



Brunswick Youth Soccer League Brunswick Parks & Recreation Department

The Brunswick Parks & Recreation Department will be offering a unique version of the *Brunswick Youth Soccer League* (BYSL), this fall. This

program is designed for youth in grades K – 8 that reside in Brunswick while taking a staged approach to the season while taking COVID 19 mitigation efforts.

REGISTRATION

- 🌀 Registrations are being accepted now at the Brunswick Recreation Center, 220 Neptune Drive, Monday through Friday 8am-4:30pm, via mail or you can register online!

- 🌀 **\$30.00** for registration of all Brunswick Residents

- 🌀 \$5.00 sibling discount for each additional child registered within same family*

**Note:* sibling discounts may only be given in our office at 220 Neptune Drive.

If you register online, you will be charged the full price and we **cannot** refund the discount portion of the fee paid online.

Phased Approach

PHASE 1- First 2 weeks are Skills and Drills Practices

PHASE 2- Scrimmages between cohort groups assigned together

PHASE 3- If phase 2 goes well and local conditions allow we will play other teams/cohorts or stay at phase 2.

Please note if school goes fully remote instruction or conditions regarding COVID-19 require the program can be cancelled at any time.

Registration Limit

This year due to the COVID-19 Pandemic we have confirmed coaches in each league in advance and have a set number of roster spots for those coaches, so unlike past years spots are limited. (Please go on the waitlist if filled, we will

“work” to find additional volunteer coaches, but cannot guarantee placement.) See below for enrollment limits.

- 🌀 BYSL registration is based on *Grade as of Fall 2020* -

Div. K/1 Grades K & 1 (40 Spots)

Div. 2-3 Grades 2 & 3 (60 Spots)

Div. 4-5 Grades 4 & 5 (44 Spots)

Div. 6-8 Grades 6-8 (44 Spots)

- 🌀 The groups will be put together the best way possible to get thru the first 2 phases, may be coed, maybe by grade or a combination of those. The goal for this year is to get kids outside and playing soccer.

- 🌀 **It is also nearly impossible for us to accommodate specific placement requests other than those from siblings.**

- 🌀 **BYSL** requires that each child be equipped with shin pads, socks that cover the full shin pad and a **soccer ball**. Please let us know if you need help getting any of these items.

- 🌀 The groups will be put together the best way possible to get thru the first 2 phases, may be coed, maybe by grade or a combination of those. The goal for this year is to get kids outside and playing soccer.

- 🌀 **BYSL** requires that each child be equipped with shin pads, socks that cover the full shin pad and a **soccer ball**. Please let us know if you need help getting any of these items.

SCHEDULE

Team/Coach Placement: You will be notified by September 18th, 2020

First Practices: Start week of September 21st (no night practices for K/1 Division)

Game Times: Saturdays, between 8:00 a.m. & 2:00 p.m.

Schedules: *Practices for 2nd-8th grade will depend on volunteer coaches' availability.*

Locations: Lishness Field, Harriet Beecher Stowe School, Shulman & Edwards Fields (you will be notified)

COVID-19 Mitigation/Face Covering Expectation

- 🌀 All Players & Coaches should not attend or participate in any event if feeling sick, self-health screen same as school.

- 🌀 **All Players & Coaches must wear face coverings when entering & leaving field.**

- 🌀 **Players are not required to wear face coverings when playing, but will be expected to wear masks when not playing. Hand sanitize coming off field/ Additional parental volunteers are needed to assist coaches on this effort!**

- 🌀 **Coaches should wear face coverings at all times, unless 15feet or greater distance from athletes at practice allows.**

- 🌀 **ALL fans are expected to wear face coverings and social distancing around the field. We are limited to 100 people (players, coaches, officials, fans) so please limit attendance to immediate family.**

- 🌀 **Game modifications,- no throw ins, slide tackles, whistles for extended grouping and others may be added.**

- 🌀 A “Sports Done Right” program

BYSL Fall 2020

Brunswick Residents Only:

Fee: \$30 *\$5 sibling discount for *additional children, same family* (Discount **not available** online)

We cannot refund the sibling discount portion of the fee paid online.

Please Print

Please make checks payable to "Town of Brunswick"

For Office Use	
Date	_____
Amt\$	_____
Computer <input type="checkbox"/>	
Div K - Gr. K	221101
Div 1 - Gr.1	221102
Div 2-3B - Gr.2/3	221103
Div 2-3G - Gr.2/3	221104
Div 4-5B - Gr.4/5	221105
Div 4-5G - Gr.4/5	221106
Div 6-8C - Gr.6/7/8	221107

Name _____ Date of Birth _____ Age _____
 Street Address _____ Town _____
 School _____ Grade, Fall 2020 _____ Teacher _____ Athlete- Female Male

Parent/Guardian #1 _____ Email _____

Parent/Guardian #1 Home Phone _____ Parent/Guardian #1 Work Phone _____ Parent/Guardian #1 Cell _____

Parent/Guardian #2 _____ Email _____

Parent/Guardian #2 Home Phone _____ Parent/Guardian #2 Work Phone _____ Parent/Guardian #2 Cell _____

Emergency Contact, other than parent/guardian _____ Relationship _____

Day Phone _____ Cell Phone _____

*ALLERGIES/PHYSICAL or EMOTIONAL LIMITATIONS _____

Off-season soccer experience: did your child participate in camps or other soccer programs since last season?

