



Mean Machine 2025-26 Winter Futsal Season Information

Season official begins the week of November 11, 2025

Registration fees are \$100 per player (regardless of age)

All player fees must be paid prior to their first practice.

Player Name : _____

Parent(s) : _____

DOB/AGE : _____

Phone : _____

Email : _____

Address : _____

City/State/Zip : _____

Shirt Size : _____

3 Requested Jersey #'s : _____

(Not Guaranteed)

Division

U8

U10

U12

U14

HS Girls

HS Boys

(Circle the appropriate division for your player)

Parents must include a copy of the child's birth certificate with this registration and also sign any other required forms. If you have previously played for Mean Machine, Coach Cooper may still have your player's birth certificate on file. This packet is due by the first practice.

U9, U10, U12, & U14 teams will practice once weekly, High School (U19) teams practice twice weekly. All players will be provided with jerseys, however they will need to purchase their own black shorts and black socks. These extra items are available for purchase through Mean Machine Sports.

www.MeanMachineSports.com



Parent Code of Conduct

Each parent is required to review and agree to this code of conduct. Failure to do so will prevent the associated player from being able to participate during the upcoming season. Failure to comply with the following code WILL result in your player(s) dismissal from the organization, with no refund of any dues paid.

1. I will encourage good sportsmanship by demonstrating positive support for all volunteers, players, coaches, and officials at every event associated with the registered program and/or activity.
2. I will always place the emotional and physical well-being of the children first.
3. I will remember that the registered activity/program is for children and not for adults. I will do my very best to make futsal fun for my child.
4. I will not bring any alcohol or tobacco products into the vicinity of the fields of play.
5. (Sports Programs) I will not coach my child or any other player during the game, unless authorized by a member of the Mean Machine Sports coaching staff. If I do not agree with a coaching or referee decision, I will refrain from vocalizing my concerns in front of any children and speak with the coach in accordance with his/her availability, after waiting a period of 48 hours.
6. I will be respectful to all coaches. I will support the coach and his or her decisions and will refrain from verbal criticism during any game. Remember, the coach makes the final decision regarding players on the field. If I want to speak with the coach, I will wait at least 48 hours before doing so. I will then request a formal discussion. If I am unable to speak with the coach, I will contact the futsal director, or another board member in his absence. The futsal director will have all final decisions within the futsal club.
7. I will accept the results of the game. If the results are questionable, I will allow the coaching staff to speak on behalf of the team, unless specifically asked to do otherwise. I will encourage my child to be a good sport in victory and in defeat.
8. If a coach, official or Mean Machine Sports representative calls to my attention that my child is not treating volunteers, coaches, players, officials, or fans with respect, I will counsel my child on his/her need to do so. I will explain that a failure to correct such an attitude may result in disciplinary action by Mean Machine Sports, which may include expulsion.
9. I will help my child's team by assisting the coaches and manager as needed.
10. I will remain in the designated seating area and not enter the field of play, unless requested to do so by the coaching staff or referee.
11. Drinking, tobacco products, foul language and firearms are not allowed inside the game or practice facilities. If you need to smoke, please ask a coach where the designated smoking area is for the facility/property.
12. I WILL NOT VERBALIZE, REQUEST AND/OR OTHERWISE "DEMAND" EXPLANATION FOR A COACH'S DECISION IN REFERENCE TO HIS/HER ASSOCIATED TEAMS(S), INCLUDING BUT NOT LIMITED TO ROSTERS, PLAYING TIME, ASSIGNED TEAM(S), FORMATIONS AND/OR ANYTHING TO DO WITH THE TEAM PLAY.
13. I WILL PRIORITIZE MEAN MACHINE SPORTS PRACTICES AND GAMES OVER ANY OTHER RECREATIONAL/TRAVEL SOCCER AND/OR FUTSAL TEAMS, WHILE THE SEASON IS ACTIVE. IF THERE IS AN INTERFERENCE IN MY FAMILY'S AVAILABILITY, I WILL REQUEST A LEAVE FOR PRACTICE(S) OR GAMES(S) THAT MY PLAYER(S) WILL MISS.
14. I WILL NOT ENCOURAGE OR OTHERWISE RECRUIT PLAYERS FROM MEAN MACHINE SPORTS TO PLAY OR PARTICIPATE IN OTHER ACTIVITIES OR ON OTHER TEAMS OUTSIDE OF MEAN MACHINE SPORTS.

A copy of this form will be kept on file with Mean Machine Sports. My signature means I will comply with the Parent's Code of Conduct.

Child/Player's Name: _____ Date of Signature: _____

Parent/Custodian Printed Name(s) : _____ Parent/Custodian Signature : _____

Parent/Custodian Printed Name(s) : _____ Parent/Custodian Signature : _____



Parent/Guardian Consent and Player Medical Release Form

Each parent is required to complete, review, and agree to this Parent/Guardian Consent and Player Medical Release Form. Failure to do so will prevent the associated player from being able to participate during the upcoming season.

