



Charles County Department of Recreation, Parks, and Tourism Pee Wee Soccer Guidelines

I. THE LEAGUE:

- A. **Mission:** To enhance the quality of life of our residents and visitors by providing well rounded recreational and competitive sports programs focusing on building a sense of community and improving the overall quality of life for current and future generations.
- B. **Philosophy:** Charles County Department of Recreation, Parks, and Tourism community-based recreational youth leagues are, first and foremost, intended to provide a positive social experience for young boys and girls with an emphasis placed on good sportsmanship, fun, and exercise. The youth soccer league was formed to provide a level playing field to refine skills and further the advancement of all players. The recreation division has adopted the standards of the National Youth Sports Coaches Association (NYSCA). These standards were developed for all volunteers to follow in developing and administering youth sports for youth.
- C. **Administration:** All leagues will operate under the jurisdiction of the Charles County Department of Recreation, Parks, and Tourism (all guidelines are subject to review and changes may be made at the discretion of the League Coordinator). Items not specifically listed in these guidelines will be decided upon by the League Coordinator, and any questions or discrepancies should be brought to the League Coordinators attention. The league coordinator for the indoor youth program is Rachel Halmon, Sports Coordinator. Ms. Halmon can be reached at 301-934-9305 ext.5149 or halmonr@CharlesCountyMD.Gov.

I. PROGRAM FORMAT:

- A. The program is designed for boys and girls ages 3 & 4 as of September 1 to participate in a non-competitive instructional Co-Ed soccer league.
- B. Teams will play a (5) five-game schedule (NO POST SEASON PLAY).
- C. All practices and games will be played on Saturdays.
- D. League standings will not be kept.
- E. The league will be county-wide.
- F. All league participants will receive a participation certificate.

I. SKILLS DEVELOPMENT: Emphasis will be placed on the development of basic soccer skills such as dribbling, passing, shooting techniques, teamwork, and **SPORTSMANSHIP**.

II. AGE: All Children must be ages 3 or 4 years old as of September 01.

III. EQUIPMENT: Games will be played with 6' Pugg goals and using a 2" junior size ball.

IV. ROSTERS: Each team will be limited to a maximum of 10 players. May allow one over at the

discretion of League Coordinator.

- V. UNIFORMS:** League jerseys and socks will be provided by the League Coordinator and will be worn during all games. Children will be required to wear proper athletic attire (i.e. jogging pants, shorts, t-shirts, sneakers, etc.) during practices and games. No alterations of the uniform jersey will be allowed. Shin guards and socks that cover the entire shin guard must be always worn. The Department of Recreation, Parks, and Tourism will not sanction or be held liable for the purchase of awards, uniforms, etc. by volunteer coaches.

VI. VOLUNTEER COACHES:

A. Prior to the season, all coaches (head coaches and assistant coaches) MUST:

1. Submit a coaching application with contact information.
2. Submit to a mandatory **Criminal Background Investigation**.
3. Pass a mandatory NYSCA Certification.
4. Sign and adhere to the Department of Recreation, Parks, and Tourism Coaches Code of Conduct. Abide by and adhere to the League Guidelines.

B. The coach will be the team representative and will be responsible for the following:

1. Be the liaison between the League Coordinator/Community Center staff and team members.
2. Attend all coaches/managers' meetings.
3. Wear issued coaches shirts. See Equipment Section.
4. The conduct of team players, assistant coach, players' parents and team spectators.
5. Head coach is only allowed one (1) assistant coach per team.
6. Inform and distribute to team members and parents all information pertaining to the league (rules, regulations, schedule, make-up dates, parents and players' code of conduct, etc.).
7. Coaches are responsible for ensuring that roster information including assistant coach's name and current phone number is always correct.
8. Reinforce the recreation philosophy to all players.
9. Keep team bench and surrounding area free of trash.
10. Drugs should never be administered to players, other coaches or spectators. Any coach or player in violation of this rule will be suspended from coaching and/or participation in DRPT recreation-sponsored programs.
11. Adhere to the Charles County Public School no smoking policy while on school grounds (including E-Cigarettes).
12. Not allow food or drinks or personal soccer balls to be permitted in the gymnasium.

