



Soccer
Fall 2019 Season
Packet

WHEN?

There will be a two or three day Varsity Soccer tryout on Thursday, August 23th and Friday, August 24th for both the boys' and girls' soccer teams. All tryout practices will take place at Rising Tide Charter Public School at 59 Armstrong Rd.

Middle School Soccer tryouts will start on Thurs. Sept. 5th for the Middle School Girls, and Friday Sept. 6th for the Middle School Boys. Rising Tide 8th graders are eligible to try-out for the Varsity team and should attend the varsity tryout dates if interested.

GIRLS VARSITY SOCCER

Thursday, August 22rd, 3:00-6:00 pm

Friday, August 23th, 3:00-6:00 pm

BOYS VARSITY SOCCER

Thursday, August 22rd, 8-11 am

Friday, August 23th, 8-11 am

MIDDLE SCHOOL SOCCER

Girls: Thursday, September 5th, 3:30-5:00 pm

Boys: Friday, September 6th, 3:30-5:00 pm

WHO CAN TRY-OUT?

Varsity: Grade 8 - 12

Middle School: Grade 6 - 8

HOW MANY TEAMS ARE THERE?

There will be a varsity and sub-varsity team for both boys and girls soccer. After tryouts, the coaching staff and Athletic Director will determine the designation of each sub-varsity team.

WHAT DO YOU NEED?

1. Signed athletic participation waiver form.
2. Completed concussion awareness form. Both the student and a parent/guardian must take the NFHS or CDC online concussion course and sign the form as proof of successful completion.
3. Completed pre-participation head injury form. Must be signed by both the student and a parent/guardian.
4. Updated physical form on file with the school. **This means you need to have had a physical within 13 months of the last day of the season, and it must be on file in the nurse's office.**
5. Equipment. Students should wear cleats and athletic clothing. For safety reasons students will not be allowed on the field without shin guards. Mouthguards are recommended.
6. User Fee Deposit: A deposit is required to participate in the tryouts. After your child has been assigned to a team, you will be asked to pay any remaining balance if necessary. Here is the fee for each team:

Varsity - \$200.00

Middle School/JV - \$175.00

The user fee can be paid through myschoolbucks or by check/money order.

- Credit/debit card - myschoolbucks.com in which parents/guardians will need to set up an account with the students name and date of birth.
- Check or money order made out to Rising Tide

The user fee contributes towards transportation, equipment, facility rental, uniforms, and referee costs. If a student is not selected for the team, the deposit check will not be deposited, so trying out costs nothing. **Families with two or more children playing in the fall season will receive 25% off each additional child's fee.**

WHAT SHOULD I DO WITH THESE FORMS?

Please mail, drop off, or email the forms to Rising Tide Charter Public School. 59 Armstrong Rd. Plymouth, MA 02360. Forms can be handed in ASAP. Please return them to the Main Office or email Mrs. Kincade at kkincade@risingtide.org

ALL FORMS ARE DUE MONDAY AUGUST 12th

More Details:

- Team practices will run from 3:30 until 5:00 pm during the season. Varsity teams will meet for practices and games 4-6 days per week, with some possible weekend commitments, and sub-varsity teams will meet 3-4 days per week with some Saturday Games. Practices for teams will be held at Rising Tide's Field, West Recreation Field, Forges Field, and possibly Elmer Raymond Field.
- The Fall Soccer Season runs from August 22nd to October 28th. If the team qualifies for the MIAA State tournament, the season will be extended until furthest advancement in the tournament.
- The specific meeting dates and locations will be posted on the athletics calendar risingtide.org/athletics with updates occurring daily if necessary. Varsity games will also be posted on *miaa.net*
- A Parent communication email will be developed for each team. Any sudden changes in schedules (such as a snow/rain cancellation), or setting up a carpool will be sent out via an email blast. Please list the email addresses you would like to be part of this list if your child is selected on a team.

