



Clinton Youth Soccer Registration Form & Liability Waiver

Player's Name: _____ School Grade for 2016-17: _____
 Address: _____ Child's Age: _____
 City: _____ Zip: _____ Date of Birth: _____
 Parent or Guardian Name: _____ Phone: _____
 Email Address: _____ Cell Phone: _____
 Current Medical conditions/Medications/Allergies: _____

I am registering for: [] TRAVEL Team: (circle one) U11B U11G U12G U15G

> Registration is not a guarantee of placement.
 ****Please make check payable to: Village of Clinton ****

**Registration fee: On or before July 8th \$125, July 9-14 \$150
 (Payment includes a \$25 Soccer Booster Club registration)**

No registrations will be accepted after July 14th

Questions or concerns please contact Ray Drew clintonsoccer@hotmail.com

Please return completed form & payment to: Clinton Village office, 119 E. Michigan Ave, Clinton, MI 49236

Please read carefully. Waiver must be signed.

Emergency Authorization: I, the undersigned parent or legal guardian of the participant, a minor, hereby authorize the coaches, assistant coaches, or parents of team members acting in the capacity of activity supervisors, as my agents, to consent to medical, surgical, or dental examination and/or treatment. In case of emergency, I hereby authorize treatment and/or care at any hospital or by medical personnel. If there is an emergency and I cannot be reached, please contact:

Emergency Contact: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

Waiver of Liability and Disclaimer:

I, the parent or legal guardian of the participant, acknowledge that the participation in athletic events necessarily involves risk of personal injury. I further acknowledge that Village of Clinton Recreational Soccer is administered by parents who volunteer their time rather than a paid professional. In consideration for accepting the registration of the above named individual in this program, I hereby release, discharge, and hold harmless Village of Clinton Recreational Soccer, its volunteers and other representatives from any claims arising out of or relating to any physical injury that may result to said individual while participating in Clinton Recreational Soccer, including physical injury caused by negligence of any official, referee, or coach while performing his/her duties during any practices or games.

Parent or Legal Guardian's Signature: _____ Date: _____

-----League Use Only-----

Paid Amount: \$ _____ Check #: _____ Initials: _____



Michigan State Youth Soccer Association

OFFICIAL MSYSA FORM



SOCCER MEDICAL RELEASE

Updated form required for each Seasonal Year

THIS FORM MUST BE PRINTED OR TYPED

MSYSA 9401 GENERAL DR, SUITE 120 PLYMOUTH, MI 48170

I hereby give my permission for any and all medical attention necessary to be administered to my child,

(INSERT CHILD'S NAME)

In the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted, this release is effective for a period of one year from the date given below. I also assume the responsibility for the payment of any such treatment, including, but not limited to transportation for required treatment.

Parent/Guardian: _____

Relationship: _____

Address: _____

City/State/Zip: _____

Home Phone: _____

Office Phone: _____

Cell Phone: _____

Name of Insurance Company: _____

Agent: _____

Policy Number: _____ Type: _____

In case I cannot be reached, any of the following people are designated to act on my behalf:

- 1. Coach
- 2. Assistant Coach/Manager
- 3. Team Parent
- 4. A league representative where my child is playing
- 5. Any tournament representative where my child is participating in a US Youth sanctioned tournament.

In case I cannot be reached, please call: _____ at: _____

Our Physician's Name: _____

Address: _____

City/State/Zip: _____

Phone: _____ Hospital: _____

Known Allergies: _____

Known Disabilities: _____

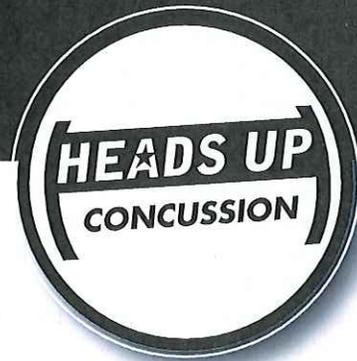
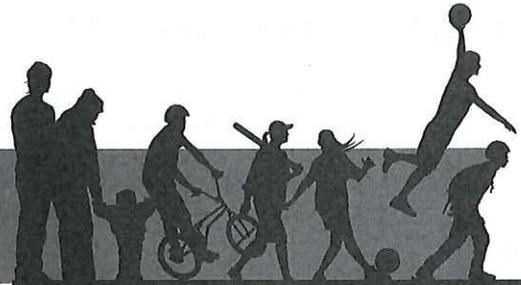
Other Important Medical Information: _____

Signature of Parent/Guardian & Date: _____

Subscribed and sworn to before me this: _____ day of: _____, year: _____

NOTARY PUBLIC: _____ My commission expires: _____

PARENT & ATHLETE CONCUSSION INFORMATION SHEET



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move quickly back and forth. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

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
- Just not "feeling right" or is "feeling down"

SIGNS OBSERVED BY COACHING STAFF:

- 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 mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

Michigan Department
of Community Health



Rick Snyder, Governor
James K. Haveman, Director

▶ **"IT'S BETTER TO MISS ONE GAME
THAN THE WHOLE SEASON"**

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

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

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

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