VII. SPORTSMANSHIP:

A. All players, coaches and spectators will be required to maintain good sportsmanship, always.

B. Charles County DRPT is implementing "Silent 1st Quarter" to encourage positive cheering. During this time, spectators will be asked to remain silent and to only clap and cheer positively during this quarter.

At the conclusion of each game, **one participant** on each team will receive the Good S.P.O.R.T.S Sportsmanship Award. This award recognizes participants who best follow the Good S.P.O.R.T.S. motto by exemplifying the spirit of the game through their positive attitude, demeanor, and treatment of fellow

competitors, teammates, coaches, and officials and being Good S.P.O.R.T.S!

Good S.P.O.R.T.S stands for:

Sportsmanship
Positive Attitude
Obey the Rules
Respect
Team Work
Strive for Success

The award will only be granted to a player if that one player meets the above criteria. The award can be determined by the opposing coach.

VIII. EJECTIONS AND SUSPENSIONS:

- A. Consequences for suspensions/ejections will be decided by the Recreation, Parks, and Tourism office based upon a 3 Tier system. Any player, parent, coach, or spectator who is suspended may not attend any game or practice sites until their suspension has been fulfilled. If games are postponed or rescheduled, suspensions are indefinite until games are played.

1.Tier One: Minimum 1 Match Suspension

a) A Tier One offense may be issued to any player, parent, coach, or spectator who:

- Is ejected from a match, asked to leave a match or practice site, or is reported to be involved in any form of harassment, obscene gestures or language, or any other unsportsmanlike behavior by an official or Department of Recreation, Parks, and Tourism staff member. The result of these actions will result in a minimum 1-match suspension, effective immediately, starting with your team's next scheduled match.
- After review of the incident by the League Director, additional matches may be added to the suspension.
- Any further ejections may result in suspension from the league.

2. Tier Two: Suspension for remainder of season

Players may be suspended from the league and all Department of Recreation, Parks, and Tourism programs for the remainder of the season.

A tier two offense may be issued, at the discretion of the League Director to any player, coach, or spectator based on the following criteria, which includes but is not limited to:

- a. Committing multiple tier one offenses within the same season.
- b. Strike, shove, bump, trip, or threaten an official, player, coach, spectator, Recreation, Parks, and Tourism staff member or league official during or after a game, on Charles County Community Center, Public School, or Park property.

3. Tier Three: 2 Year Suspension

- i. Anyone involved in a tier 3 offense may be suspended from the league and all Department of Recreation, Parks, and Tourism programs for a minimum of two years.

- ii. A tier three offense may be issued, with discretion from the League Director to any player, parent, coach, or spectator based on the following criteria, which includes but is not limited to:

1. Committing multiple tier one or tier two offenses with a year of previous offenses.
2. Is involved in a severe incident that displays excessive or relentless disobedience of our mission, including but not limited to; harassment, fighting, or conduct with intent to harm an official, player, coach, spectator, Recreation, Parks, and Tourism staff member or league official during or after a game, on Charles County Community Center, Public School, or Park Property.

