



the

Bulletin

Volume 7, Issue 5

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Bulls Calendar

- 05/02 HSC Bulls Coaches Meeting, 7:00 p.m., Paki Hale
- 05/05 Oahu League BOD meeting, 7:15 p.m., WCC, Hale Akoakoa 107
- 05/14 U11 – U18 Boys and Girls Hawaii State Championship - Roster frozen
- 05/14 U19 Boys and Girls US Youth Soccer Hawaii State Cup - Roster frozen
- 05/16 HSC Bulls Managers Meeting, 7:00 p.m., Paki Hale
- 05/20 Newsletter deadline for June issue
- 05/22 End of Spring Fast Foot Work
- 05/23 U11 – U18 Boys and Girls Hawaii State Championship – Check-In
- 05/23 U19 Boys and Girls US Youth Soccer Hawaii State Cup - Check-In
- 05/29 – 05/31 U11 – U18 Boys and Girls Hawaii State Championship Tournament
- 05/29 – 05/31 U19 Boys and Girls US Youth Soccer Hawaii State Cup Tournament
- 05/31 Holiday – Memorial Day

Message from the President

Congratulations to all the teams who qualified for this year's Far West Regional Tournament in Spokane and to the 9 teams accepted to the US Club Soccer National Cup as well. For some of the teams and players, this will be your first taste of highly competitive soccer; for others it will be "old hat." Those that have traveled a significant amount over the past few years can be a resource to those just starting this adventure, so please, don't hesitate to assist each other in your preparations.

In the March newsletter, I outlined the general concept of a coaching

subsidy each player will be assessed. A Travel Committee has met several times to find the most affordable air fare and hotel accommodations for the coaching staff and players. Once finalized, along with the number of coaches able to travel, the Travel Committee will determine the coaching subsidy. Two weeks before departure your manager will collect this subsidy. Please be prompt in remittance once notified.

The HSC Bulls takes traveling to the mainland very seriously. We realize the sacrifice in time, money and physical endurance it takes to be successful. The competition is consistently at a higher level and teams and individual players grow because of this experience. For players in high school, college scouts can readily see them perform. This may not be important right now to our younger age groups, but will be in a short time. When we travel, we represent our Club and our state and must perform at our maximum capacity. Do not consider our travels as a vacation in the traditional sense of "R & R." In fact, it can be just the opposite.

Players and coaches are under considerable pressure to perform, even at U12. Teams are there to prove themselves and to bring back championships. Players are on tight and regulated schedules, including wakeup times, meal times, practices, scrimmages, curfews, team meetings and of course the matches. Players must have as few distractions as possible in order to maximize performance. Fun activities such as theme parks, water parks, playing in the pool, using the hotel's exercise facilities, etc. use too much energy and can be detrimental to the next days match. For that reason, such

activities are discouraged until the tournament is done.

In between games, there can be lots of down time to rehydrate, refocus and rest the muscles. Coaches impose curfews to allow players the 8 - 10 hours of sleep their bodies need. We ask that players be in separate rooms from families so there are minimal distractions from TV, room service, phone calls, parents and siblings coming in late from dinner, parents sitting around talking story, etc. Curfew can sometimes be 8:30 p.m. and parents certainly have things to do after this hour. Either chaperones and/or managers are in some of the player's rooms or at least adjacent to them and quietly do random room checks to ensure the kids are safe. Sometimes even the DOC has been known to do these room checks. Improper behavior or curfew violations are not tolerated.

When transporting players to and from practices, scrimmages or the matches, they are usually all traveling together in vans dedicated to the team only. The Club recommends having vans and drivers only for team use, rather than using family cars, which tend to be used for things the family wants to do while on vacation. Someone always should be available to make runs for food, water, equipment and to occasionally take a coach from one field to another if the coach is covering multiple teams. This requirement certainly adds to the expense of travel, but this is one more factor in creating success for the team.

This is just the tip of the iceberg when considering all that goes into planning and implementing team travel. It is apparent, though, how seriously the Club considers



traveling to mainland competition. Enjoy the ride. Help wherever you can. Teamwork makes the trip successful. Good luck to all who are going. Send back pictures occasionally so we can see you on the website. More importantly, bring back a championship and make us all prouder than we already are of you! Congratulations again and Go Bulls!