email: _____

email: _____

email: _____

**Fall Meet the Parents/Coaches Night Thursday, August 8th at 5:30pm
@ Rising Tide**



RISING TIDE ATHLETIC PARTICIPATION WAIVER 2019-2020

Name of Student _____ Grade _____ Home Phone # _____

Address _____

Parent/Guardian's Name _____ Cell Phone # _____

Emergency Contact Person _____ Relationship _____

Emergency Contact Home Phone # _____ Cell Phone # _____

Participation in athletics can result in serious injury, even when measures have been taken to ensure safety. In the event of an injury the school will provide first aid, but all other treatment is the responsibility of the parent/guardian. Participating on an athletic team/club at Rising Tide is not required, and students do so on a voluntary basis with the permission of their parent(s) or guardian(s).

Families are required to pay a user fee for each season. If a student is removed from the team/club before the conclusion of the season for any reason, Rising Tide has the right to keep the entire user fee.

Rising Tide will use buses and/or parent carpools to transport students to and from practices and games. By signing this waiver you are permitting your child to ride in a private vehicle driven by another student's parent or guardian as well as a bus chartered by the school.

All uniforms are property of Rising Tide and should be returned to the school at the end of the season or the family will be charged for the replacement cost.

A student may be removed from team at any point in the season if the grade-level team determines it is necessary. Students can be dismissed from a team/club for both academic and non-academic reasons.

A student will not be permitted to participate in any activities until s/he has a physical form on file with the school which has been completed within 13 months of the tryout date. A completed concussion awareness form, pre-participation head injury/concussion reporting form, and user fee must also be submitted before a student is allowed to participate in the tryout.

I hereby give permission for _____ to participate in the Rising Tide Athletics program.

Parent/Guardian Signature

Date



CONCUSSION AWARENESS FORM

Dear Parents/Guardians:

As the prevalence and dangers of head injuries in athletics have become more evident, it is important for both student-athletes and their families to have a greater understanding of the issue. For the safety of our student-athletes, Rising Tide Charter Public School is requiring that both parents/guardians AND the student complete ONE of the following free online concussion courses. The completion of this course is required before your child tries out for an athletic team at Rising Tide. **It must be completed once per school year.**

Complete one of the online courses on concussion/head injuries. It should take less than 30 minutes to complete the course, including registration. **Please print a copy of the completion certificate and turn it in with this packet.**

- National Federation of High School Coaches Course, *Concussion In Sports - What You Need To Know*. Create a sign in if necessary.

<https://nfhslearn.com/courses?searchText=Concussion>

OR

- Centers for Disease Control Course, *Heads Up Concussion In Youth Sports*

http://www.cdc.gov/concussion/HeadsUp/online_training.html

Signing below acknowledges that you have successfully completed one of the online free sports concussion awareness courses.

Student-Athlete Name _____ Sport(s) _____

Student-Athlete Signature _____ Date _____

Parent/Guardian Name _____

Parent/Guardian
Signature _____ Date _____



PRE-PARTICIPATION HEAD INJURY/CONCUSSION REPORTING FORM FOR EXTRACURRICULAR ACTIVITIES

This form should be completed by the student's parent(s) or legal guardian(s). It must be submitted to the Athletic Director in the Try-Out Packet prior to the start of each season a student plans to participate in an extracurricular athletic activity.

Student's Name	Sex
Date of Birth	Grade
School	Sport
Home Address	Primary Telephone

Has student ever experienced a traumatic head injury (a blow to the head)? Yes / NO

If yes, when? Dates (month/year): _____

Has student ever received medical attention for a head injury? Yes / No

If yes, when? Dates (month/year): _____

If yes, please describe the circumstances:

Was student diagnosed with a concussion? Yes_____ No_____

If yes, when? Dates (month/year): _____

Duration of symptoms (*such as headache, difficulty concentrating, fatigue*) for most recent concussion: _____

Parent/Guardian:

Name: _____ Signature/Date _____

Student Athlete:

Signature/Date _____