



Rc3 FC Registration 2024 / 2025

Name of Player: _____

Gender: _____ Age: _____ Grade: _____ Birth date: ____/____/____

Was player born outside of the USA? (circle one) Y N

Will player be 18 years old during the season (8/1/24 - 7/31/25)? (circle one) Y N

Address: _____

City _____ State: _____ Zip Code: _____

Parent/Guardian Name: _____

Parent/Guardian Phone: _____ Email: _____

Player Phone: _____ Email: _____

Jersey size (circle one): **Youth** YS YM YL YXL **Mens** SML MED LGE XLG 2XL

Womens XSM SML MED LGE XLG 2XL

Short size (circle one): YS YM YL YXL AS AM AL AXL

Sock size (circle one): **SML** (3Y-5Y / M 4-6 / W 5.5-7.5) **MED** (5Y-7Y / M 6-8 / W 7.5-9.5)

LGE (M 8-12 / W 9.5-13.5)

Permission Request

Name of Player: _____ Birth date: ____/____/____

I hereby release Rhea County Community Center (hereafter, Rc3) from any and all liability of any kind of personal injury or property damage due to participation in this program. I certify that my child is in good health and is able to participate in all activities. If any attention is required for illness or injury, I give my permission to a staff member for such care. I give consent for my child to be photographed or videotaped and for these images to be used by Rc3 in the future. I understand that Rc3 will attempt to make up time lost due to bad weather, however if time cannot be made up I understand that no refund will be provided.

Player Signature (if 18 or older): _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Select Soccer Fees*:

U10: **\$300.00** U12: **\$500.00** U13- U19: **\$550.00**

* Financial assistance is available. Please check here if you would like an application. _____

For Office Use Only

Date Pd: _____ Amount Pd: _____ Date Pd: _____ Amount Pd: _____

Safesport required: Y N Date completed: _____

Boys: U19/U18 U15 U12 U10 **Girls:** U19 U15 U12

Rc3 FC Code of Conduct

Rhea County Community Center is *dedicated to building a healthy community with Christ as our cornerstone*. As a program of Rc3, the purpose of the Rc3 Futbol Club is to provide excellent soccer in Rhea County and Southeast Tennessee. We seek to *equip, elevate, and encourage*. *Equip*...passionate players through quality training by knowledgeable and experienced coaches. *Elevate*...the game while preparing players for the next level. *Encourage*...Christ-like character in players and the advancement of soccer by offering affordable programs. To that end, Rc3 FC is dedicated to providing a positive experience and atmosphere for all involved, including: players, parents, coaches, referees, opponents, and visitors.

Therefore, as a parent/guardian of an Rc3 FC player, I agree to the following:

1. **To encourage, not criticize.** In addition to helping your player improve as a soccer player, it is important to keep the experience fun. Your player understands and feels pressure to do well. Do not add to that pressure. Be their biggest fan at all times, never their critic. ***Under no circumstances should you yell at your player or any other player during a game.*** Any physical altercation, or threats of physical altercation, could result in a ban from Rc3 FC games or even the player's dismissal from the Club.
2. **To respect the referees.** Even when the referee makes a mistake, please support the officials. They are a symbol of fair play and sportsmanship. You have no control over a referee's calls and will not be successful in overturning calls. You teach your player to disrespect authority when you yell at a referee or speak badly about them. Abuse or harassment of any referee will NOT be tolerated and could result in dismissal from the field.
3. **To respect the opponents and their fans.** As representatives of Rc3 FC and Rhea County, treat the opponents and spectators with respect and hospitality. You represent an entire Club and community with your words and actions.
4. **To avoid coaching from the sideline.** The coach must have the undivided attention of players at all times. You may be inadvertently telling your player to do something different than the coach. If you tell your player what to do, it robs them of the chance to make mistakes and find solutions on their own.
5. **To support the coach.** Our coaches sacrifice a great deal of time to support your player's love of soccer. Respect their decisions. If you have questions about playtime or position, arrange to have a discussion with the coach at least 24 hours after the game. Take advantage of opportunities to learn about soccer so you will understand what the coach is trying to accomplish.
6. **To accept the results.** Encourage your player to be gracious in victory and to never make excuses for a defeat. Turn the defeat into an opportunity to improve. Your player will lose games. They need your unconditional support more on these days than the wins.
7. **To support safety.** Do not pressure your player to play injured. Follow the coach's recommendation, especially when concussion symptoms are present.

Player Name(s): _____

Guardian Name: _____

By signing below, you agree to the above guidelines and sign as a representative for spouse, if applicable.

Parent/Guardian Signature: _____ Date: _____



Player Commitment Letter and Release of Liability

My player has been offered a position with the soccer club noted below. I understand that to accept this offer, I, as the parent/legal guardian, must complete this Player Commitment Letter, and return it to the club leadership.

