

Soccer Fall 2017 Season Packet

WHEN?

There will be a two day try-out on Thursday, August 25th and Friday, August 26th for both the boys' and girls' soccer teams. All tryouts practices will take place at Rising Tide Charter Public School at 59 Armstrong Rd. If the field is deemed unplayable, tryouts and practices will be located at West Recreation Fields at South Meadow Rd.

GIRLS SOCCER

Thursday, August 24th, 5:00-6:30 pm

Friday, August 25th, 3:30-5:00 pm

BOYS SOCCER

Thursday, August 24th, 3:00-5:00 pm

Friday, August 25th, 5:00-7:00 pm

WHO CAN TRY-OUT?

Students in Grades 6 - 12

HOW MANY TEAMS ARE THERE?

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

WHAT DO YOU NEED?

- 1. <u>Signed athletic participation waiver form.</u>
- 2. <u>Completed concussion awareness form</u>. 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. <u>Completed pre-participation head injury form</u>. Must be signed by both the student and a parent/guardian.
- 4. <u>Concussion Impact Testing</u>. Initial Impact test will need to completed prior to the start of try-outs. Dates for the testing will be determined at a later time.
- 5. <u>Updated physical form on file with the school</u>. 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.
- 6. <u>Equipment</u>. Students should wear cleats and athletic clothing. For safety reasons students will not be allowed on the field without shin guards. Mouthguards are recommended.

7. <u>User Fee Deposit</u>: 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

Sub - Varsity - \$175.00

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?

In order to try out for the team, mail or drop off the forms at the Rising Tide Middle School building, located at 6 Resnik Road in Plymouth, or with Mr. Peterson at the Upper School.

Forms are due by Monday, June 19th. If you need more time, please email Mr. Peterson at mpeterson@risingtide.org.

MORE DETAILS:

- Team practices will run from 3:30 until 5:00pm during the season. Varsity teams will meet for practices and games 4-5 days per week, with some possible weekend commitments, and sub-varsity teams will meet 3-5 days per week. Practices for teams will be held at Rising Tide's Field, West Recreation Field, Forges Field, and possibly Elmer Raymond Field. The specific meeting dates and locations for all teams will be available on the athletics calendar on the risingtide.org website. Updates to the schedule could be made daily.
- 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. If you are able to carpool, please fill out the attached cori form. 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:			
email:			
CIIIGIT	 	 	



2017-2018 ATHLETIC PARTICIPATION WAIVER

Name of Student:	Grade:	Home Phone #:	
Address:			
Parent/Guardian's Name:	Ce	ll Phone #:	
Emergency Contact Person:	Re	lationship:	
Emergency Contact Phone #:	(Cell Phone #:	
Participation in athletics can result in ensure safety. In the event of an injuithe responsibility of the parent/guardinot required, and students do so on a guardian(s).	ry the school will pr ian. Participating or	ovide first aid, but all other treatmer n an athletic team/club at Rising Tid	nt is le is
Families are required to pay a user for team/club before the conclusion of the entire user fee.			eep
Rising Tide will use buses and/or par and games. By signing this waiver yo driven by another student's parent or	ou are permitting yo	ur child to ride in a private vehicle	S
All uniforms are property of Rising Ticseason or the family will be charged			he
A student may be removed from the coach, and/or AD determines it is need both academic and non-academic res	cessary. Students		
A student will not be permitted to par file with the school which has been of completed concussion awareness for form, and user fee must also be subr tryout.	ompleted within 13 rm, pre-participation	months of the tryout date. A head injury/concussion reporting	n
I hereby give permission for Rising Tide Athletics programs.		to participate in	the
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 <u>one</u> 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 for your records.

National Federation of High School Coaches Course, Concussion In Sports
 What You Need To Know

http://www.nfhslearn.com/electiveDetail.aspx?courseID=15000

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 <u>one</u> of the online free sports concussion awareness courses.

Student-Athlete Name	Sport
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 Tryout Packet prior to the start of each season a student plans to participate in an extracurricular athletic activity.

Sex

Grade

MALE

FEMALE

Student's Name

Date of Birth

School MIDDLE UPPER	Sport SOCCER
Home Address	Primary Contact #
Has student ever experienced a traumatic h	read injury (a blow to the head)? Yes
If yes, when? Dates (month/year):	
Has student ever received medical attention	n 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, diff concussion:	ficulty concentrating, fatigue) for most recent
Parent/Guardian:	
Name:	Signature/Date
Student Athlete:	
Signature/Date	