



Come Join us and Play
Soccer.

Minnesota

Join Our Adaptive Soccer League with a Team for every Player.

We play in a League format with Teams from around the Metro Area.

Most games and Practices are on Sunday Night.

We Start the Season off in May and End in August with an all League Party.

For More Information Contact;

Jim Robson
Region II TOPSoccer Chair
MN TOPSoccer North Director
763-458-4708
R2topsoccerchair@hotmail.com

Geno Loida
MN TOPSoccer North Head of Coaching
612-817-9380
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Minnesota TOPSoccer
North Site Newsletter

Well even though we just got a small taste of winter its time to think about soccer. Once again this year we will be holding most of our practices at the Coon Rapids Soccer Complex*, unless noted on the sheet. Here is the Schedule as it is set (there may be a change). You will be handed an updated schedule at the first practice;

May 6	Practice	
May 13	Practice	
May 20	Practice	<u>Roseville Fields</u>
May 27	Practice	
June 3	Games	<u>Eagan Fields</u>
June 10	Practice	
June 17	Games	<u>Roseville Fields</u>
June 23	Golf Tournament Fundraiser	
June 24	Practice	<u>Roseville Fields</u>
July 1	NO PRACTICE FOR THE JULY 4 th HOLIDAY	
July 7	TOPSoccer Jamboree/Kohl's Cup, Northfield, MN	
July 15	Games	<u>Eagan Fields</u>
July 19	Thursday Night, TOPSoccer World Games, Blaine	
July 22	Practice	
July 29	Games	<u>Eagan Fields</u>
August 5	Practice / Game	<u>Roseville Fields</u>
August 12	Games / Year End Party	<u>Eagan Fields</u>

- *Coon Rapids Soccer Complex Main parking lot is located off of 111th. But we will be on the North side of the complex. It is easier to turn on 113th off of Hanson Blvd. then you can park right by the field we will be on.
- You will receive a finalized schedule at the first practice.
- New players will receive a new shirt. For returning players please use your shirt you received last year.
- Make Checks out for \$25.00 to MYSA (Minnesota Youth Soccer Association)
- Practice is from 6:00-8:00 pm, Games Start at 6:00 pm

See you soon,

Jim Robson 763-458-4708

Geno Loida 612-788-9380

EAG18	Lexington Diffley Athletic Field #5	4201 Lexington Avenue	Eagan	MN	55122
Directions - EAG18 Field Updated: 5/7/10	From the intersection of interstates 35W & 494. East on 494 to 35E. South on 35E to Diffley Rd. Left (east) on Diffley Rd. 2.3 miles to Lexington Avenue. Turn right on Lexington Avenue. The entrance to the fields is on the right side of the road.				
NSS11	Roseville Area Middle School W #4S	15 E Cty Rd. B2	Little Canada	MN	55113
Directions - NSS11 Field Updated: 5/29/07	From the intersection 694 & 35W. South on 35W to Hwy 36 (4 miles). East on Hwy 36 to Rice St (4 miles). North (left) on Rice St to Cty Rd B2 (0.4 miles). East (right) on Cty Rd B2 (0.25 miles) to school on north (left). Field is southwestern field. (8 v 8 field).				
CRA05	CR Soccer Complex 5N	1821 111th Ave. NW	Coon Rapids	MN	55433
Directions - CRA05 Field Updated:	From the South: Take MN 252 North to MN 610 East to East River Road exit turn Left onto East River Road. East River Road turns into Coon Rapids Blvd. Take Coon Rapids Blvd to Hanson Blvd turn Right onto Hanson Blvd. Take Hanson Blvd to 111th Ave NW turn Right onto 111th Ave. Complex will be on the Left side approx .4 miles. Field 5 is north of Field 2. OR Take US 10 Hwy West to Hanson Blvd turn left onto Hanson Blvd. Take Hanson Blvd to 111th Ave. NW turn left onto 111th. Complex will be on the left side approx. .4 miles. Field 5 is north of Field 2. From the North: Take US 10 Hwy East to Hanson Blvd turn right onto Hanson Blvd. Take Hanson Blvd to 111th Ave turn Left onto 111th. The Complex is on your Left side approx. .4 miles. Field 5 is north of Field 2.				

