



PO Box 274, Gallatin, TN 37066
 Info Line 451-3116
 www.gallatinsoccerclub.org

**ALL SPACES MUST BE FILLED IN COMPLETELY AND CORRECTLY.
 Complete the FRONT and the BACK of this form.**

PLAYER INFORMATION:

Player First & Last Name: _____ Sex: M _____ F _____
 Player Phone Number: _____ DOB: Month _____ Day _____ Year _____ Current Age: _____
 Doctor Name: _____ Any Medical Conditions that GSC should be aware of? _____

PARENT/GUARDIAN INFORMATION:

Mother's Name/Legal Guardian: _____
 Mother's Address _____ City _____ Zip _____
 Mother's phone _____ E-mail: _____
 Are you interested in coaching? yes / no GSC does not ever sell or share our email address list.
 Fathers Name/Legal Guardian: _____
 Father's Address _____ City _____ Zip _____
 Father's phone _____ E-mail: _____
 Are you interested in coaching? yes / no GSC does not ever sell or share our email address list.

Emergency contacts NAME _____ NAME _____
 (other than parents) NUMBER _____ NUMBER _____

I, the parent/guardian of the Player named above (a minor) agree to abide by the GSC Parents Code of Conduct (on back of registration form) as well as the rules and policies of GSC. Recognizing the possibility of physical injury with soccer, and in consideration for GSC accepting the Player for its soccer program and activities, I hereby permanently, completely, and forever waive and release, any and all claims and causes of action or suits against GSC, its Board of Directors, Gallatin Parks Dept., affiliated organizations and sponsors, their employees, and associated personnel for any personal injuries while on the premises managed by GSC. I understand that this is an outside sport, and that there are no refunds for missed practices or games due to field closures caused by weather. I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well-being of the Player. In addition, I relieve all of the aforementioned parties from any liability for loss or damage to any property that maybe damaged, lost, or stolen while on the GSC premises. I understand that the Player must be able to play and compete at a level appropriate for his/her age. I acknowledge that GSC Board reserves the right to remove any Player from the league at any time and may or may not provide a refund (partial or full) of the fees paid. I also acknowledge that GSC may include random photographs of children at GSC (who will not be identified by name) in league promotions, on the GSC web site, social media sites, or for sponsor advertising or marketing purposes. The signature of one parent, custodial parent or legal guardian below shall be inclusive of any other parent, custodial parent or legal guardian of the minor.

Signature of Parent/Guardian: _____ Date: ____/____/____

Fees:

____ **Registration \$60 per child.** *Family discount on 3rd or more family members*
 Includes 7 scheduled games, state fees, referee fees & participation award
 ____ **Uniform Fee \$25 per child.**
 This price includes reversible jersey, shorts, and 2 pairs of socks.
Parents/players must provide shin guards. Cleats and a ball are recommended

This player is not currently registered with a D1, D2, D3, or any select team, nor will be during this Rec Season with GSC.

PARENT INITIAL _____

OFFICE USE ONLY

DIRECTOR NAME _____ JERSEY # _____
 AMOUNT PAID (per player) _____ DATE RECEIVED _____ CHECK/CASH/CREDIT _____

Gallatin Soccer Club Parent's Code of Conduct

As a parent/legal guardian of a child playing soccer at the Gallatin Soccer Club (GSC), I therefore agree:

1. I will not force my child to participate in a sports program and will make every effort to make my child's participation at GSC a positive experience. I will remember that children participate to have fun and that the game is for youth, not adults.
2. I will be a positive role model for my child and encourage good sportsmanship at all times. I agree to, and I will require my child to, show respect and courtesy, and demonstrate positive support for all players, coaches, officials and spectators (regardless of race, creed, color, sex or ability) at every practice and game.
3. I will respect the authority of the coach, referee(s), and GSC officials during games and will never question, discuss, or confront a coach or referee during a game. Instead, I will take time to speak with the coach at an agreed upon time and place. I will not come out onto a field during a game unless instructed by a coach in the case of an injury to my child.
4. I will not openly criticize or question a referee's judgments or his/her honesty, nor will I yell at a referee during a game. I acknowledge that a number of GSC referees are young and learning how to officiate just as my child is learning to play soccer. I will quietly and calmly voice any issues, concerns, or comments to the Referee Assignor or to a GSC Board Member.
5. I will refrain from using abusive or profane language and will teach my child to do the same. I understand that profanity will not be tolerated at any time – this includes words and images printed on clothing. I further understand that players using profanity will be ejected from the game, and parents or spectators using profanity will be asked to leave the GSC fields.
6. I will show respect for my child's coach, his/her teammates, and others by making every effort to make sure that my child is on time for every practice and every game. I understand that this means being on the proper field and ready at the assigned time, and not merely being on GSC property or in the parking lot.
7. I will endeavor to learn the rules of the game and the policies of the GSC so that I may better understand the game and support the referees in their enforcement of the rules.
8. I will instruct my child to play by the rules and to resolve conflicts without resorting to hostility or violence. I also pledge to support the coach, referee, and/or GSC officials in regards to any disciplinary actions they may impose as a result of my child's failure to follow the rules or for any acts of physical violence.
9. I will take the role of cheerleader when my child is playing, and I will refrain from coaching my child or other players during games and practices, unless I am one of the official coaches of the team. I understand that if I call out instructions to a child, I may be telling him/her to do the exact opposite of what the coach has told him/her to do, and this will only confuse and frustrate the players on the team.
10. I will teach my child that soccer is a team sport, that every position on the field is an important one, and that the results of a game are not determined by the actions, performance, or abilities of just one player.
11. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance. Furthermore, I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I agree to abide by all GSC rules and policies, and I understand that GSC has the authority to enforce those rules and policies. By signing the registration form I understand and agree with the Code of Conduct as well as the rules and policies of GSC. The signature of one parent, custodial parent or legal guardian shall be inclusive of any other parent, custodial parent or legal guardian of the minor.
13. I understand that GSC is an all-volunteer organization. I further acknowledge that the programs are primarily administered by parents, who volunteer their time, rather than paid professionals.
14. I will follow concussion guidelines. I understand that at no time will players be allowed to participate wearing a cast or hard splint. Returning to participation will require a doctor's note from either injury.

