



American Youth Soccer Organization  
www.ayso.org

Player Registration Form

AYSO ID#: \_\_\_\_\_

PLEASE FILL IN ALL OF THE REQUESTED INFORMATION AND SIGN WHERE INDICATED. PRESS HARD, YOU ARE MAKING FOUR COPIES

Region Number		Division		Check If a VIP Player <input type="checkbox"/>		Loc. Code		
<b>Player</b>								
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 <input type="checkbox"/> Boy <input type="checkbox"/> 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:								

**Parent/Guardian #1** ☐ Father ☐ Mother ☐ Guardian

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: <input type="checkbox"/> Coach <input type="checkbox"/> Asst. Coach <input type="checkbox"/> Referee <input type="checkbox"/> Team Parent <input type="checkbox"/> Other: _____	

If you have not already done so, please complete and submit a volunteer application. And thank you in advance for volunteering

**Parent/Guardian #2** ☐ Father ☐ Mother ☐ Guardian

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: <input type="checkbox"/> Coach <input type="checkbox"/> Asst. Coach <input type="checkbox"/> Referee <input type="checkbox"/> Team Parent <input type="checkbox"/> 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, the undersigned parent or legal guardian of the above-named player, a minor ("Player") hereby authorize each of the coaches, team parents, and/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. (continued on reverse side)

I HAVE READ THE ABOVE EMERGENCY AUTHORIZATION, AND THE DISCLAIMER, ASSUMPTION OF RISK AND WAIVER, AND THE ACKNOWLEDGEMENT AND CONSENT AGREEMENTS PRINTED ON THE REVERSE SIDE OF THIS FORM, FULLY UNDERSTAND THE TERMS OF EACH, UNDERSTAND THAT I AND PLAYER HAVE GIVEN UP SUBSTANTIAL RIGHTS BY MY SIGNING THIS FORM AND AGREEING TO THESE TERMS, AND I SIGN THIS FORM FOR MYSELF AND ON BEHALF OF PLAYER AND AGREE TO THESE TERMS FREELY AND VOLUNTARILY AND WITHOUT INDUCEMENT.

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

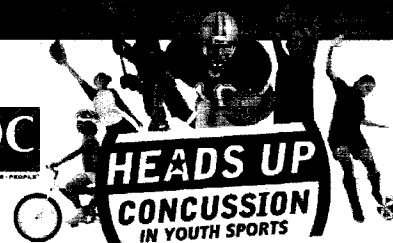
**The AYSO Endowment Fund:** The AYSO Endowment Fund is committed to bringing the AYSO experience to children who need financial help. If you would like to make a tax deductible contribution to assist in this effort, please call the Member Services Department at 800-872-2976 or send an e-mail message to [endowment@ayso.org](mailto:endowment@ayso.org)

"PLAYSOCCER", AYSO's quarterly magazine is sent to every household. By e-mail and regular mail, AYSO sends other publications, information and special offers we think will be of interest to our members. If, for some reason, you do not wish to receive these other communications, please check this box. ☐

DOB Verification	Check Number	Fee Charged	Amount Paid

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# Parent/Athlete Concussion Information Sheet



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

### 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.

### 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

### 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"

## 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
- 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*)

## 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.*

### 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

Student-Athlete Signature

Date

Parent or Legal Guardian Printed

Parent or Legal Guardian Signature

Date