Please List: _____

Most coaches like to communicate by email, please let us know what your email address is:

Email: _____

As a parent/ guardian, I give my child permission to participate in the Brunswick Parks and Recreation Department Brunswick Youth Soccer League (BYSL) program. I understand that photographs taken of Parks and Recreation Programs may be used by the Parks and Recreation Department for promoting programs, classes or events to include brochures, posters or web page postings.

Signature of Parent/Guardian _____

Names of Parents/Guardians _____ PLEASE PRINT)

VOLUNTEERS NEEDED

BYSL is an all volunteer organization; we need your help! It takes many people to provide this program to you and your child. Please consider helping us in some way or another. If you have an interest in coaching or assistant coaching during the upcoming BYSL season, then we would like to hear from you. BYSL provides professional training, including: hands on clinics, NYSCA training, handbooks, and advice from experienced coaches. Most coaching tools you already have and use every day as a parent: a desire to have fun with your child and other children, a desire to teach your child and other children, a desire for your child and other children to make new friends and be part of a team.

Please let us know if you are willing to help in the following areas. Check the appropriate box if you can help:

- Coach
- Assistant Coach
- Help with Face coverings & hand sanitizer

Name: _____ Phone: _____ Email: _____

What division are you willing to help? _____ Boys Girls

Child's name you wish to coach: _____

Please return with fee to the Recreation Center 220 Neptune Drive, As soon as possible. Office hours Mon.-Fri., 8:00 a.m. to 4:30 p.m .

<p>The Parks and Recreation Department encourages individuals with disabilities to register for this program. Should you desire further information, contact the Recreation Department at 725-6656. To view our refund policy, see our current program offerings or register online, visit us online at www.brunswickme.org/parks-recreation</p>

**TOWN OF BRUNSWICK
PARKS & RECREATION 2020-21 SCHOOL YEAR YOUTH PROGRAMS
TEMPERATURE SCREENING PROCEDURES
DURING COVID-19 PANDEMIC**

The following procedures have been adopted by the Town of Brunswick to ensure the safety of children participating in a Parks & Recreation 2020-21 School Year youth program during the COVID-19 pandemic. These procedures are in effect through June 30, 2021.

1. All children wishing to participate in a Parks & Recreation 2020-2021 youth program may be required to undergo a daily health screening before admittance.
2. Parents/guardians must sign an authorization/waiver allowing health screenings. The authorization will specify that it is good for the entire school year, but permission is revocable by the parent at any time. See Attachment 1, Authorization/Waiver.
3. Parents/guardians may be required to provide a telephone number where the parent/guardian can be reached that day.
4. The health screening if preformed for this program area may be outside of the building/field or in the foyer or an area where a youth program will be held, such that it is separate from children who have already passed the screening.
 - a. The location will be in a vehicle curbside or can/will be partitioned off so that others need not walk within six feet of the screening area.
 - b. People waiting to have screenings must be spread out to maintain six-foot separation. Adults driving children to camp must stay in their vehicle. Children walking to camp must maintain six feet distance until it is their turn for the morning health screening.
 - c. A physical barrier such as a clear partition or face shield will be placed between staff and the arriving children and parents.
5. If screening is performed a Town of Brunswick employee trained in using the equipment will conduct the screenings.
 - a. The Tester shall be screened daily before administering any screenings of youth program participants.
 - b. The Tester shall wash hands or use sanitizer before donning protective equipment.
 - c. The Tester shall avoid physical contact if possible.

6. Health screenings that we take temperatures will be conducted using a no-contact infrared thermometer unit. If the infrared thermometer is not working, an alternative thermometer such as oral or contact forehead thermometer may be used.
 - a. If a no-contact thermometer unit is used, the tester shall wear gloves and ensure that the tester's face remains behind a face shield at all times. The tester may also wear a smock. Gloves shall be changed if they physically touch the child during the health screening.
 - b. If a forehead thermometer unit is used, the tester shall wear a facemask and gloves while taking readings.
 - c. The tester shall follow any manufacturer's directions specific to the thermometer unit.
 - d. The Tester shall ensure that children being screened are calm and have not recently been engaged in activity that would artificially impact the reading, such as prolonged standing in the sun, running around, or wearing heavy clothing. Note that using facial cleaning products before a reading may artificially reduce temperature. If necessary, the Tester should have a child sit quietly in the shade until the child is calm and breathing at a normal rate.
 - e. The Tester may ask the parent/guardian:
 - i. if the child has had a persistent cough, shortness of breath, or has had a fever in the past 24 hours;
 - ii. if any other person residing in the household has had a persistent cough, shortness of breath, or has had a fever in the past 24 hours;
 - iii. if the child has had any medication to reduce fever in the past six (6) hours;
 - iv. if the child has been in close proximity with anyone suspected of having or confirmed as having COVID-19 in the past fourteen (14) days.

