



MICHIGAN YOUTH SOCCER LEAGUE (MYSL)
AFFILIATE MICHIGAN STATE YOUTH SOCCER ASSOCIATION (MSYSA USYSA/USFF /FI FA)
PLAYER REGISTRATION FORM

NAME OF PLAYER: _____
FIRST LAST MIDDLE

DATE OF BIRTH: _____ (Please attach proof of birth if new player in MYSL)
MONTH DAY YEAR

STREET ADDRESS: _____

CITY: _____ ZIP CODE: _____ PHONE #: _____

I voluntarily desire to play soccer for:

CLUB NAME: _____

TEAM NAME: _____

AGE GROUP: _____ BOY ☐ GIRL ☐

PREVIOUSLY REGISTERED WITH TEAM NAME: _____ AGE GROUP: _____

I understand that signing this form binds me to the above-named team for the entire seasonal year (both Fall/Spring) unless an application for a transfer is applied for and granted.

SIGNATURE OF PLAYER: _____ **DATE:** _____

SIGNATURE OF PARENT OR GUARDIAN: _____ **DATE:** _____

The undersigned parent or guardian represents that the player is in good health and can participate in competitive soccer and furthermore understands the rules set forth in U.S. Youth player registration rule 201, sections 1, 2, and 3 and that they can be met.

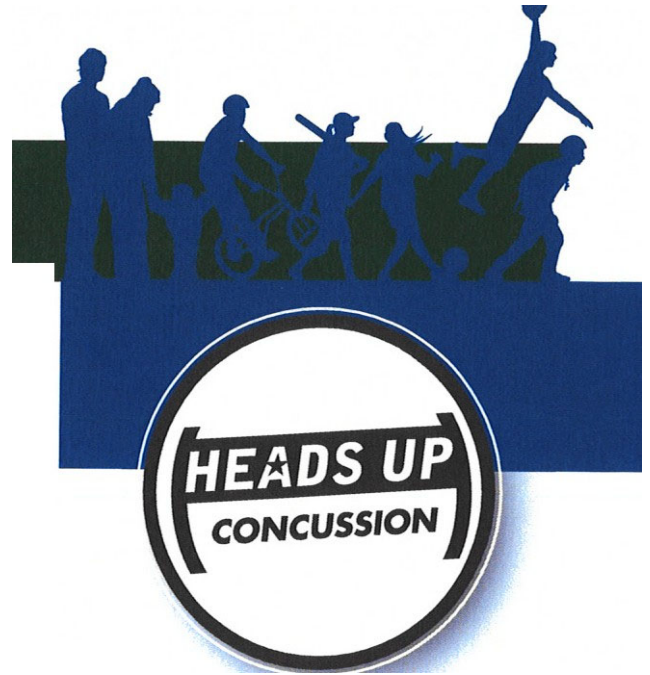
I acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own acknowledge further, that there may be other risks not known or not reasonably foreseeable at this time.

I assume all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death. Release, waive discharge and covenant not to sue the MSYSA, its member Associations, affiliated clubs, or teams and their respective administrators, directors, agents, coaches, and other employees of the organization, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "Releasees" from demands; losses or damages on account of injury, including death or damages to property, caused or alleged to be caused in whole or in part by the negligence of the "Releasee" or otherwise.

Signature of Parent or Guardian: _____ **Date:** _____

Printed Name of Parent or Guardian: _____

PARENT & ATHLETE CONCUSSION INFORMATION SHEET



WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or 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.

WHAT ARE THE SIGNS AND SYMPTOMS OF CONCUSSION?

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury.

If an athlete reports one or more symptoms of concussion after a bump, blow, or jolt to the head or body, s/he should be kept out of play the day of the injury. The athlete should only return to play with permission from a health care professional experienced in evaluating for concussion.

DID YOU KNOW?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

SYMPTOMS REPORTED BY ATHLETE:

- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not "feeling right" or is "feeling down"

SIGNS OBSERVED BY COACHING STAFF:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall



**"IT'S BETTER TO MISS ONE GAME
THAN THE WHOLE SEASON"**

CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (even a brief loss of consciousness should be taken seriously)

WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

1. If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.
2. Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, and playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.
3. Remember: Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. They can even be fatal.

