

**Denny Price Family YMCA
Indoor Soccer**

I. Equipment

- A. No cleats of any kind are allowed.
- B. No Jewelry
- C. Shin pads must be worn. All other protective pads are optional.
- D. 3 & 4 yrs-1st use size 4 Ball, 2nd-3rd use size 5 ball.

II. Team

- A. Each team consists of up to 8-10 players, 4 on the field and 1 goalie at a time, with subs.
- B. A team must have 4 players to start the game.
- C. All players must play a full half of the game, time doesn't have to be consecutive.

III. Timing and Substitution & Time outs

- A. The game consists of 4 six minute quarters for 3 year olds thru 1st grade and two 16 minute halves for 2nd and 3rd.
- B. The clock will run except for injury or a time-out.
- C. Substitutes may enter the game at any time.
- D. Time outs: 1 time out per half.

IV. To Start the Game or Kickoff

- A. The kickoff will be at mid-field with the two offensive players in the center.
- B. All other players must be outside the circle and on their sides of the ball until the ball is kicked.

V. The Goalie

- A. The goalie may touch the ball with his/her own hands only while in the penalty area.
- B. The goalie may not punt the ball.
 - 1. The goalie may kick the ball if he/she has not first held it in their hands
 - 2. It must be rolled or thrown if picked up.
- C. The goalie may not be charged. The goalie is to be left alone when he/she is in the designated area, while the ball is in play.
- D. The goalie has 6 seconds to put the ball back into play.

VI. Restarting Play

- A. Throw In-awarded if the ball is unplayable at the sideline. The throw in must be made with both feet on the ground, two hands on the ball, and from above the head. In the 3 & 4 yr division the Ref will put the ball back into play.

- B. Direct Kick-awarded for personal fouls. A goal may be scored directly after one offensive player kicks the ball.
- C. Penalty Kick-awarded for any personal fouls. By the defense in its own penalty area. The kick is made from 12 feet. The kicker may only take two steps. The goalie must have both feet on the goal line and be standing still.

VII. Personal Fouls for kindergarten and up

- A. Pushing with any part of the body.
- B. Tripping with no intent to play the ball.
- C. Kicking an opponent deliberately.
- D. Holding with the hands, arms or feet.
- E. Hand ball being the entire arm from the hands to below the shoulders.
(deliberate only)

The penalty for these fouls is a penalty kick from the spot of the foul.

Spectators and non-participating players must remain seated at all times

Please remember our purpose: Fun, Fundamentals, and Participation in a Safe, Christian atmosphere. Winning is secondary to the above. Thank You for your continued support and volunteer help.



Sports Team Parties Policy

Room only no charge/participants set-up and clean-up.

(Child Care Room, ~~Studio A or B~~ which ever is available)

Parties including pool-half price (Follow B-day Party Schedules).

Climbing Wall available for parties at regular charge (look at wall schedule). Must set up and clean up their parties.

*If not using the pool or climbing wall, parties may be scheduled during the week after day camp closes
(Adventure Center may be available).*

(Attach to Birthday Party Schedule)

ACTION PLAN

WHAT SHOULD A COACH DO WHEN A CONCUSSION IS SUSPECTED?

1. Remove the athlete from play. Look for the signs and symptoms of a concussion if your athlete has experienced a bump or blow to the head. Athletes who experience signs or symptoms of concussion should not be allowed to return to play the day of the injury. When in doubt, keep the athlete out of play.
2. Ensure that the athlete is evaluated right away by an appropriate health care professional. Do not try to judge the severity of the injury yourself. Health care professionals have a number of methods that they can use to assess the severity of concussions. As a coach, recording the following information can help health care professionals in assessing the athlete after the injury:
 - Cause of the injury and force of the hit or blow to the head
 - Any loss of consciousness (passed out/knocked out) and if so, for how long
 - Any memory loss immediately following the injury
 - Any seizures immediately following the injury
 - Number of previous concussions (if any)

3. Inform the athlete's parents or guardians about the possible concussion and give them the fact sheet on concussion. Make sure they know that the athlete should be seen by a health care professional experienced in evaluating for concussion.

4. Keep the athlete out of play the day of the injury and until a health care professional says it's OK. A repeat concussion that occurs before the brain recovers from the first can slow recovery or increase the likelihood of having long-term problems. Prevent common long-term problems and the rare second impact syndrome by delaying the athlete's return to the activity until the player receives appropriate medical evaluation and approval for return to play.

