

# One Community Now Youth Soccer Sign-Ups



## 8 Week Season: February 9 - March 30, 2019

Open to all children in grades Kindergarten — 6th grade attending Gulfside Elementary, Paul R. Smith Middle School or living in the Holiday Lake Estates community.

Fee: \$35 per child which includes a team t-shirt and trophy at the end of the season.

Children on free or reduced meal programs qualify for a reduced rate of \$25 per child.

Practices are held on Tuesdays or Wednesdays (depending on your team schedule) at Paul R. Smith Middle School from 5:30PM-6:30PM

Games are held on Saturdays at Anclote High School

- 9AM Games for K—2nd
- 10:30AM Games for 3rd—6th grade.

Parents or authorized guardians are required to be at games and practices with children.

## Dates to Remember:

- Registration is open now through Feb 9. Apply online, mail in or drop off forms and money at Gulfside Elementary or Paul R. Smith Middle school to the office. You can pay online at the link below.
- **Thursday, Feb 7 - Mandatory Parent meeting at 6:00PM at Holiday Bible Church, 4807 Mile Stretch Drive, Holiday.**
- **Saturday, Feb 9 - Mandatory Coach Meeting at 9AM at Anclote High School Fields**
- Saturday, Feb 9 - 10AM-12PM soccer clinic at Anclote High School
- Saturday, Feb 16 - First official game of the season at Anclote High School. T-shirts will be passed out.
- Saturday, Mar 9—Picture Day! All players and coaches must arrive a half hour early.
- Saturday, Mar 30 - Parents vs Kids games, trophy presentation & luncheon at Anclote High

### We Need Coaches:

If you are interested in coaching, no experience necessary but preferred. Please fill out the coach application on the registration form. Must pass national background check.

### For more info contact:

Patti@onecommunitynow.com

Call: 727.858.6117

**Pay online: <http://signup.com/go/bbpzZEP>**

# one community now | Sports Registration Form

_____		Which Sport (circle):				
Participants Name	Gender	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Basketball</td> <td style="width: 50%;">Football</td> </tr> <tr> <td>Soccer</td> <td>Cheerleading</td> </tr> </table>	Basketball	Football	Soccer	Cheerleading
Basketball	Football					
Soccer	Cheerleading					
Address	City	Zip				
_____						
DOB	Grade	Participants sibling(s) name(s) above if applicable				

Please circle participants shirt size: Child: **XS** (2-4) **S** (6-8) **M** (10-12) **L** (14-16) **XL** (18-20)  
Adult: **S** (28-30) **M** (32-34) **L** (36-38) **XL** (40-42)  
 \*Participants shirt is included

**Parent/Guardian Section Below**

\_\_\_\_\_  
 Parent/Guardian Name Parent/Guardian Signature  
*Participants must have a parent or guardian signature.*

\_\_\_\_\_  
 Email

\_\_\_\_\_  
 Phone

\$10 Team Shirts Available! (additional charge for size 2XL and up) \_\_\_\_\_  
 T-Shirt size  
 Circle the name you want on the back:  
 Mom   Dad   Grandma   Grandpa

**\*Provide the best e-mail & phone number, your coach will use this for important team/season reminders!**

Volunteer coaches needed. Contact me to be a coach: \_\_\_ Yes \_\_\_ No  
 Circle Shirt Size: **S**   **M**   **L**   **XL**   **XXL** Which practice night do you prefer: \_\_\_ Tues. \_\_\_ Wed.

Use contact information above as emergency contact? \_\_\_ Yes \_\_\_ No  
 If not, complete contact information below.

\_\_\_\_\_

Liability Insurance/Photo Release: I understand that One Community Now carries only Liability Insurance. Participants are responsible for providing their own Accident Insurance. I give my child permission to participate in all activities and programs scheduled by One Community Now and release One Community Now and Pasco County School Board of any and all liability while participating in the activities and programs. I give my permission to One Community Now volunteers/staff to authorize emergency medical treatment. I give One Community Now permission to take photos of my child participating in One Community Now programs. I understand that these photos may be used in promotions for One Community Now and are the sole property of One Community Now .