IX. GAME RULES:

- A. One coach will be allowed to enter the soccer field solely for the purpose of assisting with skills development of children.
- B. Assistant Coaches are highly recommended.
- C. All pee wee soccer games will be played with eight (8), three (3) minute running eighths. (24 total min.)
- D. **MANDATORY PLAY RULE:** All children available during games will be allowed/required to play (except injuries). Players will play an entire three (3) minutes for 3-4 year old division from start of clock to the end of that three minute segment of the quarter. Substitutions will be allowed only for injuries.
 1. At the three (3) minute mark in each quarter, the clock will stop. Coaches will substitute the remaining players into the game at this time. (THIS WILL OCCUR AT THE HALFWAY MARK DURING EACH QUARTER.) Violation of this "bench clearing" substitution at the halfway mark must not occur.
 2. The clock will only stop during substitutions.
 3. There will be no offsides.
 4. Goalies will not be used.
 5. A semi-circle will be marked around the goal that will designate the area in which players cannot cross into.
 6. If an offensive player enters the circle, the play will be blown dead, and a free kick will be rewarded to the opposing team. If a defensive player enters the circle to stop a shot from entering the goal, a goal will be rewarded, and play will begin with a free kick from the center circle. If a ball stops inside the circle without entering the goal the ball will be put back into play with a goal kick or corner kick.
 7. Any player playing too aggressive or hitting, pushing, or kicking other players should be pulled for a "breather" by the coach and/or parent.
 8. A player putting the ball into play cannot touch the ball again until it has been touched or played by another player. A re-kick will be awarded.
 9. Opposing teams may share players if a team does not have enough players or need additional substitutions.
 10. **Any player who exhibits signs, symptoms or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the game and shall not return to play until cleared by an appropriate health care professional. This is at the discretion of Recreation, Parks, & Tourism Staff and Game Officials.**

X. CANCELLATION PROCEDURES

- A. All coaches will be notified of any practice/game cancellations via email.
- B. Coaches are required to notify their team of any cancellations.

CONCUSSION FACT SHEET

Any player who exhibits signs, symptoms or behaviors consistent with a concussion (such as loss of consciousness, headache, dizziness, confusion, or balance problems) shall be immediately removed from the game and shall not return to play until cleared by an appropriate health care professional. This is at the discretion of Recreation, Parks, & Tourism Staff and Game Officials.

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, even if they do not directly hit their head.

The potential for concussions is the greatest in athletic environments where collisions are common. Concussions can occur, however, in any organized or unorganized sport or recreational activity. As many as 3.8 million sports and recreation-related concussions occur in the United States each year.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

Signs Observed by Parents or Guardians

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Cannot recall events prior to hit or fall
- Cannot 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”

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

Every sport is different, but there are steps your children can take to protect themselves from concussion

- Ensure that they follow their coach’s rules for safety and the rules of the sport
- Encourage them to practice good sportsmanship at all times
- Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly, be well maintained, and be worn consistently and correctly
- Learn the signs and symptoms of concussion.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

- **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 child to return to sports
- **Keep your child out of play**
 - Concussions take time to heal. Don’t let your child return to play until a health care professional says it’s ok. Children 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 child for a lifetime.
- **Tell your child’s coach about any recent concussion**
 - Coaches should know if your child had a recent concussion in ANY sport. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

Remember, you can’t always see a concussion and some athletes may not experience and/or report symptoms until hours or days after the injury. It’s better to miss one game than the whole season.

For more detailed information on concussion and traumatic brain injury, visit: <http://www.cdc.gov/injury>

Sudden Cardiac Arrest (SCA)

Information for Parents and Student Athletes

Definition: Sudden Cardiac Arrest (SCA) is a potentially fatal condition in which the heart suddenly and unexpectedly stops beating. When this happens, blood stops flowing to the brain and other vital organs. SCA in student athletes is rare; the chance of SCA occurring to any individual student athlete is about one in 100,000. However, student athletes’ risk of SCA is nearly four times that of non-athletes due to the increased demands on the heart during exercise.

Causes: SCA is caused by several structural and electrical diseases of the heart. These conditions predispose an individual to have an abnormal rhythm that can be fatal if not treated within a few minutes. Most conditions responsible for SCA in children are inherited, which means the tendency to have these conditions is passed from parents to children through the genes. Other possible causes of SCA are a sudden blunt non-penetrating blow

to the chest and the use of recreational or performance-enhancing drugs and/or energy drinks.

Warning Signs of SCA

- ☐ SCA strikes immediately.
- ☐ SCA should be suspected in any athlete who has collapsed and is unresponsive.
 - o No response to tapping on shoulders
 - o Does nothing when asked if he/she is OK
- ☐ No pulse

Emergency Response to SCA

- ☐ Act immediately; time is most critical to increase survival rates.
- ☐ Recognize SCA.
- ☐ Call 911 immediately and activate EMS.
- ☐ Administer CPR.
- ☐ Use Automatic External Defibrillator (AED).