HEADS+UP

CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **PARENTS**

What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even a "ding" or a bump on the head can be serious.

What are the signs and symptoms?

You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or can take days or weeks to appear. If your teen reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

Signs Observed by Parents or Guardians	Symptoms Reported by Athlete
<ul style="list-style-type: none"> • Appears dazed or stunned • Is confused about assignment • Forgets plays • Is unsure of game, score, or opponent • Moves clumsily • Answers questions slowly • Loses consciousness • Shows behavior or personality changes • Can't recall events prior to hit • Can't recall events after hit 	<ul style="list-style-type: none"> • Headache • Nausea • Balance problems or dizziness • Double or fuzzy vision • Sensitivity to light or noise • Feeling sluggish • Feeling foggy or groggy • Concentration or memory problems • Confusion

What should you do if you think your teenage athlete has a concussion?

1. **Seek medical attention right away.** A health care professional will be able to decide how serious the concussion is and when it is safe for your teen to return to sports.
2. **Keep your teen out of play.** Concussions take time to heal. Don't let your teen return to play until a health care professional says it's OK. Athletes who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your teen for a lifetime.
3. **Tell all of your teen's coaches about any recent concussion.** Coaches should know if your teen had a recent concussion in ANY sport. Your teen's coaches may not know about a concussion your teen received in another sport or activity unless you tell them. Knowing about the concussion will allow the coach to keep your teen from activities that could result in another concussion.
4. **Remind your teen:** It's better to miss one game than the whole season.

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION



HEADS+UP

CONCUSSION IN HIGH SCHOOL SPORTS

A FACT SHEET FOR **ATHLETES**

What is a concussion?

A concussion is a brain injury that:

- Is caused by a bump, blow, or jolt to the head.
- Can change the way your brain normally works.
- Can range from mild to severe.
- Can occur during practices or games in any sport.
- Can happen even if you haven't been knocked out.
- Can be serious even if you've just been "dinged" or had your "bell rung."

How can I prevent a concussion?

It's different for every sport. But there are steps you can take to protect yourself from concussion.

- Follow your coach's rules for safety and the rules of the sport.
- Practice good sportsmanship at all times.
- Use the proper sports equipment, including personal protective equipment (such as helmets).
In order for equipment to protect you, it must be:
 - Appropriate for the game, position, and activity
 - Well maintained
 - Properly fitted
 - Used every time you play

How do I know if I've had a concussion?

You can't see a concussion, but you might notice some of the symptoms right away. Other symptoms can show up days or weeks after the injury. It's best to see a health care professional if you think you might have a concussion. An undiagnosed concussion can affect your ability to do schoolwork and other everyday activities. It also raises your risk for additional, serious injury.

What are the symptoms of a concussion?

- Nausea (feeling that you might vomit)
- Balance problems or dizziness
- Double or fuzzy vision
- Sensitivity to light or noise
- Headache
- Feeling sluggish
- Feeling foggy or groggy
- Concentration or memory problems (forgetting game plays)
- Confusion

What should I do if I think I have a concussion?

- **Tell your coaches and your parents.** Never ignore a bump, blow, or jolt to the head. Also, tell your coach if one of your teammates might have a concussion.
- **Get a medical check up.** A health care professional can tell you if you have had a concussion and when you are OK to return to play.
- **Give yourself time to recover.** If you have had a concussion, your brain needs time to heal. While your brain is still healing, you are much more likely to have a second concussion. Second or later concussions can cause permanent brain damage, and even death in rare cases. Severe brain injury can change your whole life.