THANK YOU FOR YOUR SUPPORT OF GSC

Initial _____

Concussion Information for Student-Athletes and Parents/Legal Guardians

What is a Concussion? A concussion is a type of traumatic brain injury, or TBI, caused by a bump, blow, or jolt to the head that can change the way your brain normally works. Concussions can also occur from a fall or a blow to the 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.

Why is it important to recognize a concussion? Timely recognition and appropriate response is important in the treatment of a mild traumatic brain injury (MTBI) or concussion. A patient’s health outcomes improve through early diagnosis, management, and appropriate referral following a concussion. Symptoms of a concussion may appear mild, but can lead to significant, life-long impairment affecting an individual’s ability to function physically, cognitively, and psychologically.

How do I know if I have a concussion? There are many signs and symptoms that a patient may have following a concussion. A concussion can affect thinking, the way the body feels, mood, or sleep patterns. Here is what to look for:

Thinking/Remembering	Physical	Emotional/Mood	Sleep
<ul style="list-style-type: none"> • Difficulty thinking clearly • Taking longer to figure things out • Difficulty concentrating • Difficulty remembering new information 	<ul style="list-style-type: none"> • Headache • Fuzzy or blurry vision • Feeling sick to stomach/queasy • Vomiting/throwing up • Dizziness • Balance problems • Sensitivity to noise and/or light 	<ul style="list-style-type: none"> • Irritability – things bother you more easily • Sadness • Being more moody • Feeling nervous or worried • Crying more 	<ul style="list-style-type: none"> • Sleeping more than usual • Sleeping less than usual • Trouble falling asleep • Feeling tired

What should I do if I think that I have a concussion? If you are having any of the signs or symptoms listed above, you should tell your parents, coach, athletic trainer or school nurse so they can get you the medical assistance that you need. If a parent notices these symptoms, they should inform the school nurse or athletic trainer.

When should I be particularly concerned? If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, your words are coming out funny/slurred, you should inform an adult, such as your parent or coach or teacher immediately. This will make sure that you get the medical help you need before things get any worse.

What are some of the problems that may affect me after a concussion? You may have trouble in some of your classes at school, or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur. Once you have had a concussion, you are more likely to have another concussion.

How do I know when it is okay for me to return to physical activity and my sport after a concussion? After telling an adult that you think you have a concussion, you will be seen by a doctor trained in helping people with concussions. Your school and your parents can help you decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. Your school will have a policy in place for how to treat concussions. You should not return to play or practice on the same day as your suspected concussion.

You should not have any symptoms at rest or during/after activity when you return to play, as this is a sign that your brain has not recovered from the injury. For more information on concussions, visit www.cdc.gov/concussion.



BODYGUARD
SPORTS MEDICINE
SUMNER REGIONAL MEDICAL CENTER

Student-Athlete Name Printed: _____
This form must be completed for each student-athlete, even if there are multiple student-athletes in each household.

Parent/Legal Custodian Name(s) Printed: _____

School: _____

We have read the Student-Athlete & Parent/Legal Custodian Concussion Information Sheet.

After reading the information sheet, I am aware of the following information:

Student-Athlete Initials		Parent/Legal Guardian Initials
	A concussion is a brain injury, which should be reported to my parents, my coach(es), or my athletic trainer.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be "seen." Some symptoms might be present right away, while other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or my athletic trainer about my injuries and illnesses.	N/A
	If I think that a teammate has a concussion, I will tell my coach(es), parents, or athletic trainer about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I/my child will need written permission from a medical professional as defined by Tennessee law to return to play or practice after a concussion.	
	I realize that Emergency Room/Urgent Care physicians will not provide clearance if seen immediately after the injury.	
	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 concussion symptoms go away.	
	Based on the latest data, concussions can take days or weeks to get better. A concussion may not go away right away. I realize that resolution from this injury is a process and may require more than one medical evaluation.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms on the Concussion Information Sheet.	

Signature of Student-Athlete

Date

Signature of Parent/Legal Guardian

Date



Cardiac Arrest Acknowledgement Form (Athlete/Parent/Guardian)

What is 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.

How common is sudden cardiac arrest in the United States?

SCA is the #1 cause of death for adults in this country. There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under 25 die of SCA each year. It is the #1 cause of death for student athletes.

Are there warning signs?

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.

These symptoms can be unclear in athletes, since people often confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

What are the risks of practicing or playing after experiencing these symptoms?

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 requirements of the act are:

- **All youth athletes and their parents or guardians must read and sign this form. It must be returned to the recreational or competitive club/association before participation in any athletic activity. A new form must be signed and returned each recreational or competitive soccer year (August 1- July 31).**

Adapted from PA Department of Health: Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form. 7/2013

- 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.

Signature of Soccer Player (ONLY if 18 or older)

Print Soccer Players Name

Date

Signature of Parent/Guardian

Print Parent/Guardian's Name

Date