“To the world you may be one person, but to one person you may be the world!”

We all need a Boost!

By Ken Perske

The Board of Directors is entertaining the suggested concept of a Honolulu Bulls Soccer Club Booster Club. The Board realizes that strict IRS regulations make it difficult for individual players and teams to fundraise using the Club's non-profit status. We believe that a separate non-profit entity, such as a Booster Club, would facilitate our fundraising and we are looking for people interested in spearheading this potential project. It will not be an easy undertaking: it will involve creating the entity, suggesting projects to the Board for approval, keeping meticulous records, tax filings, etc. However, it could certainly make fundraising for traveling easier and is worthy of pursuit. If anyone is interested, please contact Ken Perske at kennethp@kapiolani.org.

Thank You Volunteers

The HSC Bulls would like to acknowledge all the U11 Girls and Boys parents who helped set up and take down tents on the Snickers weekend at Waipio Soccer Complex.

- Quintin Bray
- Myron Okubo
- Lisa St. John
- Jose Dydasco
- Gene & Kea Gillis (U10 girls)
- Alan Rosehill
- Patrick Soken
- Joe & Flo Holtz
- Li-Ann Yamashiro & Richard Yanagi

- David Trifonovitch
- Marvin & Jeri Mestanza
- Joe Baker, player & Mary Lucasse, Mom
- Jay Tsuruoka (player)
- Ken Nakagawa
- Lori Granger

The following coaches also helped:

- Dawn Dasher
- Bri O'Dowd
- Miles Tsuruoka

The Club wants to recognize Chris Haines who stores the Club tents at his home.

Annual General Meeting (AGM)

Just a reminder that our by-laws call for the Annual General Membership Meeting to be held on the first Saturday of June each year. The tentative date and time for this year's meeting is June 5 from 9:00 a.m. – 11:00 a.m. at the Wesley United Church meeting room in Kahala (behind Zippy's and First Hawaiian Bank).

Summer Soccer Camp

Plans are underway to have summer camps starting in June. Please check the website for the latest information.

Fast Foot Work Plus

Joshua Fouts is starting his third season as the assistant coach with the University of Hawai'i Wahine soccer program. He also continues to present clinics with the help of the UH Wahine soccer players to help local clubs raise the level of their soccer. On April 24, UH Wahine soccer players along with assistant coach Josh Fouts, came to Paki Hale Park for a soccer clinic for HSC Bulls younger players.

The Club thanks the parents of the U10 girls for providing lunch for the UH Wahine.

Heat Related Illnesses

By Marc R. Bernier, MPT CSCS
From <http://www.usysa.org>

Heat related illnesses have received significant attention in the media over the past few years due to many high profile catastrophic incidents at both the collegiate and professional levels, most notably in football.

Unfortunately, the sport of soccer is not immune to these conditions. Heat related illnesses are serious medical conditions that all coaches and parents need to become familiar with, so that immediate recognition and treatment can be initiated should they occur to any of our youth players. Youth players are at greater risk for these conditions than adults due to their inability to adapt as well as adults to high temperatures.

Heat cramps are the first form of heat illness that are characterized by involuntary muscle spasms that occur either during or after intense athletic activity in the heat. The most common areas for these cramps to occur is in the calves, hamstrings, or abdomen due to the excessive amounts these muscles are used during the sport of soccer. It is believed that this condition occurs due to an imbalance in the body's fluid and electrolyte concentrations. During athletic competitions, electrolytes such as sodium chloride (salt) are lost through sweating. If excessive amounts of salts or water are lost due to excessive sweating, or if inadequate amounts of salt are consumed prior to the event through normal diet, cramps can result. The best treatment is prevention; athletes should ensure proper hydration prior to exercising in elevated temperatures, and add small amounts of salt to meals in the days leading up to the competition (assuming the player does not have any medical conditions that necessitate the avoidance of excessive salt in the diet). If cramping occurs, the first step is to attempt to gently stretch the affected muscle group; massaging the affected area can also be effective. As soon as the initial effects of the cramping have subsided, the athlete needs to rehydrate and ingest some form of salt (it is important to note that thirst is not an good indicator of the onset of dehydration; once a player is thirsty, they have already become dehydrated). This can be best accomplished by consuming an electrolyte drink such as Gatorade or Powerade, which will provide both



fluid and electrolytes. Post-game meals should include small amounts of table salt to assist this process. Medical attention is not typically required, unless heat cramps are a very frequent occurrence. If they are frequent, consult your physician to attempt to determine the probable cause.

