



Competitive Soccer Registration

Select League:

Club _____

Division _____

Coach _____

Spokane Youth Sports Association P. 509-536-1800 F. 509-534-0191 800 N Hamilton Ste 201 2nd Flr of Warehouse WWW.SYSA.COM

First Name _____ M.I. _____ Last _____ DOB ____/____/____

Address _____ City _____ ST _____ Zip _____ Male Female

Primary Phone _____ Email _____

School _____ Grade _____ Age on August 1st _____ Were you active in SYSA last year? Yes or No

Mother/Guardian _____ Cell _____ Father/Guardian _____ Cell _____

US Citizen: YES NO Copy of Certified Birth Certificate attached (if played Select in past we may have on file, check with SYSA)**Emergency Authorization**

We, the undersigned, parents of the participant, a minor, do hereby authorize the coaches, assistant coaches, or parents of team members acting in the capacity of activity supervisors/vehicle drivers, as Agents for the undersigned to consent to Medical, Surgical, of Dental Examination Treatment, etc. In case of emergency, I/we hereby authorize treatment and /or care of registered player at ANY hospital. If there is an emergency and I/we cannot be reached, please contact:

Full Name _____ Phone (____) _____

Any respiratory illnesses, allergies or regularly taken medications? _____

 Check # _____ (Payable to SYSA) Cash paid in SYSA Office Cred/Debt (circle one) Visa Master Disc Card# _____ Exp _____**2010/2011 Fees:**

U10-U14 \$100 Full Season

U15-U19 \$80 Half Season

RELEASE OF ALL CLAIMS AGAINST SPOKANE YOUTH SPORTS ASSOCIATION

IN CONSIDERATION OF PERMISSION GRANTED MY CHILD/WARD BY SPOKANE YOUTH SPORTS ASSOCIATION TO PARTICIPATE IN SOCCER, I, THE PARENT OR GUARDIAN OF THE ABOVE NAMED CHILD, HEREBY RELEASE AND DISCHARGE SPOKANE YOUTH SPORTS ASSOCIATION, ITS OFFICERS, EMPLOYEES, REPRESENTATIVES, COACHES AND REFEREES FROM ALL CLAIMS, DEMANDS, ACTIONS, JUDGEMENTS, AND EXECUTIONS WHICH THE CHILD, PARENT OR GUARDIAN EVER HAD, NOW HAS, OR MAY HAVE, OR WHICH THE CHILD OR PARENT OR GUARDIAN'S HEIRS, EXECUTORS, ADMINISTRATORS OR ASSIGNS MAY HAVE OR CLAIM TO HAVE, AGAINST SPOKANE YOUTH SPORTS ASSOCIATION, ITS OFFICERS, EMPLOYEES, REPRESENTATIVES, COACHES AND REFEREES, THEIR SUCCESSORS OR ASSIGNS, FOR ALL PERSONAL INJURIES, KNOWN OR UNKNOWN TO MY CHILD/WARD, AND INJURIES TO PROPERTY, REAL OR PERSONAL, CAUSED BY, OR ARISING OUT OF, THE ABOVE DESCRIBED SPORTS ACTIVITIES. I, THE PARENT OR GUARDIAN, HAVE READ THIS RELEASE AND UNDERSTAND ALL ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE. LEGAL AUTHORIZATION FOR EMERGENCY CARE AND ACKNOWLEDGEMENT RELEASE OF ALL CLAIMS STATEMENT.

See Page 2/Back for additional information. Signature(s) below acknowledge that you've read and understand the SYSA Release above, the US Club Consent Register & Release and Concussion Compliance on back.

Parent Signature _____ Participant Signature _____ Date _____

SYSA Office Use

Concussion Information

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, **all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly.** In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:		
<ul style="list-style-type: none"> • Headaches • “Pressure in head” • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise 	<ul style="list-style-type: none"> • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns • Amnesia • “Don’t feel right” • Fatigue or low energy • Sadness 	<ul style="list-style-type: none"> • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problems (forgetting game plays) • Repeating the same question/comment

Signs observed by teammates, parents and coaches include:		
<ul style="list-style-type: none"> • Appears dazed • Vacant facial expression • Confused about assignment • Forgets plays • Is unsure of game, score, or opponent 	<ul style="list-style-type: none"> • Moves clumsily or displays incoordination • Answers questions slowly • Slurred speech • Shows behavior or personality changes • Can’t recall events prior to hit 	<ul style="list-style-type: none"> • Can’t recall events after hit • Seizures or convulsions • Any change in typical behavior or personality • Loses consciousness

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student athlete’s safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new “Zackery Lystedt Law” in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time” **and** “may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child’s coach if you think that your child may have a concussion. Remember, it’s better to miss one game than miss the whole season. **When in doubt, the athlete sits out.**

For current and up-to-date information on concussions you can go to: <http://www.cdc.gov/ConcussionInYouthSports/>

Adapted from the CDC and the 3rd International Conference on Concussion in Sport

US Club Soccer:

I hereby consent to Spokane Youth Sports Association registering player on reverse side with US Club Soccer. I understand that players may be registered to only one US Club Soccer member club at any time.

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player’s participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.