

Montgomery County Soccer Association (MCSA) Recreational League Registration Form

(Copy of Birth Certificate Required For All Players)

Player Information

Player's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: () _____ Date of Birth (mm/dd/yyyy): _____

Gender (Please check ONE): M – or – F.

E-mail: _____

Last played for coach _____ (Coach's name)

If possible, do you want to play for this coach again (Please check ONE)? Y– or – N

IF POSSIBLE, I'd like to practice near: (Not Guaranteed)

Heritage Park/Kenwood Montgomery Central/Fairgrounds Woodlawn/Northwest/Liberty

Exit 1 Exit 4 Exit 8 Exit 11 No preference

Grade in School During the 2016-2017 Season: _____

My Player is a High School student at: _____

Medical Considerations (if any): _____

Parent or Legal Guardian Information

Parent/Guardian Name(s): _____

Work Phone Number: _____ Cell Phone: _____

Emergency Contact Information: _____

Consent and Release

I certify that to the best of my knowledge that I, or my child, is in good health and is capable of participating in the Montgomery County Soccer Association (MCSA) Recreational Soccer League. I, as the parent or guardian of the player listed on this form, hereby for myself, my heirs, executors, and assigns do waive and release any and all claims and rights for damages, liability, actions, and causes of actions whatsoever, arising out of or related to any loss, damages, or injury, including death, that may be sustained while participating in the MCSA Recreational League. I agree to indemnify and hold harmless MCSA and its officers and Board of Directors, referees, coaches, and all other volunteers from any and all legal action arising from my or my child's participation in the recreational soccer league. I, the undersigned, am duly aware of the risks and hazards inherent upon participating in said events. I hereby certify that I have read and understand this consent and release form.

My Child IS NOT participating in HIGH SCHOOL soccer during THIS MCSA Season.

Signed _____ Date _____
(Parent or legal guardian)

MCSA NEEDS YOUR HELP, PLEASE CHECK TO VOLUNTEER:

COACH

ASST. COACH

We, the undersigned, have read and understand the TSSA Concussion Information Form. After reading the TSSA Concussion Information Form, I the parent/guardian/under signed acknowledge and agree that I am aware of the following information. Click here for the MESA Concussion Information Form for Parent/Legal Guardian.

- 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 not/my child 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 reviewed and understand the Concussion Policy.

Initials: _____

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.

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.

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 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.

Initials: _____