



Ashwaubenon Youth Soccer Association

2013 Player Registration / Concussion Forms



REGISTRANT INFORMATION:

PLAYER'S LAST NAME: _____ FIRST NAME & M.I.: _____ M / F: _____

PRIMARY ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____

PRIMARY PHONE: _____ BIRTHDATE (MM/DD/YYYY): ____ / ____ / ____ PLAYERS AGE AS OF 07/31/2013: _____

FAMILY E-MAIL: _____ SCHOOL ATTENDING: _____

PARENT/GUARDIAN NAME: _____ HOME PHONE: _____ CELL PHONE: _____
 -WOULD LIKE TO (X) COACH: _____ ASSIST COACH: _____ TEAM PICNIC PARENT: _____ BOARD MEMBER: _____ REFEREE: _____ PICTURES: _____ TEAM HELPER: _____

PARENT/GUARDIAN NAME: _____ HOME PHONE: _____ CELL PHONE: _____
 -WOULD LIKE TO (X) COACH: _____ ASSIST COACH: _____ TEAM PICNIC PARENT: _____ BOARD MEMBER: _____ REFEREE: _____ PICTURES: _____ TEAM HELPER: _____

ALLERGIES/HEALTH CONDITIONS/RESTRICTIONS: _____

EMERGENCY CONTACT (OTHER THAN PARENT/GUARDIAN ABOVE): _____ PHONE: _____ RELATIONSHIP TO CHILD: _____

PREVIOUSLY PLAYED ORGANIZED SOCCER WITH AYSA?: YES / NO YEARS _____ **IF NO - MUST PROVIDE PROOF OF BIRTH**

OTHER SIBLINGS PLAYING SOCCER WITH AYSA THIS YEAR?: YES / NO IF YES, LIST NAMES & AGES: _____

FEES:

AGE 4 THROUGH 9: \$35/player \$_____

AGE 10 THROUGH 18: \$45/player \$_____

NON-RESIDENT FEE: add \$15/player \$_____ (*must still attend Ashwaubenon Schools*)

LATE REGISTRATION FEE: add \$20/player \$_____ (*Will be assessed after March 8*)

3 OR MORE AYSA PLAYERS IN FAMILY \$(\$_____) (*Deduct \$5 on each players registration*)

TOTAL FEES DUE FOR THIS PLAYER: \$_____

**Please make checks payable to:
Ashwaubenon Youth Soccer Association**

PLEASE NOTE:
WHEN SIGNING THIS REGISTRATION FORM,
YOU ARE AGREEING TO A \$45 NON-SUFFICIENT FUNDS FEE THAT WILL BE CHARGED FOR ALL RETURNED CHECKS.

PARENT/GUARDIAN APPROVAL / WAIVER / MEDICAL RELEASE

Recognizing that soccer is a vigorous contact sport which may cause serious physical injury to a participant at a game, tournament, training or scrimmage, by player contact with other players, goalposts, ground, motor vehicles or adult participants, in inclement weather, on variable field conditions - and in consideration for the Soccer Association for Youth (SAY) and the Ashwaubenon Youth Soccer Association (AYSA) accepting my son/daughter as a player in the soccer programs and activities of the above, I consent to my son/daughter participating in those programs. Further, I release, discharge, and otherwise indemnify SAY and AYSA, their employees, associated personnel, referees 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, which transportation I authorize, pursuant to the recreational assumption of the risk statute, sec.895.525, Wis. Stats.

My player son/daughter has received a physical examination by a physician and has been found physically capable of participating in the programs. In order that my child may receive necessary medical treatment in the event of an injury or illness, I hereby authorize the coach or assistant coach to obtain such medical treatment. This includes the calling of a rescue vehicle if deemed necessary in their judgment. Payment of any medical bills incurred by my child will be the responsibility of me and my insurance company.

I have read, understand and will abide by the AYSA CODE OF ETHICS FOR PLAYERS, PARENTS/SPECTATORS and will to the best of my ability assure that my child/player, as well as any other spectator/family member that attends with me, will also behave according to its tenets to also include a Zero Tolerance Policy regarding any and all referee abuse.

I hereby grant the AYSA permission to use my likeness, or the likeness of my minor child or children in a photograph in any and all of its publications, including website entries, printed or other media, whether now known or hereafter existing, controlled by AYSA, in perpetuity, and for other use by AYSA without further consideration. I hereby irrevocably authorize AYSA to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing AYSA's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears.

AYSA will charge/bill a \$45 Non-Sufficient Funds Fee for all returned checks. This fee must be paid in full PRIOR to the next season, or your child/player will not be able to participate in any further activities regarding AYSA, until it is paid.

I have read and fully understand the above statements.

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____ DATE: _____

This Area Only For Office / Registrar Use Only:

Proof of birth verified (note) _____ Address verified (note) _____

Past Bill/ Returned Check Fees still due (note) _____

Parent & Athlete Concussion Information Sheet

Reformatted from the Center for Disease Control's Heads Up Concussion in Youth Sports Program

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 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

- Headaches or "pressure" in the head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- 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.

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.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

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I have reviewed AYSA's Concussion Awareness Information and I agree that if it appears that my child may have sustained a concussion or head injury that he/she is to be removed from any program activity until such time that a trained medical professional can examine him/her and approve their return to play soccer, pursuant to Wisconsin Act 172 relating to concussions and other head injuries. In such case, I understand that I am to provide a *written* clearance from a trained medical professional for my player to return to play soccer.

I have read and fully understand this statement regarding concussions.

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____ DATE: _____