



REC SOCCER REGISTRATION

(REC SOCCER IS FOR BIRTH YEARS 2009-2020)

REGISTRATION: JULY 15, 2024 – AUG 15, 2024

SEASON: AUGUST 26TH – NOVEMBER 2ND (FALL BREAK: NO PRACTICE OR GAMES OCT 7TH-12TH)

Name of Child: _____ Gender: _____

Birth Date: ___/___/___ Age: _____ Grade: _____

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

Parent/Guardian: _____ TEXT # for Parent: _____

Email Address: _____ **KNOWN ALLERGIES:** _____

Siblings Participating (name/age): _____

seasons child has played soccer? _____

How assertive is your child? (circle one) 1 2 3 4 5 (1 = Shy 5=competitive)

I am **ABSOLUTELY NOT** available for practice on (**CIRCLE ONE**): Monday Tuesday Thursday

JERSEY SIZE (circle one): YXS YS YM YL AS AM AL AXL AXXL

PERMISSION REQUEST

I hereby release 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 those images to be used by the RC3 in the future. I understand that the 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.

The parent(s) guardian(s) authorize the RC3 to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs to his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. The parent(s)/Guardian(s) understand that the provider will make every effort to contact them and/or their designated emergency contacts.

Please complete the following:

1. I/we will be responsible for payment of medical expenses.

2. Medical treatment costs are covered by: Insurance Company: _____ Policy #: _____
Child's Physician or Clinic Attended: _____

Signature of Parent/Guardian _____ Date _____

COACHES NEEDED (check 1): _____ Coach _____ Cannot Coach
Coach Contact Info: Phone Number _____
Preferred Practice Day for Coach _____ Preferred Practice Time for Coach _____

SOCCER FEE*

*Financial assistance is available. Applications are available at the front desk.

Members\$65.00

Potential-Member\$95.00

**FOR OFFICE USE ONLY: AMOUNT PAID: _____ DATE: _____ STAFF INITIAL: _____

___U5(4 yr old) ___ U6(5 yr old) ___ U8(6-7yr old) ___ U10(8-9 yr old) ___ U13(10-12 yr old) ___ U15(13-14 yr old)

Special requests will be considered but are not guaranteed.

STUDENT-ATHLETE & PARENT/LEGAL GUARDIAN CONCUSSION STATEMENT

According to the Centers for Disease Control and Prevention, a concussion is a type of traumatic brain injury that changes the way the brain normally works. 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. The new concussion law is an opportunity to make playing sports safer for Tennessee's young athletes. For more information, visit: <http://tn.gov/health> --> Preventing Brain Injury

This form must be signed and returned to Rc3 prior to participation in practice or play. Rc3 strives to keep children and adults safe in all of our programs. Coaches will follow concussion protocols during practices and games.

Student-Athlete Name: _____

Parent/Legal Guardian Name(s): _____

After reading the information sheet, I am aware of the following information:

Student-Athlete Initials		Parent/Legal Guardian Initials
	A concussion is a brain injury which should be reported to my parents, my coach(es) 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 hours or days after an injury.	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	
	I will/my child will need written permission from a health care provider* to return to play or practice after a concussion.	
	Most concussions take days or weeks to get better. A more serious concussion can last for months or longer.	
	After a bump, blow or jolt to the head or body an athlete should receive immediate medical attention if there are any danger signs such as loss of consciousness, repeated vomiting or a headache that gets worse.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before the concussion symptoms go away.	
	Sometimes repeat concussion can cause serious and long-lasting problems and even death.	
	I have read the concussion symptoms on the Concussion Information Sheet.	

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 season.
- 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:
 - Unexplained shortness of breath;
 - Chest pains;
 - Dizziness
 - Racing heart rate; or
 - Extreme fatigue; and
 - Establish as policy that a youth athlete who has been removed from play shall not return to practice or competition during which the youth athlete experienced symptoms consistent with SCA.
 - 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 Player (ONLY if 18 or older)

Print Player's Name

Date

Signature of Parent

Print Parent Name

Date