Player's Name: _____ Date of Birth: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY INFORMATION

Father's Name: _____ Home Phone: _____ Work Phone: _____

Mother's Name: _____ Home Phone: _____ Work Phone: _____

In an emergency, when parents cannot be reached, please contact:

Name: _____ Home Phone: _____ Work Phone: _____

Name: _____ Home Phone: _____ Work Phone: _____

Allergies: _____

Other Medical Condition(s): _____

Player's Physician: _____ Home Phone: _____ Work Phone: _____

Medical and/or Hospital Insurance Company: _____ Phone: _____

Policy Holder: _____ Policy #: _____ Group #: _____

PLEASE COPY BOTH SIDES OF YOUR HEALTH INSURANCE CARD AND ATTACH TO THIS FORM

PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE

Recognizing the possibility of injury or illness, and in consideration for Mean Machine Sports and members of Mean Machine Sports accepting my son/daughter as a participant in the associated programs and activities of Mean Machine Sports and its members (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify Mean Machine Sports, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and/or facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs. I hereby authorize the transportation of my son/daughter to or from the Programs. My player son/daughter has received a physical examination from a licensed medical doctor and has been found physically capable of participating in their registered program and/or activity. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Programs. I give my consent to have an athletic trainer and/or licensed medical doctor, or dentist provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

Signature of Legal Guardian(s): _____ Date: _____

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AND PARENTAL CONSENT
AGREEMENT ("AGREEMENT")**

IN CONSIDERATION of being permitted to participate in any way in any *Mean Machine Sports programming and/or activity* ("Activity") at any time during the current calendar year I, for myself, my personal representatives, assigns, heirs, and next of kin:

1. I ACKNOWLEDGE, agree, and represent that I understand the nature of my child's participation in *Mean Machine Sports Activities* and that I am and/or my child that I am the legal guardian of is qualified, in good health, and in proper physical condition to participate in the enrolled activity. I further agree and warrant that if at any time I believe the conditions to be unsafe, I will immediately discontinue further participation in the activity.

2. FULLY UNDERSTAND that: (a) *Mean Machine Sports ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("Risks")*; (b) these Risks and dangers may be caused by my own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE Mean Machine Sports and/or its administrators, directors, agents, officers, members, volunteers, team members, and employees, other participants, any sponsors, advertisers, and, if applicable, owners and lessors of premises on which the Activity takes place, (each considered one of the RELEASEES herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releasees, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may be incurred as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID, THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

PRINTED NAME OF PARTICIPANT: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: _____

PARTICIPANTS SIGNATURE: _____

DATE: _____

Below section must be completed by Parent/Guardian for any participant under the age of 18.

MINOR RELEASE

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF *Mean Machine Sports PROGRAMS AND/OR ACTIVITIES* AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIMS AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR ANY COST THAT MAY OCCUR AS A RESULT OF ANY SUCH CLAIM.

PRINTED NAME OF PARENT/GUARDIAN: _____

ADDRESS: _____
(Street) (City) (State) (Zip)

PHONE: _____

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18): _____

DATE: _____



Media Consent & Release Form

www.MeanMachineSports.com

Photo Use Policy

Mean Machine Sports requires a signed release form from the subject of any photograph or image used on its website and/or social media. This form must be completed by individuals or parents of individuals who wish to submit photographs for publication or who may be the subject of photographs to be published on this website.

Mean Machine Sports will not publish any image of a minor unless his or her parent or legal guardian has signed a permission form.

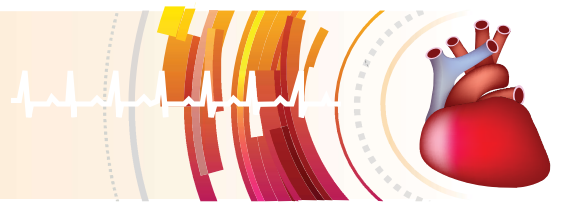
Photo Release and Consent Form

I hereby grant permission to Mean Machine Sports to use my image for promotional purposes, without further consideration. Permission is also granted to use images of my child listed below. I understand that no names will be used unless specific permission, in written form, is given to Mean Machine Sports. This permission includes the usage of images in any and all promotional material, including but not limited to, printed material, social media and the Mean Machine Sports website. This consent is effective until such time as I revoke it in writing and provide a copy of the revocation to Mean Machine Sports

Parent(s) Printed Name(s) : _____ Child's Name : _____

Parent(s) Signature(s) : _____ Date : _____

Sudden Cardiac Arrest and Lindsay's Law Parent/Athlete Signature Form



What is Lindsay's Law? Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. It covers all athletes 19 years or younger who practice for or compete in athletic activities. Activities may be organized by a school or youth sports organization.