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

\_\_\_\_\_  
 Date

*Please turn all registration forms into Gulfside Elementary School office, or mail them to One Community Now, PO Box 476, Elfers, FL 34680—Attention Patti Templeton*



# Parent Code of Conduct

The purpose of this document is to ensure that all parents/guardians of children participating in the One Community Now Sports Program are made aware of the **Parent Code of Conduct**. Each parent/guardian must review and sign the Parent Code of Conduct. This is to ensure that each participant has a positive experience by learning sportsmanship from our coaches, spectators, and family members.

I hereby pledge to provide support, care and encouragement for my child/children participating in the One Community Now Sports Program by following this **Parent Code of Conduct**.

1. I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game and practice.
2. I will leave the facilities the way I found them and pick up any trash that I or my child left behind.
3. I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
4. I will demand a sports environment for my child that is free from drugs, tobacco and alcohol and will refrain from use at all sports fields and on all school grounds.
5. I will do my best to make the sport FUN for my child/children.
6. I will ask my child/children to treat other players, coaches and officials with respect regardless of race, sex, and creed or ability.
7. I will also treat with respect other players, coaches, and officials.
8. I will help my child enjoy the One Community Now Sports Program experience by doing whatever I can to be a respectful fan including not using foul language, abusive attacks or gestures.
9. As a parent and fan I will not harass, abuse, disrespect, or cause a disturbance against an opposing coach, player, or official.
10. I will not approach the coaches or officials after games. If I have an issue I will contact the Sports Director to help resolve the problem.
11. I will cheer for my child/children's team, not against the opposing players or teams.
12. I will allow for the fact that anyone can make a mistake.

**\*Parents and/or guardians are responsible to inform their guests of the Code of Conduct and make sure they also abide by the code of conduct.**

\_\_\_\_\_  
Participants (Child/Children) Name

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

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

\_\_\_\_\_  
Date



# Athletics and Head Injuries– Informed Consent

## What You Need to Know

Dear One Community Now Sports Program Parents and Athletes,

One Community Now is a non-profit organization focused on youth development, healthy living and social responsibility. At Gulfside Elementary, Paul R. Smith Middle, and Anclote High School, the safety of our children is paramount, so we would like to take a few minutes to share with you information about the risks of head injuries, some new requirements, and to mandate minimum standards for education, informed consent and re-entry after suspected injury.

The law requires the following:

After reviewing the attached materials from the CDC please sign and return the informed consent below to the One Community Now staff.

- Education of athletic coaches, officials, administrators, and youth athletes and their parents or guardians of the nature and risk of concussion and head injury.
- The permission of the parent or guardian of a youth who is participating in athletic completion or who is a candidate for an athletic completion or engaging in any practices, tryout, workout, or other physical activity associated with the youth's candidacy for an athletic team.
- Each youth athlete who is suspected of sustaining a concussion or head injury in a practice or competition to be immediately removed from activity.
- A youth athlete who has been removed from an activity may not return to practice of competition until the youth submits to the athletic coach a written medical clearance to return stating that the youth athlete no longer exhibits signs, symptoms, or behaviors consistent with a concussion or other head injury.
- Medical clearance must be authorized but the appropriate health care practitioner trained in the diagnosis, evaluation, and management of concussions as defined by the Sports Medicine Advisory Committee of the Florida High School Athletic Association.

By signing below, I acknowledge that I have received and reviewed the Concussion in Sports Fact Sheet from the Department of Health and Human Services, Centers for Disease Control and Prevention ([https://www.cdc.gov/headsup/pdfs/youthsports/parents\\_eng.pdf](https://www.cdc.gov/headsup/pdfs/youthsports/parents_eng.pdf)). I also acknowledge and I understand the risks of brain injuries associated with participation in athletic activity, and I am aware of the requirements of the State of Florida's House Bill 291-Youth Athletes.

\_\_\_\_\_  
Participants (Child/Children) Name

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

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

\_\_\_\_\_  
Date

