

Louisville Community Soccer Club
P.O. Box 426, Louisville, OH 44641
Registration Form for **COMMUNITY SOCCER**

Community soccer is open to boys and girls ages 3 to 14. We will be using the Louisville Soccer Club blue and white reversible jersey you can order one for a fee of \$25.00. Shorts or sweatpants

, shin guards, soccer socks that cover the shin guards, and soccer cleats are required to play. For more information visit our website www.louisvillesoccerclub.net

*Please submit this completed form, registration fee, and **Louisville Soccer Club Code of Conduct** when registering. All forms can be found on our website: www.louisvillesoccerclub.net *******Registration is non-refundable*******

Mail payments and forms to: **P.O. Box 426 Louisville, OH 44641**

Registration fees: All checks payable to **Louisville Soccer Club**. \$50.00 for 1st child, \$45.00 2nd child, \$30.00 each additional child.
U6 cost is \$40, Tiny Strikers & Little Kicks cost is \$30

Last Name: _____ First Name: _____ Middle Initial: _____

Address: _____ City & Zip: _____

Primary Phone Number: _____ Child's Birthday (mm/dd/yyyy): _____

Primary Contact Email: _____

School Attending : _____ Grade: _____ Sex (circle one): M F

of seasons played: _____ **Child's experience level:** Beginner Average Above Average Advanced

****Required reversible jersey - Can be purchased through our online store or from Beatty's Sports - Please order early to allow ample time for jersey to come in. Jerseys can be picked up at Beatty's sports.**

Yes _____ No _____ As the parent or legal guardian, I grant permission to Louisville Soccer Club to use my child's name and photo in a handbook, program, website, Twitter, and/or Facebook in support of the Louisville Soccer Club.

Primary Contact Name: _____ Secondary Contact Name: _____

Primary Contact Cell: _____ Secondary Contact Cell: _____

Please indicate if you are interested in helping in the following area(s): Coach _____ Ass't. Coach _____ Team Parent _____

WE NEED YOUR HELP! Would you be interested in volunteering for: Field Committee _____ Fundraising Committee _____

List any physical limitations (allergies, hearing, sight, etc.) or special requests in the space below. *Requests are not guaranteed*

As the parent or legal guardian of the child named above, I hereby give my full consent and approval for my child to participate as a team member in the Louisville Soccer Club. I understand that there are certain risks of injury in the practice and play of soccer as well as in traveling and other activities incidental to my child's participation and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in soccer and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed above. In addition to giving my full consent for my child's participation, I hereby waive, release and hold harmless the Louisville Soccer Club, its officers, coaches, sponsors, supervisors and representatives for any injury that may be suffered by my child in the normal course of participation in soccer and the activities incidental thereto, whether the result of negligence or any other cause.

Parent/Guardian Signature

Date

State of Ohio Concussion Policy

Ohio's Return

-to-Play Law: What a Parent/Guardian Needs to Know – Youth Sports Organizations

For Athletes participating in a youth sports organization (non-school sports):

1. Starting April 26th, 2013, parents and athletes are required to receive a concussion information sheet annually for each sport

- Available on Louisville Soccer Club website under Forms section

2. Coaches, referees, or officials must remove an athlete from play if the athlete is exhibiting the signs and symptoms of a concussion during practice or a game. These include the following:

- Appears to be dazed or stunned
- Is confused about assignment or position
- Forgets plays
- Is unsure of game, score or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes (irritability, sadness, nervousness, feeling more emotional)
- Can't recall events before or after hit or fall
- Any headache or "pressure" in head (How badly it hurts does not matter)
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light and/or noise
- Feeling sluggish, hazy, foggy or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"
- Trouble falling asleep
- Sleeping more or less than usual

3. The athlete cannot return to play on the same day that the player is removed

4. The athlete is not permitted to return to play until they have been assessed and receive written clearance by a physician (MD or DO) or by any other licensed health

care provider approved by the youth sports organization

PLEASE NOTE: It is important to review your organization's policy regarding which health care providers are authorized to clear an athlete to return to play

For more information please visit: Ohio Department of Health – Ohio's Return to Play Law –

<http://www.healthyohioprogram.org/concussion>

Please sign below to indicate that you understand and agree to comply with the above statements regarding Ohio's Return to Play Law.

Parent/Guardian Signature

Date