I am committed to **Rc3 Futbol Club (Rc3 FC)** for the seasonal soccer year of 2024/2025. By signing this Player Commitment Letter, I give **Rc3 FC** permission to register my player with the Tennessee State Soccer Association (TSSA) in the Current Seasonal Year (August 1, 2024 through July 31, 2025). I further understand that this Player Commitment Letter is not binding until the 10th of June 2024. Following the 10th of June 2024, I understand that my player is committed to the aforementioned soccer club for the Current Seasonal Year and per TSSA Policy 26, the only way my player may be released from this commitment is through a properly executed Player Release.

I, the parent/legal guardian of the committed player, a minor, agree that the player and I will abide by the rules of the aforementioned soccer club, TSSA, United States Youth Soccer Association (USYSA), United States Soccer Federation (USSF), and its affiliated organizations and sponsors.

RELEASE OF LIABILITY FOR MINOR PARTICIPANTS - READ BEFORE SIGNING

Soccer is a physical, contact sport that involves the risk of injury. I assume all risks and hazards associated with my participation. I am in proper physical condition to participate in soccer games and have no illness, disease or existing injury or physical defect that would be aggravated by my participation. IN CONSIDERATION OF my child/ward being allowed to participate in any way in soccer games, practice and related events and activities and/or being transported to or from the same, the undersigned acknowledges, appreciates, and agrees that: The risks of injury and illness (such as outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof; MRSA, influenza. I acknowledge that I am aware that there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from such communicable diseases) to my child from the activities involved in these programs are significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,

1. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
2. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
3. I, myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Tennessee State Soccer Association (TSSA) and US Youth Soccer, their affiliated organizations or clubs and sponsors, their directors, officers, officials, agents, coaches, trainers, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
4. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

5. I, the parent/guardian, assert that I have explained to my child/ward: the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that my child/ward understands this agreement.

I, FOR MYSELF, MY SPOUSE, AND CHILD/WARD, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

MEDIA RELEASE—READ BEFORE SIGNING

I hereby grant permission to use photographs of myself/my child in social media publications, print advertisements, website photos, and newsletters, and I hereby affirm that such release to the releasee does not constitute any form of compensation, including royalties arising from the photographs to my benefit. I understand and agree that photographs in the possession of the releasee shall become the property of the releasee. The use and publication of the photographs, however, shall conform to my rights as a subject of said photographs and not be used with images or material that might negatively impact the individual. The use of the photographs will be for explicit use of promoting soccer and the programs of TSSA.

I hereby waive my right to inspect or approve the photographs in which my likeness or that of my child appears. I hereby hold harmless, release, and forever discharge the from all claims, demands, and causes of action which I, my heirs, representatives, executors, administrators, or any other persons acting on my behalf or on behalf of my estate have or may have by reason of this authorization.

I, FOR MYSELF, MY SPOUSE, AND CHILD/WARD, HAVE READ THIS MEDIA RELEASE, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

By signing this form, I give your club, your association, permission to register my son/ daughter to play for the Tennessee State Soccer Association current seasonal year (August 1st- July 31st). I understand that my player will be registered in the age group that correlates to my player's birth year. If registered in a different age group (one other than the age group of the player's birth year), I understand that the club will explain the purpose of this decision to me and make sure that I fully understand the team structure (i.e., a combined age group team or playing up), as the club may have set policy or an agreement regarding these situations. I understand that the club will place my player in a level believed to be appropriate for the player (D1, D2, D3, or Soccer Juniors). If my child must be moved to a different level of play, the club may have a policy or an agreement in place that serves to inform me. The club will notify me about this decision and why it is beneficial to my player. I further understand that as a parent/legal guardian, signing this document commits my player to this club for the entire seasonal year. I, (we) the parent/legal guardian of the above player, a minor, agree that the player and I (we) will abide by the rules of the club, association, district, Tennessee State Soccer Association, US Youth Soccer, and its affiliated organizations and sponsors. I have read Tennessee State Soccer Association's Policy 26 and agree to their recruiting rules which states that I may not encourage a registered player with another club to move/change clubs between August 1st and the opening date of tryouts (May/June of each year, depending on age level).

Parent /Legal Guardian Name (Please Print): _____

Parent/Legal Guardian Signature: _____ Date: _____

Player Name (Please Print): _____ DOB (mm/dd/yyyy): _____

Player Signature (if 18 years of age): _____ Date: _____



Cardiac Arrest Acknowledgement Form **(Athlete/Parent/Guardian)**

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA doesn't just happen to adults; it takes the lives of students, too. However, the causes of sudden cardiac arrest in students and adults can be different. A youth athlete's SCA will likely result from an inherited condition, while an adult's SCA may be caused by either inherited or lifestyle issues.

SCA is **NOT** a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

How common is sudden cardiac arrest in the United States?

SCA is the #1 cause of death for adults in this country. There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under 25 die of SCA each year. It is the #1 cause of death for student athletes.

Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- fainting or seizures during exercise;
- unexplained shortness of breath;
- dizziness;
- extreme fatigue;
- chest pains; or
- racing heart.

These symptoms can be unclear in athletes, since people often confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

What are the risks of practicing or playing after experiencing these symptoms?

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it.

