



Soccer Rulebook 2014

Table of Contents

League Organization	3
Teams	3
Equipment and Uniforms	3
Length of Games	4
Substitutions	4
Officials	4
Coaching	4
Boundaries	5
Soccer Committee	5
Beat the Heat- Presented by Baptist Health	6
Eating for Exercise - Presented by Baptist Health	8
Keep the Beat, Protect Kids' Hearts- Presented by Baptist Health	11
Concussions Hit Younger Athletes Harder- Presented by Baptist Health	13

Any rules that are not stated in this rulebook will be governed by the "FIFA – Laws of the Game". These rules can be found at the following URL:
<http://www.doitnowproductionz.com/Coach%27s%20Goals.htm>

LEAGUE ORGANIZATION

There will be the following divisions within the City of Sunrise Soccer Program:

- Instructional (4 yrs old by 7/31/14)
- 8 & Under Boys and Girls
- 10 & Under Boys and Girls
- 12 & Under Boys and Girls
- 14 & Under Co-ed
- 17 & Under Co-ed

TEAMS

- Instructional: Start with max 7/min 5 & forfeit at 4 or less
- 8 & Under Boys/Girls: Start with max 7/min 5 & forfeit at 4 or less
- 10 & Under Boys / Girls: Start with max 9/min 6 & forfeit at 5 or less
- 12 & Under Boys /Girls: Start with max 11/min 7 and forfeit at 6 or less
- 14 & Under Coed: Start with max 11/min 7 and forfeit at 6 or less
- 17 & Under Coed: Start with max 11/min 7 and forfeit at 6 or less

EQUIPMENT AND UNIFORMS

Game ball size for each division shall be as follows:

- Size #3 Ball - Under 8 boys and girls and Instructional
- Size #4 Ball - 12 & Under boys and girls and 10 & Under boys and girls
- Size #5 Ball - 17 & Under coed and 14 & Under coed

City-Issued Balls - Each team will be issued game balls, which shall be used for games and practices. It is recommended players bring the appropriate size ball to practice.

Players must wear the jerseys supplied by the Leisure Services Department. All teams shall have jerseys with numbers. In cases of cold weather, long sleeved shirts and long pants may be worn underneath the official uniform. Jerseys must have sleeves. Velcro straps to keep the sleeve rolled up are prohibited. Jerseys must be tucked into shorts at ALL times.

Players must wear molded cleats or tie shoes (sneakers). Shoes with metal spikes, or squared off molded cleats are prohibited.

All players participating in the game and during practice must wear soccer shin guards. Shin guards are worn beneath player's game socks.

NOTE – Shin guards must cover approximately 80% of the player's shin. "Mini" shin guards are illegal. The size of the shin guard is at the discretion of the referee and he/she has the ability to disallow any inappropriate equipment.

Jewelry (rings, watches, necklaces, ankle bracelets, earrings, rubber bands, hair beads etc.) is prohibited. Placing tape or band-aids over jewelry is prohibited. It is recommended that players who wear eyeglasses also wear protective goggles. Prescription eyeglasses must be secured.

Both socks must be the same color.

No hard casts may be worn in games or practices. Soft casts must be approved by the referee prior to the game.

LENGTH OF GAMES

Instructional - Four ten minute quarters, one 5-minute halftime rest period

8 & Under Boys & Girls - Four ten minute quarters, one 5-minute halftime rest period

10 & Under Boys & Girls - Four twelve minute quarters, one 5-minute halftime rest period

12 & Under Boys/Girls - Four twelve minute quarters, one 5-minute halftime rest period

14 & Under Coed - Four fifteen minute quarters, one 5-minute halftime rest period

17 & Under Coed - Four fifteen minute quarters, one 5-minute halftime rest period

SUBSTITUTIONS

All participants must play at least one entire quarter in each half. There are no substitutions during the quarter, except for injuries. If a player is injured, the opposing coach will select which player will enter the game.

A player who arrives after the start of the first quarter but before beginning of second quarter must play the second quarter and at least one quarter in the second half.

A player who arrives after the start of the second quarter but before beginning of third quarter must play at least one quarter in the second half.

A player who arrives after the beginning of the third quarter but before beginning of the fourth quarter must play in the fourth quarter.

Failure to comply with this rule may result in forfeiture of the game and and/or suspension of the coach for one game.

Referee will call for the first and third quarter to conclude as close as possible to the required time as not to stop a potentially goal scoring opportunity.

NOTE: Late arriving players may play if team is shorthanded and may be immediately inserted in the game with stoppage of play when referee and coach are notified.

OFFICIALS

Head Referee shall be the ONLY official timekeeper.