Which youth athletic activities are included in Lindsay's law?

- Athletics at all schools in Ohio (public and non-public)
- Any athletic contest or competition sponsored by or associated with a school
- All interscholastic athletics, including all practices, interschool practices and scrimmages
- All youth sports organizations
- All cheerleading and club sports, including noncompetitive cheerleading

What is SCA? SCA is when the heart stops beating suddenly and unexpectedly. This cuts off blood flow to the brain and other vital organs. People with SCA will die if not treated immediately. SCA can be caused by 1) a structural issue with the heart, OR 2) a heart electrical problem which controls the heartbeat, OR 3) a situation such as a person who is hit in the chest or a gets a heart infection.

What is a warning sign for SCA? If a family member died suddenly before age 50, or a family member has cardiomyopathy, long QT syndrome, Marfan syndrome or other rhythm problems of the heart.

What symptoms are a warning sign of SCA? A young athlete may have these things with exercise:

- Chest pain/discomfort
- Unexplained fainting/near fainting or dizziness
- Unexplained tiredness, shortness of breath or difficulty breathing
- Unusually fast or racing heart beats

What happens if an athlete experiences syncope or fainting before, during or after a practice, scrimmage, or competitive play? The coach MUST remove the youth athlete from activity immediately. The youth athlete MUST be seen and cleared by a health care provider before returning to activity. This written clearance must be shared with a school or sports official.

What happens if an athlete experiences any other warning signs of SCA? The youth athlete should be seen by a health care professional.

Who can evaluate and clear youth athletes? A physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist, certified nurse midwife. For school athletes, a physician's assistant or licensed athletic trainer may also clear a student. That person may refer the youth to another health care provider for further evaluation.

What is needed for the youth athlete to return to the activity? There must be clearance from the health care provider in writing. This must be given to the coach and school or sports official before return to activity.

All youth athletes and their parents/guardians must view the Ohio Department of Health (ODH) video about Sudden Cardiac Arrest, review the ODH SCA handout and then sign and return this form.

Parent/Guardian Signature

Student Signature

Parent/Guardian Name (Print)

Student Name (Print)

Date

Date

Ohio Department of Health Concussion Information Sheet

For Youth Sports Organizations

Dear Parent/Guardian and Athletes,

This information sheet is provided to assist you and your child in recognizing the signs and symptoms of a concussion. Every athlete is different and responds to a brain injury differently, so seek medical attention if you suspect your child has a concussion. Once a concussion occurs, it is very important your athlete return to normal activities slowly, so he/she does not do more damage to his/her brain.

What is a Concussion?

A concussion is an injury to the brain that may be caused by a blow, bump, or jolt to the head. Concussions may also happen after a fall or hit that jars the brain. A blow elsewhere on the body can cause a concussion even if an athlete does not hit his/her head directly. Concussions can range from mild to severe, and athletes can get a concussion even if they are wearing a helmet.

Signs and Symptoms of a Concussion

Athletes do not have to be “knocked out” to have a concussion. In fact, less than 1 out of 10 concussions result in loss of consciousness. Concussion symptoms can develop right away or up to 48 hours after the injury. Ignoring any signs or symptoms of a concussion puts your child’s health at risk!

Signs Observed by Parents of Guardians

- ◆ *Appears dazed or stunned.*
- ◆ *Is confused about assignment or position.*
- ◆ *Forgets plays.*
- ◆ *Is unsure of game, score or opponent.*
- ◆ *Moves clumsily.*
- ◆ *Answers questions slowly.*
- ◆ *Loses consciousness (even briefly).*
- ◆ *Shows behavior or personality changes (irritability, sadness, nervousness, feeling more emotional).*
- ◆ *Can’t recall events before or after hit or fall.*

Symptoms Reported by Athlete

- ◆ *Any headache or “pressure” in head. (How badly it hurts does not matter.)*
- ◆ *Nausea or vomiting.*
- ◆ *Balance problems or dizziness.*
- ◆ *Double or blurry vision.*
- ◆ *Sensitivity to light and/or noise*
- ◆ *Feeling sluggish, hazy, foggy or groggy.*
- ◆ *Concentration or memory problems.*
- ◆ *Confusion.*
- ◆ *Does not “feel right.”*
- ◆ *Trouble falling asleep.*
- ◆ *Sleeping more or less than usual.*

Be Honest

Encourage your athlete to be honest with you, his/her coach and your health care provider about his/her symptoms. Many young athletes get caught up in the moment and/or feel pressured to return to sports before they are ready. It is better to miss one game than the entire season... or risk permanent damage!

