



Region Number <b>24</b>	Division	Check if a VIP Player	Loc. Code
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**Player**

First Name		Middle Name		Last Name		Suffix	Area Code	Telephone		
Nickname	Street Address			City		State		Zip Code		
Mailing Address (if different from street address)				City		State		Zip Code		
Emergency Contact (other than parent)			Area Code	Emergency Telephone		Physician Name			Area Code	Physician Telephone
Gender _ Boy _ Girl	Birthdate	Age	School Name			Family E-mail address				
Medical Insurance Carrier Policy #			Siblings to play with:			Current Injuries or Minor Physical Limitations or other medical condition the coach should know about:				
Yrs of Experience	Height	Weight								
Region Specific Message:										

**If Player is a minor, provide Parent/Guardian #1    Father    Mother    Guardian    Other**

First Name		Middle Name		Last Name					
Address (if different from player)			City		State	Zip Code	E-mail Address		
Employer	Area Code	Business/Cellular Telephone		Area Code	Home Telephone		AYSO is an all volunteer organization. I apply to:    _ Coach    _ Asst. Coach _ Referee    _ Team Parent    _ Other		
If you have not already done so, please complete and submit a volunteer application. And thank you in advance for volunteering.									

**If Player is a minor, provide Parent/Guardian #2    Father    Mother    Guardian    Other**

First Name		Middle Name		Last Name					
Address (if different from player)			City		State	Zip Code	E-mail Address		
Employer	Area Code	Business/Cellular Telephone		Area Code	Home Telephone		AYSO is an all volunteer organization. I apply to:    _ Coach    _ Asst. Coach _ Referee    _ Team Parent    _ Other		
If you have not already done so, please complete and submit a volunteer application. And thank you in advance for volunteering.									

*Authorization, Disclaimer, Assumption of Risk and Waiver and Consent Agreements*

**EMERGENCY AUTHORIZATION:** I, hereby authorize each of the coaches, team parents, or other officials of AYSO to act as my agents in the capacity of activity supervisors and vehicle drivers, and I authorize each of them as well as the above-identified Emergency Contact to consent to medical, surgical or dental examination and/or treatment.

**I HAVE READ THE EMERGENCY AUTHORIZATION AND ALL AGREEMENTS SET FORTH HEREIN, AND I FULLY UNDERSTAND THE TERMS OF EACH AND THAT I AND PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING THIS FORM AND AGREEING TO THESE TERMS. I SIGN THIS FORM FOR MYSELF AND, IF PARENT, ON BEHALF OF PLAYER AND MEMBERS OF PLAYER'S FAMILY, AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT. I ALSO AGREE TO INFORM AYSO IN A TIMELY MANNER IF ANYTHING ON THIS FORM CHANGES.**

I agree to use an electronic signature [{read more}](#)

I am an adult of the age of majority in my state. I agree the terms and conditions hereof shall apply to all of my participation in the Events, regardless of the year or season in which such participation takes place, unless superseded by a new player application.

Player Signature \_\_\_\_\_ Date \_\_\_\_\_

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DOB Verification	Check Number	Fee Charged	Amount Paid

This document contains confidential and/or proprietary information and is the property of the American Youth Soccer Organization

First Name	Middle Name	Last Name	AYSO ID #:
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**Disclaimer, Assumption of Risk and Waiver and Consent Agreement ("Waiver Agreement")**

**DISCLAIMER, ASSUMPTION OF RISK AND WAIVER:** I ACKNOWLEDGE THAT PARTICIPATION IN SOCCER NECESSARILY INVOLVES TRAVEL, PLAY IN ADVERSE FIELD CONDITIONS, CONTACT WITH CONSIDERABLE FORCE, AND RISK OF SEVERE, PERMANENT PHYSICAL INJURY INCLUDING BRUISES, SCRAPES, STRAINED, SPRAINED OR TORN MUSCLES, TENDONS OR LIGAMENTS, BROKEN BONES, DISLOCATION OF JOINTS, CONCUSSION, BRAIN DAMAGE, NERVE AND SPINAL CORD INJURY, PARALYSIS AND DEATH. I WILLINGLY AND VOLUNTARILY ASSUME ALL SUCH RISKS, BOTH KNOWN AND UNKNOWN, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES (THE TERM "RELEASEES" IS DEFINED BELOW.). I AGREE TO COMPLY WITH THE STATED AND CUSTOMARY TERMS AND CONDITIONS FOR PARTICIPATION OR CONTINUED PARTICIPATION AND, IF THE PARTICIPANT ("PLAYER") OR I OBSERVE ANY CONCERN IN PLAYER'S READINESS FOR PARTICIPATION IN PRACTICES, GAMES OR OTHER ACTIVITIES ("EVENTS"), I WILL REMOVE PLAYER FROM PARTICIPATION AND IMMEDIATELY BRING SUCH CONCERN TO THE ATTENTION OF THE NEAREST OFFICIAL AND THE REGIONAL COMMISSIONER AS SOON AS POSSIBLE.

