

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

Travel is open to boys and girls between the ages of 8 and 14. An official tryout is required for placement in the travel program. Louisville Soccer Club travel uniforms can be purchased at Soccer One in Belden.

Registration fees are due upon being assigned to a travel team. Fees are \$120.00 for the first child. \$115.00 for each additional travel child. Please make checks payable to: **Louisville Soccer Club**. Visit [www.louisvillesoccerclub.net](http://www.louisvillesoccerclub.net) for more information.  
**\*\*\*Registration is non-refundable\*\*\***

Once assigned to a team, the coach will provide you with LSC, OHTSL, and Lindsay Law paperwork. You will also be required to submit a copy of the player's birth certificate and a 2x2 color picture of the player's face.

**Please indicate to which team your player was assigned: Coach \_\_\_\_\_ Division U \_\_\_\_\_**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Child's Birthday (mm/dd/yyyy): \_\_\_\_\_ Sex (circle one): M F

Primary Contact Email: \_\_\_\_\_

School Attending \_\_\_\_\_ Current Grade \_\_\_\_\_

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.

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.

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Parent/Guardian Signature

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Date