Public Chapter 325 – the Sudden Cardiac Arrest Prevention Act

The act is intended to keep youth athletes safe while practicing or playing. The requirements of the act are:

- ***All youth athletes and their parents or guardians must read and sign this form. It must be returned to the recreational or competitive club/association before participation in any athletic activity. A new form must be signed and returned each recreational or competitive soccer year (August 1- July 31).***

Adapted from PA Department of Health: Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form. 7/2013

- The immediate removal of any youth athlete who passes out or faints while participating in an athletic activity, or who exhibits any of the following symptoms:
 - (i) Unexplained shortness of breath;
 - (ii) Chest pains;
 - (iii) Dizziness
 - (iv) Racing heart rate; or
 - (v) Extreme fatigue; and

- Establish as policy that a youth athlete who has been removed from play shall not return to the practice or competition during which the youth athlete experienced symptoms consistent with sudden cardiac arrest
- Before returning to practice or play in an athletic activity, the athlete must be evaluated by a Tennessee licensed medical doctor or an osteopathic physician. Clearance to full or graduated return to practice or play must be in writing.

I have reviewed and understand the symptoms and warning signs of SCA.

Signature of Soccer Player (ONLY if 18 or older)

Print Soccer Players Name

Date

Signature of Parent/Guardian

Print Parent/Guardian's Name

Date



Concussion Acknowledgement Form
(Athlete/Parent/Guardian)

MUST be signed and returned to the member club/association that is affiliated with Tennessee State Soccer Association (TSSA) prior to participation in practice or competition.

Athletes Name(s): _____

Parent/Legal Guardian Name(s): _____

Athlete's Initials		Parent/Legal Guardian's Initials
	A concussion is a brain injury which should be reported to ones parents/legal guardian, coaches, or a medical professional if one is available.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up many hours or days following an injury.	
	I understand and will tell my parents/legal guardian, coach, and/or medical professional about my injuries and illnesses.	
	I understand and will not return to play in a practice or competition if a hit to my head or body causes me any concussion related symptoms.	
	I understand that written permission is needed from a health care provider* to return to play or competition following a concussion.	
	Most concussions take days or weeks to improve. A more serious concussion can last for months or longer.	
	Following a bump, blow, or jolt to the head or body an athlete should receive medical attention if there are any danger signs such as loss of consciousness, repeated vomiting, or a headache that continues or grows in severity.	
	Following a concussion, the brain needs time to heal. I understand that a concussed athlete is more likely to suffer another concussion or more serious brain injury if return to play or competition occurs before concussion symptoms go away completely.	
	In some cases, a repeat concussion can cause serious, long lasting problems or even death.	
	I have read the concussion signs and symptoms on the Concussion Information Sheet and I understand the importance of Concussion Education.	

**NOTE: Health Care Provider means a Tennessee licensed medical doctor, osteopathic physician, or clinical neuropsychologist with concussion training.*

Athletes Signature: _____

Date: _____

Parent/Legal Guardian' Signature: _____

Date: _____



PARENT/GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE FORM

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

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

EMERGENCY INFORMATION

Parent/Guardian
Name: _____ Home Phone: _____ Work Phone: _____

Parent/Guardian
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 Conditions: _____

Player's Physician: _____ Office 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 US Youth Soccer and members of US Youth Soccer accepting my son/daughter as a player in the soccer programs and activities of US Youth Soccer and its members (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify US Youth Soccer, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and 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 by a licensed medical doctor and has been found physically capable of participating in the sport of soccer. 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 Parent/Guardian

Date



Concussion Signs and Symptoms Information Sheet
(Athlete/Parent/Guardian Copy)

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 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.

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.

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks following the injury.

If an athlete reports one or more symptoms of concussion listed below after a bump, blow, or jolt to the head or body, the athlete should be kept out of play the day of the injury and until an approved health care provider* says the athlete is symptom-free and it is safe to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or “pressure” in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balanced problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness, even briefly	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can’t recall events <i>prior</i> to hit or fall	Confusion
Can’t recall events <i>after</i> hit or fall	Just not “feeling right,” or “feeling down”

What are the 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 after a bump, blow, or jolt to the head or body if the athlete exhibits any of the following danger signs:

- Has one pupil larger than the other;
- Is drowsy or cannot be awakened;
- Has a headache that does not diminish or go away;
- Has weakness, numbness, or decreased coordination;
- Has repeated vomiting or nausea;
- Has slurred speech;
- Has convulsions or seizures;
- Unable to recognize people or places;
- Becomes increasingly confused, restless, or agitated;
- Demonstrates unusual behavior;
- Loses consciousness (even though brief it is serious)

Remember:

Concussions affect individuals differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or weeks. A more serious concussion can last for months or longer.

Why should an Athlete Report Symptoms?

If an athlete has a concussion, their brain needs time to heal. While an athlete's brain is healing, they are 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 one's brain. They (concussions) can even be fatal.

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 provider* says the athlete is symptom-free and is safe to return to play.

Rest is a key component 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 grow worse. Following a concussion, returning to sports and school should be a gradual process that is carefully managed and monitored by a health care professional.

****NOTE: Health Care Provider means a Tennessee licensed medical doctor, osteopathic physician, or clinical neuropsychologist with concussion training.***