



## MIDDLETON UNITED SOCCER CLUB 2014-2015 SEASON RECREATIONAL INDIVIDUAL REGISTRATION FORM

Mother/Guardian's Name: \_\_\_\_\_ Employer: \_\_\_\_\_ Mother's D.O.B (mm/dd): \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Father/Guardian's Name: \_\_\_\_\_ Employer: \_\_\_\_\_  
 Child's Name: \_\_\_\_\_ D.O.B (mm/dd/year): \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 School: \_\_\_\_\_ Grade in Fall 2014: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home phone #: \_\_\_\_\_  
 E-mail (s): (F) \_\_\_\_\_ (M) \_\_\_\_\_ Cell phone #: \_\_\_\_\_  
 Age Group: U5 \_\_\_\_\_ U6 \_\_\_\_\_ U7 \_\_\_\_\_ U8 \_\_\_\_\_ U9 \_\_\_\_\_ U10 \_\_\_\_\_ U11 \_\_\_\_\_ U12 \_\_\_\_\_ U13 \_\_\_\_\_ U14 \_\_\_\_\_  
 Buddy Requests: \_\_\_\_\_

Age Groups	Year in School	Cost/Player	1/2 Season	Uniform
U5 & U6 Coed	Pre K and K	\$105	\$71	*approx \$50
U7 Coed	1 <sup>st</sup> grade	\$107	\$73	*approx \$50
U8 Coed	2 <sup>nd</sup> grade	\$107	\$73	*approx \$50
**U9 Boys	3 <sup>rd</sup> grade	\$130	\$86	*approx \$50
**U9 Girls	3 <sup>rd</sup> grade	\$130	\$86	*approx \$50
**U10 Boys	4 <sup>th</sup> grade	\$130	\$86	*approx \$50
**U10 Girls	4 <sup>th</sup> grade	\$130	\$86	*approx \$50
**U11/12 Boys	5 <sup>th</sup> /6 <sup>th</sup> grade	\$140	\$91	*approx \$50
**U11/12 Girls	5 <sup>th</sup> /6 <sup>th</sup> grade	\$140	\$91	*approx \$50
**U13/14 Boys	7 <sup>th</sup> /8 <sup>th</sup> grade	\$140	\$91	*approx \$50
**U13/14 Girls	7 <sup>th</sup> /8 <sup>th</sup> grade	\$140	\$91	*approx \$50

\*\*Referee Fees NOT INCLUDED

\*Uniform Fee paid directly to Stefan's Soccer

### Donations:

If you would like to make a donation, please include it with your registration fee. MU is a 501c(3) so your donation may be tax deductible. Donations will be used to forward the mission of Middleton United as well as support its scholarship fund for those players in need of assistance.

### Volunteer Opportunity:

Volunteers are a large part of making our club a success. If you would like to help coach, manage, or volunteer in some capacity, please fill out your contact information below.

Name: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Best time to contact: \_\_\_\_\_

**Registrations are due by February 24, 2015**

\*Price increase of \$25 on March 5, 2014\*

\*\*Price increase of \$50 on March 20, 2014\*\*

Registration Fee	\$	Credit Card Information (if paying by credit card)
Donation (501c(3))	\$	
<b>TOTAL</b>	<b>\$</b>	
		Visa/MC #:
		Expiration Date:
		Signature:

If paying by check, please make check payable to Middleton United Soccer Club. Please mail this completed registration form and check or credit card information to: Middleton United Soccer Club, 8312 Forsythia St., Middleton, WI 53562. There is an administrative fee of 15% for cancellation (request must be received by August 1, 2014.)



## Middleton United Soccer Club Code of Conduct

The Middleton United Soccer Club wants to ensure that the conduct of players, parents, coaches, referees, and spectators during games at all levels are fair, positive, and enjoyable experiences for all of the children and adults involved. A soccer game should be a bonding experience – a fun, spirited, social and athletic occasion for all of our participants and spectators.

