



SERVING CLINTON'S NEEDS FOR OVER 175 YEARS

Summer Soccer 2020

Registration Form & Liability Waiver

119 E. Michigan Ave, Clinton, MI 49236

tatepark@villageofclinton.org

Village Soccer Club

Please Print:

Players Name: \_\_\_\_\_

D.O.B: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age by July 1st \_\_\_\_

Shirt Size: Youth \_\_\_\_\_ Adult \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

I would like to volunteer coach: Yes No

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

I am registering for:

[ ] 3 yrs Birth years 2016 - 2017 (by 7/1) - \$50.00

[ ] U6 Birth years 2014 - 2015 - \$50.00

[ ] U8 Birth years 2012-2013 - \$65.00

[ ] U10 Birth years 2010 - 2011 - \$65.00

[ ] U12 Birth years 2008 - 2009 - \$85.00

[ ] U15 Birth years 2005 - 2006 - 2007 - \$85.00

[ ] Open HS Birth years 2001 - 2004 - \$85.00

\*\* You may play up, but not down and you must be born in 2007, or before, to play above U12 due to the birth matrix and heading rule.

Checks made payable to: Village of Clinton

Registration closed after May 22, 2020

Please return completed form & payment to:

Clinton Village Office

119 E. Michigan Ave. Clinton, MI 49236

YOU WILL HEAR FROM COACHES BY APRIL 10th TO NOTIFY YOU OF YOUR CHILDS TEAM PLACEMENT

Please read carefully. Waiver must be signed

Emergency Authorization:

I, the undersigned parent or legal guardian of the participant, a minor, hereby authorize the Village of Clinton, its 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 an 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: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Waiver of Liability and Disclaimer:

I, the parent or legal guardian of the participant, acknowledge that participation in athletic events necessarily involves risk of personal injury. I further acknowledge that the Village of Clinton Soccer is administered by individuals who volunteer their time rather than paid professionals. In consideration for accepting the registration of the above named individual in this program, I hereby release, discharge, and hold harmless the Village of Clinton, its employees, contracted individuals, volunteers, coaches, and other representatives from any claims arising out of or relating to any physical injury that may result to said individual while participating in the Village of Clinton 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 Signature

Date

Village Use Only

Amount Paid: \$ \_\_\_\_\_

Check #: \_\_\_\_\_

Initials: \_\_\_\_\_

Date: \_\_\_\_\_

# Village of Clinton

SERVING CLINTON SINCE 1829

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: \_\_\_\_\_

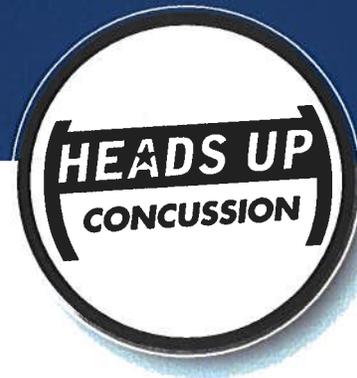
Known Allergies: \_\_\_\_\_

Known Disabilities: \_\_\_\_\_

Other Important Medical Information: \_\_\_\_\_

Signature of Parent/Guardian & Date: \_\_\_\_\_

# 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.

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STUDENT-ATHLETE NAME PRINTED

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STUDENT-ATHLETE NAME SIGNED

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DATE

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PARENT OR GUARDIAN NAME PRINTED

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PARENT OR GUARDIAN NAME SIGNED

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DATE

JOIN THE CONVERSATION  [www.facebook.com/CDCHeadsUp](https://www.facebook.com/CDCHeadsUp)

TO LEARN MORE GO TO [-> WWW.CDC.GOV/CONCUSSION](https://www.cdc.gov/concussion)

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