Please note questions may be adjusted based on CDC recommendations

- f. The Tester shall make a visual inspection of the child for signs of illness (flushed cheeks/rapid or difficulty breathing when the child is calm, fatigue, extreme fussiness).
- g. Readings shall be taken on an unobstructed area of the child's forehead. The test area must be clean and dry.
- h. The unit should be held perpendicular to the forehead. Check the unit for the required distance between the subject and the unit.

7. Reading temperatures:
 - a. A reading of 100.4°F or below is considered normal and constitutes a passing reading and the child may be admitted to the youth program.
 - b. If a reading is above 100.4°F, the parent/guardian shall be notified of the failing reading and neither the child, parent, nor any sibling may enter that youth program that day.
 - c. If the parent/guardian indicates that the child has had a fever (a reading over 100.4 ° F) within the past 24-hours, neither the child, parent, nor may any sibling enter the youth program that day.
 - d. If the parent/guardian denies symptoms but the child appears ill (flushed cheeks/rapid or difficulty breathing when the child is calm, fatigue, extreme fussiness), the child may not be admitted that day but siblings that pass the health screening may be admitted to the youth program.
8. If a child passes the health screening but later seems ill during the program, the child shall be isolated from the other children and rescreened.
 - a. If the child does not pass the temperature screening, the parent/guardian shall be required to pick up the child. Also, the parents/guardians of the children in the group that that child is a part of will be called and have pick up their children for the day.
 - b. If the child passes the temperature screening, whether to require the parent to pick up the child will be in the Director's discretion and the decision will be made on a case by case basis.

If a child does not pass a health screening because of fever, whether initial or one done later in the day in response to the child not feeling well, the child and any siblings will not be allowed to return to a youth program until the child showing symptoms has subsided and for at least 72 hours.

Attachment 1
Town of Brunswick
Parks & Recreation 2020-21 School Year Youth program
COVID-19 Authorization/Waiver

I, _____ (print name of parent/guardian), the parent or legal guardian of the participating child indicated below (the "Child") hereby state that I understand and agree to the following:

1. The Child's participation in a 2020-2021 School year youth program includes the risk of exposure to communicable diseases, including but not limited to COVID-19. COVID-19 IS EXTREMELY CONTAGIOUS AND SPREADS THROUGH DIRECT PERSON-TO-PERSON CONTACT. FEDERAL AND STATE AUTHORITES RECOMMEND SOCIAL DISTANCING AS A MEANS TO PREVENT THE SPREAD OF COVID-19, WHICH MAY NOT ALWAYS BE POSSIBLE DURING PARTICIPATION IN THE ACTIVITIES. IF CONTRACTED, COVID-19 CAN LEAD TO SEVERE ILLNESS, PERSONAL INJURY, PERMANENT DISABILITY, AND DEATH. PARTICIPATING IN THE ACTIVITIES COULD INCREASE MY AND THE MINOR'S RISK OF CONTRACTING COVID-19. THE TOWN OF BRUNSWICK IN NO WAY WARRANTS THAT COVID-19 INFECTION WILL NOT OCCUR THROUGH PARTICIPATION IN THE ACTIVITIES.
2. As a condition to being permitted to participate in the Program, I hereby grant permission to the Town of Brunswick to perform a health screening, including taking the temperature of the Child, for the purpose of screening the Child for illness, including but not limited to COVID-19. This permission allows screening on a daily basis (when program in session) and extends to retesting the Child later in the program when I am may not be present in the event that Child appears ill. I understand that readings and health screening answers will be recorded. I specifically agree to the Temperature Screening Procedures provided to me by the Brunswick Recreation Department.
3. I give my consent for the Brunswick Recreation Department Director or Deputy Director to act in my place in all respects should the need arise during the course of the program. This shall include but not be limited to obtaining medical care.
4. I understand that while the Town of Brunswick is endeavoring to prevent exposure of participants to people who are infected with COVID-19 through health screenings and other preventative measures, I acknowledge that such screenings may not be 100% effective. I am aware of these hazards and I, for myself and my Child, voluntarily assume the risks associated with participation. Further, I hereby waive and release, for myself and my Child all rights and claims against the Town of Brunswick, its officers, employees, agents, volunteers and supervisors from all losses, injury, illness, damages, fees and other expenses arising out of, or in connection with participation in the Program.
5. This Authorization is valid through June 30, 2021. I understand that if I revoke this Authorization or any part thereof, the Child will no longer be able to participate in the Program.

Date

Parent/guardian signature

Printed name of participating Child