NOTE: The Referee may allow play to continue until the ball is out of play, if in his/her opinion, a player is only slightly injured. The Referee also has the discretion to allow play to continue if there is an advantage for the attacking team, and apply disciplinary actions for cautionable offenses when the next ball goes out of play.

COACHING

Only One (1) Head Coach and one (1) Assistant Coach may occupy the field and the sidelines where the team resides. All other spectators/assistant coaches must sit on the opposite side of the field and may only participate during practices.

There is no coaching allowed from the sidelines opposite of where the team resides. The referee has the discretion to stop any coaching being done by anybody besides the One (1) Head Coach and One (1) Assistant Coach designated.

BOUNDARIES

The designated Head Coach and Assistant Coach must stay behind the designated line if painted. If not painted, they must remain at least 3 feet away from the playing field, as to not interfere with the run of play or the sightlines of the referees.

All other spectators must stay behind the designated spectator line if painted on the spectator side. If not painted, they must remain at least 3 feet away from playing field.

No parents, coaches, players, spectators, etc. are allowed behind the goal line or behind the net.

Air horns are not allowed at games/practices.

SOCCKER COMMITTEE

Tabby Suarez 954-401-8884

Luis Parra 954-380-1535

Mark Pan 954-805-9924



Beat the Heat: Safe Strategies for Back-to-School Sports Training

Heat illness during practice or competition is a leading cause of death and disability among U.S. high school athletes, according to the [Centers for Disease Control & Prevention](#). But heat illness is entirely preventable, says Michael Swartzon, M.D., a primary care physician at Doctors Hospital's Center for Orthopedics & Sports Medicine. With proper training, practice scheduling, water intake, rest periods and emergency treatment available on the sidelines, most young athletes can safely participate in outdoor sports in warm weather.

"It's important to identify athletes with the sickle cell trait and those taking certain supplements or medications, such as ADHD medications, because these factors can make them more susceptible to heat illness," Dr. Swartzon explained.

After athletes are cleared for training, gradually increasing practice frequency, duration and intensity minimizes exertional heat-illness risk, experts say. The National Athletic Trainers Association (NATA) has issued guidelines on how to acclimatize athletes to hot-weather activity over a 14-day period. Among the recommendations: No more than one practice per day for the first five days; no equipment beyond a helmet the first two days; and no more than a helmet and shoulder pads on days three through five.

The AAP and NATA advise school sports programs to follow prevention strategies to guard against heat-related illness.

Additional prevention strategies from the AAP and NATA include:

- Have athletic trainers on-site to recognize and treat possible injuries and heat illness.
- Keep athletes well hydrated before, during and after exercise. Coaches should allow free access to water and sports drinks.
- Evaluate athletes individually for play in hot weather. Kids who are more vulnerable, including those who are overweight or have diabetes, should be closely monitored.
- Sit out kids who show signs of illness, such as fever, diarrhea or extreme fatigue, or who were recently ill. These symptoms can decrease the body's exercise-heat tolerance.
- Intersperse rest periods during practices to lower body temperature and allow ample time to hydrate. Athletes should rest two to three hours between same-day practices or games in hot weather.
- Advise athletes to wear lightweight, light-colored, loose-fitting clothing. The best choice is moisture-wicking, quick-drying gear that doesn't absorb sweat.

- Ensure all coaches, trainers and athletes know the signs of heat stress, which include dizziness, confusion, muscle cramps, headache, nausea, weakness, excessive thirst, cool and clammy skin. Athletes should be encouraged to report if a teammate appears to be struggling.
- Have an emergency action plan. When the risk of heat illness is high, NATA advises trainers to have an immersion tub filled with ice and water ready to cool potential victims.

According to NATA, the treatment rule is: Cool first and transport to the emergency room second. If an immersion tub is not available, trainers should lie the athlete down in a cool, shady area while waiting for emergency personnel to arrive. Tight clothing or safety gear should be removed and ice packs or water applied to promote cooling.

Visit www.baptisthealth.net/wellness



Eating for Exercise – Lucette Talamas, R.D.

Everyday Eating

- Fill half your plate with fruits and vegetables.
- Make at least half your daily grains whole grains.
- Choose lean protein foods and vary your protein sources.
- Choose low-fat or nonfat dairy products.
- Choose healthier fat sources like nuts, seeds and vegetable oils.
- Control portion sizes to achieve and maintain a healthy body weight.

Making appropriate food and beverage choices may enhance your performance during exercise. When planning and preparing meals and snacks, incorporate the following tips:

Everyday Eating

Making appropriate food and beverage choices may enhance your performance during exercise. When planning and preparing meals and snacks, incorporate the following tips:

What to Eat

Foods can be classified into 3 macronutrients: carbohydrates, protein and fat. Your body relies mainly on carbohydrates before, during, and after exercise. Protein and fat are also important components of a balanced diet. Consuming the correct amounts of carbohydrates and protein will improve your workout.