Seek Medical Attention Right Away

Seeking medical attention is an important first step if you suspect or are told your child has a concussion. A qualified health care professional will be able to determine how serious the concussion is and when it is safe for your child to return to sports and other daily activities.

- ◆ *No athlete should return to activity on the same day he/she gets a concussion.*
- ◆ *Athletes should **NEVER** return to practices/games if they still have ANY symptoms.*
- ◆ *Parents and coaches should never pressure any athlete to return to play.*

The Dangers of Returning Too Soon

Returning to play too early may cause Second Impact Syndrome (SIS) or Post-Concussion Syndrome (PCS). SIS occurs when a second blow to the head happens before an athlete has completely recovered from a concussion. This second impact causes the brain to swell, possibly resulting in brain damage, paralysis, and even death. PCS can occur after a second impact. PCS can result in permanent, long-term concussion symptoms. The risk of SIS and PCS is the reason why no athlete should be allowed to participate in any physical activity before they are cleared by a qualified health care professional.

Recovery

A concussion can affect school, work, and sports. Along with coaches and teachers, the school nurse, athletic trainer, employer, and other school administrators should be aware of the athlete’s injury and their roles in helping the child recover.

During the recovery time after a concussion, physical and mental rest are required. A concussion upsets the way the brain normally works and causes it to work longer and harder to complete even simple tasks. Activities that require concentration and focus may make symptoms worse and cause the brain to heal slower. Studies show that children’s brains take several weeks to heal following a concussion.



www.healthyohioprogram.gov/vipp/concussion

Returning to Daily Activities

1. Be sure your child gets plenty of rest and enough sleep at night – no late nights. Keep the same bedtime weekdays and weekends.
2. Encourage daytime naps or rest breaks when your child feels tired or worn-out.
3. Limit your child's activities that require a lot of thinking or concentration (including social activities, homework, video games, texting, computer, driving, job-related activities, movies, parties). These activities can slow the brain's recovery.
4. Limit your child's physical activity, especially those activities where another injury or blow to the head may occur.
5. Have your qualified health care professional check your child's symptoms at different times to help guide recovery.

Returning to School

1. Your athlete may need to initially return to school on a limited basis, for example for only half-days, at first. This should be done under the supervision of a qualified health care professional.
2. Inform teacher(s), school counselor or administrator(s) about the injury and symptoms. School personnel should be instructed to watch for:
 - a. Increased problems paying attention.
 - b. Increased problems remembering or learning new information.
 - c. Longer time needed to complete tasks or assignments.
 - d. Greater irritability and decreased ability to cope with stress.
 - e. Symptoms worsen (headache, tiredness) when doing schoolwork.
3. Be sure your child takes multiple breaks during study time and watch for worsening of symptoms.
4. If your child is still having concussion symptoms, he/she may need extra help with school-related activities. As the symptoms decrease during recovery, the extra help or supports can be removed gradually.

Resources

ODH Violence and Injury Prevention Program
www.healthyohioprogam.org/vipp/injury.aspx

Centers for Disease Control and Prevention
www.cdc.gov/Concussion

National Federation of State High School Associations
www.nfhs.org

Brain Injury Association of America
www.biausa.org/

Returning to Play

1. Returning to play is specific for each person, depending on the sport. *Starting 4/26/13, Ohio law requires written permission from a health care provider before an athlete can return to play.* Follow instructions and guidance provided by a health care professional. It is important that you, your child and your child's coach follow these instructions carefully.
2. Your child should NEVER return to play if he/she still has ANY symptoms. (Be sure that your child does not have any symptoms at rest and while doing any physical activity and/or activities that require a lot of thinking or concentration).
3. Be sure that the athletic trainer, coach and physical education teacher are aware of your child's injury and symptoms.
4. Your athlete should complete a step-by-step exercise-based progression, under the direction of a qualified healthcare professional.
5. A sample activity progression is listed below. Generally, each step should take no less than 24 hours so that your child's full recovery would take about one week once they have no symptoms at rest and with moderate exercise.*

Sample Activity Progression*

Step 1: Low levels of non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: walking, light jogging, and easy stationary biking for 20-30 minutes).

Step 2: Moderate, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: moderate jogging, brief sprint running, moderate stationary biking, light calisthenics, and sport-specific drills without contact or collisions for 30-45 minutes).

Step 3: Heavy, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: extensive sprint running, high intensity stationary biking, resistance exercise with machines and free weights, more intense non-contact sports specific drills, agility training and jumping drills for 45-60 minutes).

Step 4: Full contact in controlled practice or scrimmage.

Step 5: Full contact in game play.

*If any symptoms occur, the athlete should drop back to the previous step and try to progress again after a 24 hour rest period.



Ohio Department of Health
Violence and Injury Prevention Program
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Columbus, OH 43215
(614) 466-2144

www.healthyohioprogam.gov/vipp/concussion