Heat exhaustion is a more significant medical condition in which the body's temperature control mechanism remains functional, but the athlete experiences clinical symptoms due to excessive water loss during sweating and a drop in blood pressure due to a dilation of the blood vessels in an attempt to assist the heat loss process in order to cool the body. Symptoms of heat exhaustion typically include the following:

1. Cool, clammy skin; or slightly elevated skin temperature (not hot to the touch).
2. Sweating is reduced but is present.
3. Excessive thirst; dry mouth.
4. Fatigue, general weakness, dizziness, coordination deficits, mental dullness.
5. Weak pulse, low blood pressure.

Treatment for heat exhaustion is an immediate cessation of all activities, have the athlete rest in a shaded area, and slowly consume cool water to begin the rehydration process. Gentle cooling techniques such as fanning and applying wet towels or sponges with cool water should also be initiated. The athlete should be monitored to ensure that symptoms do not worsen; if they do, emergency personnel should be contacted, or escort the athlete to the nearest hospital's emergency room. If this condition developed during a tournament weekend, the player should not be allowed to return to play again. When possible, the player should visit his/her family physician to ensure no complications arise and to receive clearance to return to play.

Heat stroke is the most serious and complex of the heat related illnesses and requires immediate emergency personnel medical attention. This condition is characterized by a sudden failure of the body's temperature control mechanism, resulting in a medical emergency. When the body's temperature control mechanism fails, sweating ceases to occur and the body's temperature elevates to dangerous levels, causing excessive stress to the circulatory system. In many cases, the symptoms of a heat stroke can be subtle, so careful attention to the status of the athlete is extremely important. Symptoms of heat stroke include the following:

1. Abrupt onset, preceded by headache, vertigo, fatigue.
2. Hot, dry skin.
3. Absence of sweating.
4. Rapid pulse rate and shallow breathing.
5. Vomiting, diarrhea.
6. Athlete feels as if they are "burning up."
7. Involuntary limb movement, seizures.
8. Irrational mental state.

Once recognized, this condition must be treated aggressively and quickly. Remember heat stroke is a medical emergency and should be treated as such. Emergency medical personnel must be contacted immediately (call 911). While waiting their arrival, extreme methods must be implemented in an attempt to reduce the player's body temperature quickly. If possible, attempt any or all of the following treatments:

1. Immerse player in cold water.
2. Application of ice packs to body, especially neck or underarms.
3. Alcohol rubs.
4. Fan over body.
5. Massaging of limbs to assist circulatory system.
6. Remove excessive clothing.
7. Wrap player in wet towels.

It is important to understand that all of the symptoms listed do not have

to be present to signal the occurrence of a heat stroke; any of the symptoms should be taken seriously and evaluated by medical personnel. Additionally, it is possible for an athlete to initially present with heat cramps, progress to heat exhaustion, and end with a heat stroke. Therefore, all symptoms of heat related illness must be closely monitored and evaluated by a physician.

Although hydration levels and air temperature are contributing factors to heat related illnesses, there are many other components that make their occurrence more likely. Some of these factors include:

1. Variations in body size and fat composition.
2. Conditioning levels and climate acclimatization.
3. Exercise intensity.
4. Amount, type and color of clothing.
5. Relative humidity.

Relative humidity is probably one of the most important considerations in heat related illnesses, which makes it very applicable to those living in the very humid southeast. According to some sources, numerous football deaths have been recorded when the air temperature was below 75° F, but with a relative humidity greater than 95%.

Prevention of heat related illnesses is obviously the treatment of choice. Steps to take include proper hydration before exercising in hot temperatures, proper diet, proper conditioning, appropriate clothing, and avoidance of athletic events in extreme heat. However, the most important preventative measure is frequent water breaks (every 15 minutes) during hot and humid conditions and ensure all players are consuming fluids during these breaks. Additionally, take any symptoms of heat illness seriously, cease activities if they occur, and seek medical attention. The potential risk for complications, including death, are too serious not to.