Carbohydrates: Carbohydrates are the main source of fuel for your body and provide you with energy for your workout. The majority of your pre and post workout snacks should consist of carbohydrates. Carbohydrate rich foods that are whole grains include whole wheat bread, cereal, brown rice, whole grain pasta, whole grain bagels and English muffins, oatmeal, whole wheat couscous, quinoa and more! Other sources of carbohydrates include all fruits, starchy vegetables like potatoes, peas, corn, and yucca, beans and legumes, milk and yogurt products.

Protein: Protein helps to repair and build muscles and is an essential part of pre and post workout meals. The amount of protein the body needs is easily met through the foods we eat and additional protein supplementation is rarely necessary or recommended for the average exercising adult. Animal sources of protein include chicken, turkey, seafood, eggs, dairy products and meat; remember to choose lean cuts of meat. Plant sources of protein include bean and

legumes (which also contain carbohydrates) as well as all nuts and seeds (which also contain healthy fats).

Here are some examples which contain an appropriate balance of carbohydrates and protein:

- Yogurt with fruit
- A piece of whole fruit and a serving of nuts
- Sandwich with lean protein on whole wheat bread
- Whole grain crackers and low fat cheese
- Whole grain crackers and peanut butter
- Oatmeal with fruit and a serving of nuts
- Mini whole wheat bagel with peanut butter
- Lowfat milk

For more information, visit www.baptisthealth.net/wellness

Sources

- 1) Sports, Cardiovascular and Wellness Nutritionists Dietetic Practice Group. Sports Nutrition; a practice manual for Professionals, 4th edition. 2006.
- 2) Clark, Nancy. Sports Nutrition Guidebook. 2008.
- 3) Academy of Nutrition and Dietetics www.eatright.org

When to Eat

Food is a source of fuel during physical activity. What you eat throughout the day as well as before and after your workouts will impact your performance. Avoid skipping meals, especially breakfast. Plan, prepare, and eat balanced meals and snacks every 3 to 4 hours throughout the day to ensure adequate energy during your workout.

Pre-Workout: Either a pre-workout meal or snack should be eaten, depending on the time of day that you exercise. If you exercise first thing in the morning and don't eat breakfast or if there is a gap more than 4 hours since your last meal, you should plan to eat a snack 1 hour before exercising. Choose a carbohydrate snack which will digest faster than protein and fat to prevent stomach-intestinal discomfort during exercise. If you had a meal that contained carbohydrates and protein before your exercise, allow 3-4 hours for a large meal to digest prior to exercise.

Post-Workout: Eat within 45 minutes after a workout to aid in restoring your muscles and energy stores. If you can't get to a meal within 45 minutes, pack a carbohydrate-rich snack. Once you are able to have your post exercise meal, include both carbohydrates and protein.

Hydration

Proper hydration is a key component of physical activity. The overall goal of proper hydration is to prevent dehydration without over-drinking. Fluid needs are different for each person. Follow these tips as a guide to make sure you are adequately hydrated before, during, and after exercising.

- Choose water instead of beverages with added sugar. Beverages with electrolytes (like Gatorade and PowerAde) should only be consumed if intense exercise lasts longer than 1 hour.
- Drink water before, during, and after exercising and throughout the day.
- Monitor your hydration status by monitoring the color of your urine and strive to produce light-colored urine.
- Watch for signs of dehydration which include thirst, flushed skin, premature fatigue, and increased body temperature.

Supplements

Your body has the amazing ability to grow and repair itself when it receives the appropriate nutrients. General exercising does not increase your micronutrient (vitamin and mineral) needs. All of the necessary macronutrients and micronutrients your body requires for daily living and exercising can be found in food. Additional supplementation is not required for exercising when you consume the right types and amounts of foods.

For more information, visit www.baptisthealth.net/wellness

Sources

- 4) Sports, Cardiovascular and Wellness Nutritionists Dietetic Practice Group. Sports Nutrition; a practice manual for Professionals, 4th edition. 2006.
- 5) Clark, Nancy. Sports Nutrition Guidebook. 2008.
- 6) Academy of Nutrition and Dietetics www.eatright.org



Baptist Health Urgent Care

SAWGRASS

BAPTIST HEALTH SOUTH FLORIDA

Keep the Beat, Protect Kids' Hearts

It can make your own heart skip a beat: Hearing news of a young athlete dying after the physical exertion of a high school or college sporting event.

The [American Heart Association](#) estimates that nearly 360,000 out-of-hospital sudden cardiac arrests occur each year in the United States and 92 percent of those results in death. The Centers for Disease Control and Prevention reports that **1 percent** of those arrests happen to people under the age of 35.