In accordance with the above general statements, Middleton United SC requires parents and guests of players within the club to abide by the following Code of Conduct:

1. I will not force my child to play soccer, because I will remember that my child participates in soccer primarily for his/her enjoyment – not mine.
2. I will teach my child that doing one's best is more important than winning and will be supportive no matter the outcome of the game.
3. I will encourage my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
4. I will never yell at or ridicule my child or other players for making a mistake or losing a game, rather I will praise/cheer my child and others for trying hard and competing fairly, and refrain from booing opponents.
5. I will understand that the officials do their best. I will respect their decisions and not question an official's bias or judgment in public.
6. I will respect and appreciate the volunteer coaches and officials who donate their time to my child, and in doing so, I will not coach from the sidelines.
7. I will show respect for my team's opponents. I will not use profanity or harass them, other spectators, coaches, or officials.
8. I will understand the Laws of the Game and the **Middleton United SC adaptations**.
9. I will demand a sports environment for my child that is free from profanity, drugs, and alcohol; and I will refrain from their use at all sports events.
10. I also understand that the referee assigned is in charge of the game, and, if asked to leave the game or the park, I must follow the request of the referee.

I have read and understand the above statements. I agree to conduct myself in a way that demonstrates the standards established in this Code of Conduct. I understand that if I fail to follow these guidelines, the disciplinary procedures could include:

- Verbal warning by official, coach, and/or head of league organization
- Written warning by official, coach, and/or head of league organization
- Parental game suspension with written documentation of incident kept on file by organizations involved
- Game forfeit through the official or coach
- Player suspension/expulsion from the club

Parent's Signature \_\_\_\_\_

Date: \_\_\_\_\_



# Madison Area Youth Soccer Association Player Registration Form



PLAYER'S LAST NAME: \_\_\_\_\_ PLAYER'S FIRST NAME: \_\_\_\_\_ M OR F: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_ BIRTHDATE (MM/DD/YY): \_\_\_\_/\_\_\_\_/\_\_\_\_ MOTHER'S BIRTHDATE (MM/DD): \_\_\_\_/\_\_\_\_

FAMILY E-MAIL: \_\_\_\_\_ SCHOOL: \_\_\_\_\_ GRADE ENTERING IN FALL: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

NAME OF PREVIOUS TEAM: \_\_\_\_\_ COACH'S NAME: \_\_\_\_\_ UNIFORM SIZE(X): YM \_\_\_ YL \_\_\_ AS \_\_\_ AM \_\_\_ AL \_\_\_

PARENT WOULD LIKE TO (X) COACH: \_\_\_\_\_ ASSIST COACH: \_\_\_\_\_ MANAGER: \_\_\_\_\_ OTHER: \_\_\_\_\_

MY CHILD QUALIFIES FOR OUR SCHOOL'S FREE OR REDUCED LUNCH PROGRAM (X): \_\_\_\_\_

COMMENTS OR REQUESTS FOR TEAM SELECTION: \_\_\_\_\_

NAME OF PHYSICIAN: \_\_\_\_\_ CLINIC: \_\_\_\_\_ PHONE: \_\_\_\_\_

ALLERGIES OR HEALTH CONDITIONS: \_\_\_\_\_

MEDICAL AND/OR HOSPITAL INSURANCE CO: \_\_\_\_\_

POLICY HOLDER: \_\_\_\_\_ POLICY #: \_\_\_\_\_ GROUP #: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP TO CHILD: \_\_\_\_\_

### PARENT/GUARDIAN APPROVAL AND 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 US Youth Soccer, Wisconsin Youth Soccer Association (WYSA) and Madison Area Youth Soccer Association (MAYSA) 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 US Youth Soccer, WYSA, and MAYSA, 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. I give my consent to have an athletic trainer, emergency medical care personnel, and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

I have read, understand and will abide by MAYSA Code of Ethics and Conduct and will to the best of my ability assure that my child/player will also behave according to its tenets including the Zero Tolerance Policy regarding referee abuse.

I hereby grant the MAYSA 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 MAYSA, in perpetuity, and for other use by MAYSA without further consideration. I hereby irrevocably authorize WYSA to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing MAYSA'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.

Please note that the Registrant shall not be permitted to participate in any US Youth Soccer, WYSA, and/or MAYSA programs unless and until this form is signed and returned to an authorized MAYSA representative.

I have read and fully understand the above statements.

SIGNATURE OF PARENT OR LEGAL GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

CLUB: \_\_\_\_\_ Coaches/Registrars: Complete this Section

Team Name: \_\_\_\_\_ Div: \_\_\_\_\_ Age Group U- \_\_\_\_\_ Girls \_\_\_\_\_ or Boys(Coed) \_\_\_\_\_ Coach: \_\_\_\_\_

# 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 MAYSA'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: