



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



2021 Fall Soccer Co-ed 3 - 9 Years Old Benvenuto Field at Cos Cob Park

ACTIVITY NUMBER: 30301

DESCRIPTION: Fall soccer is a fun, recreational, coed program for ages 3 – 9. 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: Opens **Monday, June 28** - online registration is only available to Greenwich residents. To register online go to www.greenwichct.gov/webtrac, click on Parks and Recreation logo and log-in to your account.
- Mail-in for residents: Begins **Monday, July 12**- application should not be postmarked earlier than July 12.
- Mail-in for non-residents: Begins **Monday, July 26** - application should not be postmarked earlier than July 26. Registration closes Friday, August 13 or when the program has filled; space is limited.

2021 Residency must be verified before completing this application. www.greenwichct.gov/residency

Non-residents: primary family member and all participating family members, over 25 years, must provide identification and proof of address. Participants under 25 years, require a copy of birth certificate, passport, or guardianship.

AGES: 3 – 9; must be 3 prior to the start of the program (September 11); **Proof of age is required for all 3 year-olds.** Must provide copy of birth certificate or passport if not submitted for past programs(s). Call us if you have any questions regarding your child’s age group.

SESSIONS: Saturdays from September 11 through October 30; Rain date: Saturday, November 6.

LOCATION: Benvenuto Turf Field at Cos Cob Park

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

FEES:

Sections A1 & A2 \$132 payable to “Town of Greenwich” * **NO REFUNDS**

Sections A3 - A5 \$145 payable to “Town of Greenwich” * **NO REFUNDS**

We accept Visa, MasterCard, American Express, and Discover credit cards 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 administrative fee for credits and a \$25 fee for any returned checks.**



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COACHES: Volunteers are ESSENTIAL to this program. Volunteers organize the kids on the field, run pre-planned/ weekly drills, and help enforce the rules for modified games. **We will have soccer instructors help the coaches when needed.** The Town of Greenwich is a member organization of the National Alliance for Youth Sports (NAYS) and provides training to all coaches. Coaches also subject to a background check.

**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 **Coach**/I would like to work with _____

Name _____ Work Phone _____

E-Mail _____ Cell Phone _____

Team jerseys will be handed out to all A1-A5 on September 11 on the field during their session.

COMMENTS:

- **COVID-19 safety measures shall be in effect as necessary.**
- 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 website at www.teamsideline.com/greenwichct. You can sign up for automated e-mail and/or text alerts from this website. In addition, you can call the weather hotline number at 203-861-6100.
- If mailing application, payment, and proofs (if needed) please send to the following address:



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

The Parks and Recreation Department reserves the right to use program or event photographs including participants in official Town of Greenwich media only (Website, newsletter, flyers and advertisements, Facebook, and/or Instagram). Please contact the Recreation Office if you object to the use of photographs of you or your child(ren) in Town media.



Program Registration (please print)

Program Name Fall Soccer Activity # 30301 Section(s) # _____

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

Address _____ Town _____ Zip Code _____

Birth Date _____ Age _____ Grade _____ School _____

Parent/Guardian _____ e-mail _____

Home Phone _____ Work Phone _____ Cell Phone _____

In case of emergency notify the following:

Name _____ Phone _____ Relationship: _____

List Restrictions: _____

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 __202__

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

Town of Greenwich Parks and Recreation—Anti-discrimination Policy

It is the Town of Greenwich's policy to provide full, equal and nondiscriminatory access to its park facilities, beaches and recreation areas in accordance with applicable state and federal laws. The Town's park facilities, beaches and recreation areas are open to all Town residents and other members of the general public admitted thereto in accordance with, and subject to, applicable state and federal laws, and ordinances, and regulations promulgated by the Director of Parks and Recreation and the Selectmen. It is the policy of the Town of Greenwich that all Town ordinances, regulations, policies and rules with respect to the Town's park facilities, beaches and recreation areas are applied consistently without regard to race, creed, color, national origin, ancestry, sex, sexual orientation, marital status, lawful source of income, mental retardation, mental disability or physical disability, including but not limited to blindness or deafness or any other legally protected classification.

The Town complies with all applicable federal and state laws regarding non-discrimination, equal opportunity, affirmative action, and providing reasonable accommodations for persons with disabilities. If you require an accommodation to participate, please contact the Commissioner of Human Services at 203-622-3800 or demetria.nelson@greenwichct.org as soon as possible in advance of the event.

OFFICE USE ONLY
HH # _____ Check # _____ Receipt # _____ Proof _____ Initials _____

CONCUSSION INFORMATION SHEET



**HEADS UP
CONCUSSION**

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 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.”

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.

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 health care provider and only return to play with permission from a health care provider who is experienced in evaluating for concussion.
3. Ask your child's or teen's health care 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.

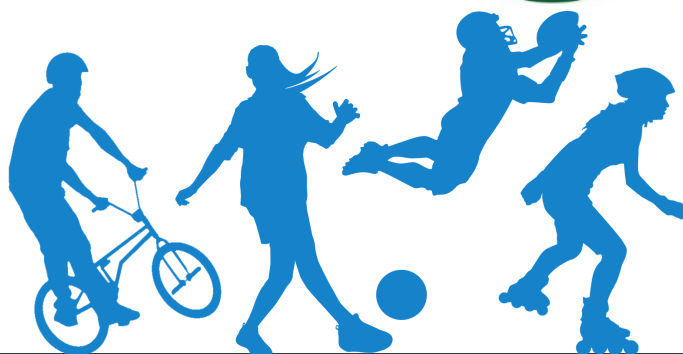
Do not try to judge the severity of the injury yourself. Only a health care provider should assess a child or teen for a possible concussion. Concussion signs and symptoms often show up soon after the injury. But you may not know how serious the concussion is at first, and some symptoms may not show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

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.



TO LEARN MORE GO TO >> cdc.gov/HEADSUP

JOIN THE CONVERSATION AT

↳ www.facebook.com/CDCHEADSUP

Content Source: CDC's HEADS UP campaign. Customizable HEADS UP fact sheets were made possible through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).