That seemingly small percentage represents too large a number for cardiologist [John Dylewski, M.D.](#), medical director of cardiac electrophysiology at [South Miami Heart Center](#).

Dr. Dylewski recommends student athletes have annual electrocardiograms, or EKGs, which can show abnormalities in the heart's electrical system – a common cause of sudden cardiac arrest, according to the [Sudden Arrhythmia Death Syndromes Foundation](#).

Dr. Dylewski warns, however, that a normal EKG doesn't necessarily mean a normal heart, as other factors, such as the heart's anatomy, may also lead to sudden cardiac arrest. Abnormalities in the structure of the heart may also cause electrical problems in the heart, but are usually best detected using an ultrasound, or ECHO, of the heart which shows what the heart looks like inside the body.

[Madeleen Mas, M.D.](#), medical director of [Baptist Children's Hospital](#) Pediatric Cardiology, says that the leading cause of sudden cardiac arrest related to the heart's anatomy is a structural defect known as cardiomyopathy, or an enlarged heart. Dr. Mas explains that the extra mass of the heart, which can be caused by increased muscle, in most cases, or by fat or scar tissue, can disrupt the path of electrical signals in the heart and lead to irregular heartbeats and death.

Dr. Mas points to illness as another source of sudden cardiac arrest linked to the structure of the heart. Myocarditis occurs after a cold or flu virus causes the body's immune system to attack the heart.

"Few people realize that viral symptoms should subside four to five days after the onset," Dr. Mas said. "If fatigue, shortness of breath and lightheadedness persist, insist on getting your heart checked. Treatment for myocarditis requires no sports for at least six months."

Watch for Signs

Both Dr. Mas and Dr. Dylewski recommend that parents pay close attention to their kids' ability to participate in activity and certain words kids may use to describe symptoms.

- Children may describe a "flipping" or "fluttering" in their chests or pain in their throats.
- They may experience shortness of breath and not be able to keep up with their friends.

- Dizziness or fainting also indicates a potential problem.
- Paleness, especially after activity, may be a sign.

Schedule an EKG for your student athlete at Baptist Medical Plazas at Coral Springs, Davie and Pembroke Pines.

For more information, visit www.baptisthealth.net/wellness



Concussions Hit Younger Athletes Harder

Here are some sobering statistics for parents of young athletes playing organized, high-contact sports, particularly football at the high school level or earlier. Football is the No. 1 sport (followed by soccer) that causes the highest frequency of concussions, up to 10 percent of players each season. Of those, 70 percent have symptoms of a concussion, but did not know they had one. Forty percent of high school players knew they had suffered a concussion, but wouldn't tell anybody.

These are findings from various studies done on high school football players, and they indicate that all participants need to get better educated about the dangers of not knowing or ignoring the signs and symptoms, according to [Richard Hamilton, Ph.D.](#), Clinical Director, [Brain Injury and Concussion Rehabilitation Programs](#) at Baptist Hospital.

But younger adults in high school and middle school, and younger kids in pee-wee leagues, are more susceptible to concussions.

A concussion is caused by a blow to the head or body, a fall, or another injury that jars or shakes the brain inside the skull. The injury usually alters how the brain functions — for a relatively short period of time in most cases. Except for possible cuts or bruises on the head or face, there may be no other visible signs of a brain injury.

Moreover, you don't have to pass out, or lose consciousness, to have a concussion. Some people will suffer the more expected symptoms, such as passing out or short-term memory loss.

Because of even a small chance of permanent brain problems, it is important to contact a doctor or head for the emergency room for proper diagnostics and treatment if you or someone you know has symptoms of a concussion.

Symptoms include:

- Headaches
- Dizziness
- Balance issues
- Attention deficit problems
- Trouble sleeping
- Light/noise sensitivity

“Education is the biggest factor for players, parents and coaches,” Hamilton said. “They need to understand what a concussion is, what are the signs and symptoms and the importance of treatment and proper management techniques.”

When it comes to many cases when athletes want to return to action too soon after a concussion, the motto — “When in doubt, sit them out” — should apply, Hamilton said.

The biggest danger amounts to “second impact syndrome.” That’s when an injured player suits up and plays again before a full recovery period, usually two to three weeks, and then suffers a second concussion.

“In a small number of cases, if you have second concussion before being completely healed, you could suffer massive swelling,” Hamilton said. “Fifty percent could die, and the other 50 percent could suffer permanent brain damage.”

“A concussion temporarily alters how a brain functions,” Hamilton said. “If properly cared for, we believe that most athletes will have a full recovery. But they need physical and cognitive rest, with a reduced academic load and no demanding mental activity, such as even texting and computer games, during recovery.”

Visit www.baptisthealth.net/wellness