

RHSC 2021 SPRING SOCCER-PLAYER MEMBERSHIP FORM

Completed forms can be mailed to:
RHSC, PO Box #402
Rose Hill, KS 67133
Must be postmarked by Feb 14th, 2021

PAYMENT DUE AT TIME OF REGISTRATION – PAYABLE TO RHSC
SIGN-UP FEE: \$40.00 FOR ALL AGES / \$5 DISCOUNT PER ADDITIONAL SIBLING
****LATE FEE FEB 15th-20th 2021: \$55.00 FOR ALL AGES****

PLEASE COMPLETE ENTIRE FORM AND PRINT ALL INFORMATION LEGIBLY (Incomplete and Illegible forms will NOT be accepted)

Player Name _____

Address _____

*******CONTACT INFORMATION*******
The information below will be used by the COACH and RHSC Board Members to contact you regarding team practices, games, cancellations, and information about our league.

2020-21 Grade _____ **Birth date** ___/___/___ **Gender (circle):** M F
(or age if not in school)

_____ Parent and/or Guardian Contact Name

CELL PHONE(_____) _____ - _____

WOULD YOU BE WILLING TO VOLUNTEER? COACH
 ASSISTANT COACH

SIBLINGS REQUEST _____
(It is RHSC intent to honor all sibling requests in the same age group.)

COACHES AND THE RHSC BOARD WILL MAKE CONTACT THROUGH TEXT MESSAGES AND EMAIL.

Email Address (Please PRINT Clearly):

PLAYER MEDICAL INFORMATION

LIST ANY MEDICAL PROBLEMS PLAYER HAS:

PERSON TO NOTIFY IN AN EMERGENCY _____

PHONE (_____) _____ - _____

DOCTOR TO NOTIFY IN AN EMERGENCY _____

PHONE (_____) _____ - _____

*****UNAVAILABLE PRACTICE DAYS*****
RHSC practices in the evenings, Monday – Friday. It is RHSC intent to match players with workable practice days but we cannot guarantee to meet all requests. If you do NOT list your unavailable days, we will not be able to change your day once we have drafted teams. Thanks!

If your schedule changes before the final day of registration please email us and we will update your registration form. Thanks!

*****PARENT’S APPROVAL AND MEDICAL RELEASE*****
I hereby give my consent to have a doctor of medicine or dentistry provide my son/daughter with emergency medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

Signature of Parent or Guardian _____

_____ Date

*******IMPORTANT*******

I, the parent/guardian of the above named player, agree that I and the player will abide by the rules and regulations of Rose Hill Soccer Club, all other affiliated organizations and its sponsors (RHSC), in consideration of the player’s participation in the soccer programs and activities of the RHSC, I, for myself and the players and my respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the Rose Hill Soccer Club, the City of Rose Hill, and all other owners and operators of the facilities used for the Programs and their respective directors, officers, employees, agents, coaches, referees, and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with my participation in the Programs including without limitation, player’s transportation to/from any Program, which transportation is hereby authorized.

PARENT SIGNATURE

PLEASE TURN THIS FORM OVER.
Read & initial the Parent Code of Conduct and Concussion Safety waivers on the back of this form.
UNSIGNED FORMS WILL NOT BE ACCEPTED.

Player uniforms (Tee Shirts) are provided	YXS (2-4)	YS (6-8)	YM (10-12)	YL (14-16)	
	AS	AM	AL	AXL	A2XL

Office Use only:

AMOUNT _____ CASH CHECK# _____ SCHOLARSHIP Entered Shirt/Uniform Ordered

Parent Code of Conduct:

- 1) Encourage positive sportsmanship by example. Remember that this game is for the kids to enjoy, don't ruin that for them.
- 2) Help your team's parents regain control if they get inappropriately carried away with their emotions and graciously accept these reminders when offered by other parents.
- 3) Be supportive and accept wins and losses. Give positive feedback to players.
- 4) Do not coach. Leave the coaching to the coaches.
- 5) Interact positively with parents of opposing team or do not interact with them at all.
- 6) Do not openly or directly criticize the referee before, during or after games.
- 7) If a parent/spectator openly or directly criticizes the referee, opposing coach or players or is inappropriate with his/her sideline sportsmanship, the referee has the authority to (1st) warn the coach of the problems on the sidelines from the fans. If the behavior continues the referee has the authority to (2nd) award a PK to the opposing team.
- 8) Any RHSC Board member has the authority to stop any game to regain sportsmanship of the players, coaches and spectators. Warning followed up with the cancellation of the game may be the result if the behavior is not corrected after the warning.
- 9) Any parent/spectator, who touches, bumps, physically contacts or verbally abuses a game official or RHSC Board member, shall be guilty of violent conduct and immediately suspended from the Shorty Cox Sports Complex and the RHSC League for a minimum of one year and potentially suspended permanently.
- 10) Any formal complaint shall only be done in writing to the RHSC Board by email or mail. Recognize that many of the referees are young and are learning to referee. Support their learning efforts as you do youth players because without them there is no game.

I have read and understand the Parent Code of Conduct (Please initial here) _____

CONCUSSION SAFETY INFORMATION

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
- Work with their coach to teach ways to lower the chances of getting a concussion.
- Emphasize the importance of reporting concussions and taking time to recover from one.
- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. There is no "concussion-proof" helmet. Even with a helmet, it is important for children and teens to avoid hits to the head.

SIGNS AND SYMPTOMS

SIGNS OBSERVED BY PARENTS OR GUARDIANS If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion: • Appears dazed or stunned • Is confused about assignment or position • Forgets sports plays • Is unsure of game, score, or opponent • Moves clumsily • Answers questions slowly • Loses consciousness (even briefly) • Shows behavior or personality changes • Can't recall events prior to hit or fall • Can't recall events after hit or fall

SYMPTOMS REPORTED BY ATHLETE • Headache or "pressure" in the 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 • Does not "feel right"

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

1. Seek medical attention right away. A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports. 2. Keep your child out of play. Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Second or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime. 3. Tell your child's coach about any recent concussion. Coaches should know if your child had a recent concussion. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

To learn more, go to cdc.gov/HEADSUP

I have read and understand the Concussion Safety Information (Please initial here) _____