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

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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TOPSOCCER REGISTRATION FORM 2012



Submit this completed form along with the appropriate fee to your MYSA TOPSoccer site coordinator prior to participation.

Player Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Date of Birth	
E-Mail Address	

Parental Support

We ask for active participation of all parents in our program. Indicate whether you are interested in finding out more about any of the following volunteer opportunities.

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Coach | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Asst. Coach | <input type="checkbox"/> Site Coordinator |
| <input type="checkbox"/> Team Mom | <input type="checkbox"/> Committee |
| <input type="checkbox"/> Referee | <input type="checkbox"/> Sponsor |

Shirt Size

Please indicate what size of shirt best fits you.

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Adult XXL | <input type="checkbox"/> Adult Small |
| <input type="checkbox"/> Adult XL | <input type="checkbox"/> Youth Large |
| <input type="checkbox"/> Adult Large | <input type="checkbox"/> Youth Medium |
| <input type="checkbox"/> Adult Medium | <input type="checkbox"/> Youth Small |

Health Information

(Check all those that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Mobility Impairment | <input type="checkbox"/> Fainting Spells | <input type="checkbox"/> Allergies |
| <input type="checkbox"/> Down Syndrome | <input type="checkbox"/> Non-Verbal, signs | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Atlanto-axial Instability | <input type="checkbox"/> Hepatitis | <input type="checkbox"/> List Others |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Bleeding Problems | <input type="checkbox"/> |
| <input type="checkbox"/> Heart Problems | <input type="checkbox"/> Asthma | <input type="checkbox"/> |
| <input type="checkbox"/> Seizure Disorder | <input type="checkbox"/> Emotional Problems | <input type="checkbox"/> |
| <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Low Blood Pressure | <input type="checkbox"/> |
| <input type="checkbox"/> Hearing Impaired | <input type="checkbox"/> Learning Disabilities | <input type="checkbox"/> |

Additional comments regarding athletes needs:

RETURN FORM TO: JIM ROBSON - 404 Lancaster Ln Champlin, MN 55316

QUESTION: (763) 458-4708 or MYSA Office-952-933-2384

PLEASE CHECK OUR WEBSITE FOR ADDITIONAL DETAILS <http://www.mnyouthsoccer.org>



TOPSOCCER REGISTRATION FORM 2012



Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

Participant & Parent/Guardian Agreement Acknowledgement of Risk

As the parent or legal guardian of a participant in UYSA-MYSA programs, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor or Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA and the MYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA and MYSA accepting the registrant for its soccer programs and activities(the "program"), I hereby release, discharge and/or otherwise indemnify the USYSA and MYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participations in the Program.

I wish to participate in youth soccer, and more particularly MYSA TOPSoccer Program. In connection with my participation, I acknowledge the risk of possible physical harm to me as a result of my participation is increased because of my disability which I sustained in the past, and for which I have received medical attention. While there is no immediate danger to me, I am told that due to my disability, strenuous collision type activities, such as soccer, could render me more susceptible to future problems than might be expected. I understand that if the participant has Down syndrome, a full radiological examination to establish the absence of Atlanto-axial Instability is needed.

I have considered participation in activities other than soccer and reviewed those considerations with my parents/guardian and physician. I have discussed this situation with my parents and we understand the potential danger of participating in soccer. Notwithstanding that my participation in youth soccer constitutes more risk to me than it does to other athletes; I nevertheless wish to participate in youth soccer. In making this decision, I am aware of the value of participating in TOPSoccer in my life, and choose to continue my participation in order to take advantage of those values. In weighing the risk of potential injury to myself both now and in the future, I wish to exonerate and save harmless MYSA TOPSoccer their agents, servants and employees, from any liability as a result of an injury or death relating to my disability and not to any injury that may occur in the future which is unrelated to my previous disability. I executed this agreement freely, fully intending to be bound by same.

Name (printed)	
Signature	
Date	

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