Player Information Form

Gender: Male ____ Female ____ **Date of Birth:** _____ **Home Phone**: _____

Player's Name: _____

Street Address: _____

City: _____ **State:** _____ Zip: _____

Mother's Name: _____ **Cell Phone:** _____ **Email:** _____

Father's Name: _____ **Cell Phone:** _____ **Email:** _____

School Player Attends: _____ **Grade:** _____

Soccer Experience:

_____	_____	_____
Name of Club/League	Position(s) Played	Date Started/Date Ended
_____	_____	_____
Name of Club/League	Position(s) Played	Date Started/Date Ended

Are you currently trying out for any other teams? _____

Do you participate in any other sports? _____

Is there a particular position you would like to play? _____

Are there any physical limitations or medical conditions we should be aware of? If yes, please list: _____

_____

How did you hear about Thundercats Soccer? _____

I hereby give permission and certify that my child is in good health and able to participate in all Thundercats Soccer Club activities. I release coaches, staff, and all others associated with the Thundercats Soccer Club of all liability for any injury or illness incurred by my child at the Thundercats Soccer Club Tryouts. I further release coaches, staff, and all others associated with the Thundercats Soccer Club of any illegal recruitment associated with my tryout, and that the player has informed the team that he/she is currently registered with, if any, of his/her intentions/actions.

Parent's Signature: _____ **Date:** _____

CLUB FEES PAYMENT PLAN

Club Teams (U8-U14): Club Fees are $1,500.00

- Includes Fall and Spring Season
- 20 Weeks of Winter Season Training
- 20 Games of Futsal during the Winter Season

Due Date:
At Registration – amount due is $300.00
July 15 – amount due is $200.00
August 15 – amount due is $200.00
September 15 – amount due is $200.00
October 15 – amount due is $200.00
November 15 – amount due is $200.00
December 15 – amount due is $200.00

OR

Due Date:
At Registration – amount due is $300.00
July 15 – amount due is $120.00
August 15 – amount due is $120.00
September 15 – amount due is $120.00
October 15 – amount due is $120.00
November 15 – amount due is $120.00
December 15 – amount due is $120.00
January 15 – amount due is $120.00
February 15 – amount due is $120.00
March 15 – amount due is $120.00
April 15 – amount due is $120.00

Club Teams (**U15-U19**): Club Fees are $1,100.00

- Includes non-High School Season
- 17 Weeks of Winter Season Training
- 20 Games of Futsal during the Winter Season

Due Date:
At Registration – amount due is $350.00
July 15 – amount due is $125.00
August 15 – amount due is $125.00
September 15 – amount due is $125.00
October 15 – amount due is $125.00
November 15 – amount due is $125.00
December 15 – amount due is $125.00

***Once registration has been submitted to the State of Michigan, **NO REFUNDS** will be issued.

***The MYSL player contract binds you to the Thundercats Soccer Club for the Fall 2019–Spring 2020 year. Payment is expected regardless of a status change of your player with the Club.

I have read, understand and agree to the above terms regarding payment of my Club fees.

Players Name: _____ Parent Signature: _____

Parent's Name Printed: _____ Date: _____

MICHIGAN YOUTH SOCCER LEAGUE (MYSL)

AFFILIATE MICHIGAN STATE YOUTH SOCCER ASSOCIATION (MSYSA USYSA/USFF/FIFA)

PLAYER REGISTRATION FORM

NAME OF PLAYER: _____ _____ _____
FIRST LAST MIDDLE

DATE OF BIRTH: _____ _____ _____ (Please attach proof of birth if new player in MYSL)
MONTH DAY YEAR

STREET ADDRESS: _____

CITY: _____ ZIP CODE: _____ PHONE #: _____

I voluntarily desire to play soccer for:

CLUB NAME: _____

TEAM NAME: _____

AGE GROUP: _____ BOY ☐ GIRL ☐

PREVIOUSLY REGISTERED WITH TEAM NAME: _____AGE GROUP: _____

I understand that signing this form binds me to the above-named team for the entire seasonal year (both Fall/Spring) unless an application for a transfer is applied for and granted.

SIGNATURE OF PLAYER: _____DATE: _____

SIGNATURE OF PARENT OR GUARDIAN: _____DATE: _____

The undersigned parent or guardian represents that the player is in good health and can participate in competitive soccer and furthermore understands the rules set forth in U.S. Youth player registration rule 201, sections 1,2, and 3 and that they can be met.

I acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own acknowledge further, that there may be other risks not known or not reasonably foreseeable at this time.

I assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death. Release, waive discharge and covenant not to sue the MSYSA, its member Associations, affiliated clubs, or teams and their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and leaser's of premises used to conduct the event, all of which are hereinafter referred to as "Releasees" from demands; losses or damages on account of injury, including death or damages to property, caused or alleged to be caused in whole or in part by the negligence of the "Releasee" or otherwise.

Signature of Parent or Guardian: _____ Date: _____

Printed Name of Parent or Guardian: _____

PARENT/GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE FORM

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

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

EMERGENCY INFORMATION

Father's Name: _____ Home Phone: _____ Work Phone: _____

Mother's 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: _____ Home Phone: _____ Work 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

PARENT & ATHLETE CONCUSSION INFORMATION SHEET



HEADS UP CONCUSSION

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 quickly 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 after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

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.

SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in 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
- Just not "feeling right" or is "feeling down"

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

Michigan Department of Community Health
MDCH
Rick Snyder, Governor
James K. Haveman, Director

"IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON"

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 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)

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

1. 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.
2. 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, and 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.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

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.

_____

STUDENT-ATHLETE NAME PRINTED

_____

STUDENT-ATHLETE NAME SIGNED

_____

DATE

_____

PARENT OR GUARDIAN NAME PRINTED

_____

PARENT OR GUARDIAN NAME SIGNED

_____

DATE

HEADS UP

JOIN THE CONVERSATION www.facebook.com/CDCHeadsUp

TO LEARN MORE GO TO >> WWW.CDC.GOV/CONCUSSION

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