Warning signs of potential heart issues: The following need to be further evaluated by your primary care provider.

- ☐ Family history of heart disease/cardiac arrest
- ☐ Fainting, a seizure, or convulsions during physical activity
- ☐ Fainting or a seizure from emotional excitement, emotional distress, or being startled
- ☐ Dizziness or lightheadedness, especially during exertion
- ☐ Exercise-induced chest pain
- ☐ Palpitations: awareness of the heart beating, especially if associated with other symptoms such as dizziness
- ☐ Extreme tiredness or shortness of breath associated with exercise
- ☐ History of high blood pressure

Risk of Inaction: Ignoring such symptoms and continuing to play could be catastrophic and result in sudden cardiac death. Taking these warning symptoms seriously and seeking timely appropriate medical care can prevent serious and possibly fatal consequences.

Information used in this document was obtained from the American Heart Association (www.heart.org), Parent Heart Watch

(www.paretnheartwatch.org), and the Sudden Cardiac Arrest Foundation (www.sca-aware.org). Visit these sites for more information.

Frequently Asked Questions about Sudden Cardiac Arrest (SCA)

What are the most common causes of Sudden Cardiac Arrest (SCA) in a student athlete?

SCA is caused by several **structural** and **electrical** diseases of the heart. These conditions predispose an individual to have an abnormal rhythm that can be fatal if not treated within a few minutes. Most conditions responsible for SCA in children are **inherited**, which means the tendency to have these conditions is passed from parents to children through the genes. Some of these conditions are listed below.

1. *Hypertrophic cardiomyopathy (HCM)*: HCM involves an abnormal thickening of the heart muscle and it is the most common cause of SCA in an athlete.
2. Coronary artery anomalies: The second most common cause is congenital (present at birth) abnormalities of coronary arteries, the blood vessels that supply blood to the heart.
3. Other possible causes of SCA are:
 - a. *Myocarditis*: an acute inflammation of the heart muscle (usually due to a virus).
 - b. Disorders of heart electrical activity such as:
 - i. *Long QT syndrome*.
 - ii. *Wolff-Parkinson-White (WPW) syndrome*.
 - iii. *Catecholaminergic Polymorphic Ventricular Tachycardia (CPVT)*.
 - c. *Marfan syndrome*: a condition that affects heart valves, walls of major arteries, eyes, and the

skeleton.

d. Congenital aortic valve abnormalities.

4. *Commotio Cordis*: concussion of the heart from **sudden blunt non-penetrating blow** to the chest

5. Use of recreational, **performance-enhancing** drugs, and **energy drinks** can also bring on SCA.

How can we minimize the risk of SCA and improve outcomes?

The risk of SCA in student athletes can be minimized by providing appropriate prevention, recognition, and treatment strategies. One important strategy is the requirement for a yearly pre-participation screening evaluation, often called a sports physical, performed by the athlete's medical provider.

1. It is very important that you **carefully and accurately complete the personal history and family history section** of the "Pre-Participation Physical Evaluation Form" available at

<http://www.mpssaa.org/HealthandSafety/Forms.asp>.

2. Since the majority of these conditions are inherited, **be aware of your family history**, especially if any close family member:

a. had sudden unexplained and unexpected death before the age of 50.

b. was diagnosed with any of the heart conditions listed above.

c. died suddenly /unexpectedly during physical activity, during a seizure, from Sudden Infant Death Syndrome (SIDS) or from drowning.

3. **Take seriously the warning signs and symptoms of SCA.** Athletes should notify their parents, coaches, or school nurses if they experience any of these warning signs or symptoms.

4. Schools in Maryland have AED policies and emergency preparedness plans to address SCA and other emergencies in schools. Be aware of your school's various preventive measures.

5. If a cardiovascular disorder is suspected or diagnosed based on the comprehensive pre-participation screening evaluation, a referral to a child heart specialist or pediatric cardiologist is crucial. Such athletes will be excluded from sports pending further evaluation and clearance by their medical providers.