**I HEREBY RELEASE, DISCHARGE AND AGREE TO HOLD HARMLESS,** TO THE FULLEST EXTENT PERMITTED BY LAW, THE AMERICAN YOUTH SOCCER ORGANIZATION ("AYSO"), ITS PLAYERS, EMPLOYEES, VOLUNTEERS, OFFICIALS, SPONSORS AND OTHER REPRESENTATIVES AND ALL OWNERS, LESSORS, LESSEES OR OTHER PERSONS OR ENTITIES ALLOWING THE USE OF FACILITIES BY AYSO AND THE AGENTS, EMPLOYEES, OFFICERS AND DIRECTORS OF SAID PERSONS OR ENTITIES ("RELEASEES") FROM ALL CLAIMS, DEMANDS, CAUSES OF ACTION, COSTS, EXPENSES AND COMPENSATION ARISING OUT OF OR IN ANY WAY RELATED TO A LOSS, INJURY OR OTHER DAMAGE TO PLAYER OR TO MEMBERS OF MY FAMILY OR MY HOUSEHOLD OR INDIVIDUALS I INVITE OR FOR WHOM I AM OTHERWISE RESPONSIBLE, OR TO THEIR PROPERTY, WHILE PARTICIPATING IN OR PRESENT AT ANY OF THE EVENTS, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE. I ACKNOWLEDGE THAT AYSO IS PRIMARILY ADMINISTERED BY VOLUNTEERS RATHER THAN PAID PROFESSIONALS.

I ACKNOWLEDGE AND AGREE THAT THIS WAIVER AGREEMENT IS INTENDED TO BE AS BROAD AND INCLUSIVE AS PERMITTED BY THE LAWS OF THE STATE IN WHICH WE LIVE AND AGREE THAT IF ANY PORTION OF THIS WAIVER AGREEMENT IS DEEMED TO BE INVALID, THE REMAINDER WILL CONTINUE IN FULL LEGAL FORCE AND EFFECT.

**ACKNOWLEDGEMENT AND CONSENT:**

I understand the terms of the Soccer Accident Insurance Plan are set forth in a pamphlet available on-line at <http://www.ayso.org>, as may be amended from time to time, and either I have read and understand the terms or I will do so before Player participates in any Events.

I have received the AYSO/CDC Parent/Athlete Concussion Information Sheet (also available online at <http://www.ayso.org>) which contains information related to a) signs and symptoms of a concussion; b) danger signs associated with a concussion; c) why athletes should report symptoms related to a concussion; and d) what should be done if a concussion is suspected. I agree to review the Concussion Information Sheet (or review with Player) and return a signed copy to Player's coach on the first day of practice.

For internal and external use, AYSO may obtain, compile and use contact information, soccer photographs and audio visual recordings of Player consistent with the AYSO Privacy Policy set forth at <http://www.ayso.org>, as may be amended from time to time. I consent to such uses and hereby waive all rights to approval and compensation.

On behalf of myself, or Player (if Parent), and all members of my family or child's family, I hereby agree to abide by the AYSO Bylaws, rules, regulations, policies and philosophies as available at <http://www.ayso.org>, as may be amended from time to time, and all decisions and directions of the Regional Board, Area and Section staff, and the National Board of Directors, and agree that Player or any member of Player's family may be removed from the program at any time with or without cause. I represent that Player has not been convicted of any crime nor does Player have any known condition that might pose undue risk to other participants.

**(Please signify your agreement with the foregoing by signing in the space indicated on the top of this form.)**

# Parent/Athlete Concussion Information Sheet

This information sheet was produced in cooperation with the Center for Disease Control (CDC).

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow or jolt to the head or body that causes the head and brain to move rapidly 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 listed

### 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

### 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 not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsion 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)

### 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.

### 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.

below after a bump, blow, or jolt to the head or body, s/he should be kept 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.

### SYMPTOMS REPORTED BY ATHLETES

- 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 "feeling down"

### 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.

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

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.

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, or 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.

**It's better to miss one game than the whole season.**

**For more information on concussions,**

**Visit : [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion)**

\_\_\_\_\_  
Student-Athlete Name Printed

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Student-Athlete Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent or Legal Guardian Printed

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date