REFERENCES

1. Powell JW. Cervical concussion: causes, effects, and risks in sports. *Journal of Athletic Training* 2001; 36(3):307-311.
2. Lovell MR, Collins MW, Iverson GL, Johnston KM, Bradley JP. Grade 1 or "ding" concussions in high school athletes. *The American Journal of Sports Medicine* 2004; 32(11):97-94.
3. Institute of Medicine (US). Is soccer bad for children's heads? Summary of the IOM Workshop on Neuropsychological Consequences of Head Impact in Youth Soccer. Washington (DC): National Academies Press; 2002.
4. Centers for Disease Control and Prevention (CDC). Sports-related recurrent brain injuries—United States. *Morbidity and Mortality Weekly Report* 1997; 46(10):224-227. Available at: www.cdc.gov/mmwr/preview/mmwrhtml/00046702.htm.

If you think your athlete has sustained a concussion... take him/her out of play and seek the advice of a health care professional experienced in evaluating for concussion.

Obtain the information that you need. Additional resources are available at www.cdc.gov/concussion.



A Fact Sheet for COACHES

To download the coaches fact sheet in Spanish, please visit www.cdc.gov/concussion. Para descargar la hoja informativa para los entrenadores en español, por favor visite:

www.cdc.gov/Concussion

THE FACTS

- A concussion is a **brain injury**.
- All concussions are **serious**.
- Concussions can occur **without** loss of consciousness.
- Concussions can occur **in any sport**.
- Recognition and proper management of concussions when they **first occur** can help prevent further injury or even death.

WHAT IS A CONCUSSION?

A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost.

The potential for concussions is greatest in athletic environments where collisions are common.¹ Concussions can occur, however, in any organized or unorganized sport or recreational activity.

RECOGNIZING A POSSIBLE CONCUSSION

To help recognize a concussion, you should watch for the following two things among your athletes:

1. A forceful blow to the head or body that results in rapid movement of the head.

-and-

2. Any change in the athlete's behavior, thinking, or physical functioning. (See the signs and symptoms of concussion listed on the next page.)

It's better to miss one game than the whole season.





SIGNS AND SYMPTOMS

SIGNS OBSERVED BY COACHING STAFF

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets sports plays
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

SYMPTOMS REPORTED BY ATHLETE

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"

Adapted from Lewell et al. 2004.²

PREVENTION AND PREPARATION

As a coach, you can play a key role in preventing concussions and responding to them properly when they occur. Here are some steps you can take to ensure the best outcome for your athletes and the team:

Athletes who experience any of these signs or symptoms after a bump or blow to the head should be kept from play until given permission to return to play by a health care professional with experience in evaluating for concussion. Signs and symptoms of concussion can last from several minutes to days, weeks, months, or even longer in some cases.

- **Educate athletes and parents about concussion.** Talk with athletes and their parents about the dangers and potential long-term consequences of concussion. For more information on long-term effects of concussion, view the following online training at www.cdc.gov/Concussion.

Explain your concerns about concussion and your expectations of safe play to athletes, parents, and assistant coaches. Pass out the concussion fact sheets for athletes and for parents at the beginning of the season and again if a concussion occurs.

• Insist that safety comes first.

- > Teach athletes safe playing techniques and encourage them to follow the rules of play.
- > Encourage athletes to practice good sportsmanship at all times.

- > Make sure athletes wear the right protective equipment for their activity. Protective equipment should fit properly, be well maintained, and be worn consistently and correctly.

- > Review the athlete fact sheet with your team to help them recognize the signs and symptoms of a concussion.

Check with your youth sports league or administrator about concussion policies. Concussion policy statements can be developed to include the league's commitment to safety, a brief description of concussion, and information on when athletes can safely return to play following a concussion (i.e., an athlete with known or suspected concussion should be kept from play until evaluated and given permission to return by a health care professional). Parents and athletes should sign the

concussion policy statement at the beginning of the sports season.

• Teach athletes and parents that it's not smart to play with a concussion.

Sometimes players and parents wrongly believe that it shows strength and courage to play injured. Discourage others from pressuring injured athletes to play. Don't let athletes persuade you that they're "just fine" after they have sustained any bump or blow to the head. Ask if players have ever had a concussion.

• Prevent long-term problems.

A repeat concussion that occurs before the brain recovers from the first—usually within a short period of time (hours, days, or weeks)—can slow recovery or increase the likelihood of having long-term problems. In rare cases, repeat concussions can result in brain swelling, permanent brain damage, and even death. This more serious condition is called second impact syndrome.^{3,4} Keep athletes with known or suspected concussion from play until they have been evaluated and given permission to return to play by a health care professional with experience in evaluating for concussion. Remind your athletes: "It's better to miss one game than the whole season."

