

## Parent & Athlete Concussion Agreement

**As a Parent and as an Athlete it is important to recognize the signs, symptoms, and behaviors of concussions.** By signing this form you are stating that you understand the importance of recognizing and responding to the signs, symptoms, and behaviors of a concussion or head injury.

### **Parent Agreement:**

I/we have **read** the Parent Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused. I/we also understand the common signs, symptoms, and behaviors. I/we agree that my child must be removed from practice/play if a concussion is suspected.

I/we understand that it is my responsibility to seek medical treatment if a suspected concussion is reported to me.

I/we understand that my child cannot return to practice/play until providing written clearance from an appropriate health care provider to his/her coach.

I/we understand the possible consequences of my child returning to practice/play too soon.

### **Athlete Agreement:**

I/we have **read** the Athlete Concussion and Head Injury Information and **understand** what a concussion is and how it may be caused.

I/we understand the importance of reporting a suspected concussion to my coaches and my parents/guardian.

I/we understand that athlete must be removed from practice/play if a concussion is suspected. I/we understand that the athlete must provide written clearance from an appropriate health care provider to my coach before returning to practice/play.

I/we understand the possible consequence of returning to practice/play too soon and that athlete's brain needs time to heal.

**For Information on Concussion, please either come to our office for a paper copy, our facebook page ("Like" Watertown Park and Recreation Dept), or go to our website [www.ci.watertown.wi.us](http://www.ci.watertown.wi.us).**

\*\*\*\*\*

### **Parent/Athlete Concussion Agreement**

My child & I have read the above statements and sign acknowledging that if a concussion is suspected that the athlete will not play until clearance is given from the health care provider.

Parent/  
Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

Athlete Signature \_\_\_\_\_

Date \_\_\_\_\_