



**2020 SOCCER 4 KIDS WITH SPECIAL NEEDS
VOLUNTEER FORM**

PO Box 852, 11151 Keele St. Maple, ON., L6A 1S8
T. 905-832-0911 F. 905-832-0624
www.vaughansoccer.com

Session Dates: Sunday June 7, 14, 21, 28, July 12, 19, 26 & August 9, 2020

Session Times: 8:45 to 10:15am

Session Location: McNaughton Turf Field (the northwest corner of Keele Street & McNaughton Rd)

FULL NAME: _____

ADDRESS: _____

E-MAIL ADDRESS: _____

ALL CORRESPONDENCE IS DONE VIA E-MAIL, WE REQUIRE AN ACTIVE E-MAIL THAT CAN BE ACCESSED ANYTIME

PHONE NUMBER: _____ DATE OF BIRTH: ____/____/____

MM DD YY

GENDER: ____/____
M F

- DO YOU HAVE YOUR FIRST AID: YES or NO (not mandatory)
If yes, what level: _____
- ARE YOU A MEMBER OF OUR CLUB? YES or NO
- HOW ARE YOU A MEMBER(check one): PLAYER TEAM OFFICIAL OTHER
- ARE YOU A RETURNING VOLUNTEER FOR THIS PROGRAM: YES or NO
IF YES, WHO WAS ASSIGNED AS YOUR 'LITTLE BUDDY': _____
- ASIDE FROM THIS PROGRAM, DO YOU HAVE EXPERIENCE WORKING WITH CHILDREN WITH SPECIAL NEEDS? IF YES PLEASE EXPLAIN; _____

These children require stability therefore if you know in advance that you will miss 4 or more sessions please let us know as soon as possible.

SIGNATURE OF APPLICANT IF 18 YEARS OF AGE OR OLDER

DATE

SIGNATURE OF PARENT/GUARDIAN IF APPLICANT IS UNDER 18

DATE

COMPLETED AND SIGNED FORM CAN BE EMAILED TO SARAH AT sarah.pellegrini@vaughansoccer.com, YOU MAY ALSO FAX IT IN, OR DROP IT OFF AT OUR OFFICE DURING OFFICE HOURS

Be a Buddy....Not a Bully!!!



Concussion Code of Conduct for Athletes and Parents/Guardians

I will help prevent concussions by:

- Wearing the proper equipment for my sport and wearing it correctly.
- Developing my skills and strength so that I can participate to the best of my ability.
- Respecting the rules of my sport or activity.
- My commitment to fair play and respect for all* (respecting other athletes, coaches, team trainers and officials).

I will care for my health and safety by taking concussions seriously, and I understand that:

- A concussion is a brain injury that can have both short- and long-term effects.
- A blow to my head, face or neck, or a blow to the body that causes the brain to move around inside the skull may cause a concussion.
- I don't need to lose consciousness to have had a concussion.
- I have a commitment to concussion recognition and reporting, including self-reporting of possible concussion and reporting to a designated person when and individual suspects that another individual may have sustained a concussion.* (Meaning: If I think I might have a concussion I should stop participating in further training, practice or competition **immediately**, or tell an adult if I think another athlete has a concussion).
- Continuing to participate in further training, practice or competition with a possible concussion increases my risk of more severe, longer lasting symptoms, and increases my risk of other injuries.

I will not hide concussion symptoms. I will speak up for myself and others.

- I will not hide my symptoms. I will tell a coach, official, team trainer, parent or another adult I trust if I experience **any** symptoms of concussion.
- If someone else tells me about concussion symptoms, or I see signs they might have a concussion, I will tell a coach, official, team trainer, parent or another adult I trust so they can help.
- I understand that if I have a suspected concussion, I will be removed from sport and that I will not be able to return to training, practice or competition until I undergo a medical assessment by a medical doctor or nurse practitioner and have been medically cleared to return to training, practice or competition.
- I have a commitment to sharing any pertinent information regarding incidents of removal from sport with the athlete's school and any other sport organization with which the athlete has registered* (Meaning: If I am diagnosed with a concussion, I understand that letting all of my other coaches and teachers know about my injury will help them support me while I recover.)



I will take the time I need to recover, because it is important for my health.

- I understand my commitment to supporting the return-to-sport process* (I will have to follow my sport organization's Return-to-Sport Protocol).
- I understand I will have to be medically cleared by a medical doctor or nurse practitioner before returning to training, practice or competition.
- I will respect my coaches, team trainers, parents, health-care professionals, and medical doctors and nurse practitioners, regarding my health and safety.

By signing here, I acknowledge that I have fully reviewed and commit to this Concussion Code of Conduct.

Athlete Name: _____

Signature: _____

Parent/Guardian Signature (under 18 years of age): _____

Date: _____

