

Black Swamp Soccer League – Ada Soccer Club

Office use only *Team Name: _____ Age Group: _____

*First Name: _____ M.I.: _____ Last Name: _____ Male/Female: _____

*Address: _____ City: _____

*State: _____ Zip: _____ *Home Phone: _____

*Birth Date: _____ Cell Phone: _____ Texting __ Y __ N

Email: _____ Mother's Month & Day of Birth: _____ (Required For 1st year)

Father's Name: _____ Mother's Name: _____

() Have a Jersey () Need a Jersey __ YS __ YM __ YL __ Adult S __ Adult M __ Adult L __ Adult XL __ Adult XXL

GENERAL CONSENT FOR MEDICAL TREATMENT:

() I give my consent to have an athletic trainer, coach paramedic, and/or doctor of medicine or dentistry provide medical assistance and/or treatment. I agree to be financially responsible for the reasonable cost of such assistance and/or treatment. This consent does not apply to major surgery unless surgery must be performed to treat an emergency condition. Attempts will be made to contact parents of players participating in the program based on information provided on this form. I acknowledge that: I am the parent/guardian of the player authorized to consent on the player's behalf; I have reviewed this form and the information it contains and represent that it is accurate.

Medical Considerations: _____

RULES OF THE USYSA

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, the Black Swamp Soccer League, its affiliated clubs, organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USUSA & BSSL and its affiliated clubs accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors (e.g. Ohio Youth Soccer Association North, The Black Swamp Soccer League, Clubs and Soccer Coaches), their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. I have also received information with regard to concussions.

PARENT'S CODE OF CONDUCT

- I will place the emotional and physical well being of my child ahead of any personal desire to win.
- I will demonstrate the values of self-restraint, fair play, and sportsmanship in my treatment of others.
- I will ask my child to treat all players, coaches, fans and officials with respect.
- I will do my best to make my child's involvement with youth soccer a positive experience, while always remembering that the game is for the youth.
- Failure of parents to voluntarily abide by the above code may result in disciplinary action.
- At least one parent will take an active role in Ada Youth Soccer Program by volunteering as

() A Coach () Help with Equipment () Referee () Help Line the fields () Serve on the Board

Please sign here to indicate you've read and agree to all of the above and give consent for medical treatment:

Name: _____

Parent/Legal Guardian (please print)

Signature: _____

Date: _____