STUDENT-ATHLETE NAME PRINTED

STUDENT-ATHLETE NAME SIGNED

DATE

PARENT OR GUARDIAN NAME PRINTED

PARENT OR GUARDIAN NAME SIGNED

DATE

JOIN THE CONVERSATION www.facebook.com/CDCHeadsUp

TO LEARN MORE GO TO



PARENT/GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE FORM

Player's Name: _____ Date of Birth: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY INFORMATION

Parent/Guardian
Name: _____ Home Phone: _____ Work Phone: _____

Parent/Guardian
Name: _____ Home Phone: _____ Work Phone: _____

In an emergency, when parents cannot be reached, please contact:

Name: _____ Home Phone: _____ Work Phone: _____

Name: _____ Home Phone: _____ Work Phone: _____

Allergies: _____

Other Medical Conditions: _____

Player's Physician: _____ Office Phone: _____

Medical and/or Hospital Insurance Company: _____ Phone: _____

Policy Holder: _____ Policy#: _____ Group#: _____

PLEASE COPY BOTH SIDES OF YOUR HEALTH INSURANCE CARD AND ATTACH TO THIS FORM

PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE

Recognizing the possibility of injury or illness, and in consideration for US Youth Soccer and members of US Youth Soccer accepting my son/daughter as a player in the soccer programs and activities of US Youth Soccer and its members (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify US Youth Soccer, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs. I hereby authorize the transportation of my son/daughter to or from the Programs.

My player son/daughter has received a physical examination by a licensed medical doctor and has been found physically capable of participating in the sport of soccer. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Programs. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

Signature of Parent/Guardian

Date



CHAOS FC

PARENT/GUARDIAN & PLAYER CONTRACT 2019-2020

This contract is being entered into, between Chaos FC, (The Soccer Club), and _____
(the Player), to play travel soccer.

It is understood that **Chaos FC** participates in various Travel Soccer Leagues within the state of Michigan. The above named **player** wishes to join **Chaos FC**.

The **Player** agrees to attend all regularly scheduled practices, tournaments and games, as stated in the team requirements agreement. In the event a situation arises that the **Player** will not be able to attend a practice or a game either the **Player** or their parent/guardian will contact and inform the coach/manager, (approximately 24 hours prior), regarding the need to be absent.

The **Player** understands that while this contract is in force, he/she may not play/train/practice for any other Travel or Club Soccer team in the State of Michigan without written permission by both the coach and the Club Director of **Chaos FC**. The **Player** may however play for their school team and still participate in games for **Chaos FC**.

Chaos FC will offer additional tournaments, training, and conditioning events that the **Player** may elect to join and pay for separately.

This contract covers the period of June 16, 2019 through June 13, 2020. During this term, the **Player** commits to playing exclusively for **Chaos FC** and its outlined program, which by reference becomes part of this contract.

The cost for playing with **Chaos FC** is detailed in the **Club Base Fees and Team Requirements 2019-2020 documents**, which by reference becomes part of this contract. In the event this contract is terminated before the scheduled date, parents/guardians are obligated to pay the remaining monthly payments at the time of terminating the contract for both the club base fees and team requirement fees. **Any deposits made for registration, uniforms or camps are non-refundable.**

This contract is required to be executed by one parent/guardian and a club representative along with the registration fee* and is binding for the term stated above unless the **Player** is released in writing by the Club Director of **Chaos FC**.

X. _____
Parent/Guardian Printed Name

X. _____
Parent/Guardian Signature

X. _____
Date

X. _____
Chaos FC Rep. Printed Name

X. _____
Chaos FC Rep. Signature

X. _____
Date

Do not sign until Parent Meeting! Club Representative must be present!



Acknowledge that you have read the Parents Code of Conduct:

Children's sports are supposed to be fun - for the children. Unfortunately, many parents, fans and coaches don't realize that their actions, whether verbal or nonverbal, can have a lasting emotional effect on children. Too many children are leaving sports activities because the fun is unfairly taken away by adults.

The essential elements of character-building and ethics in sports are embodied in the concept of sportsmanship and six core principles: trustworthiness, respect, responsibility, fairness, caring, and good citizenship. The highest potential of sports is achieved when competition reflects these 'six pillars of character.

I therefore agree:

I will remember that children participate to have fun and that the game is for youth, not adults.

I will learn the rules of the game and the policies of the league.

I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other sporting event.

I (and my guest) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.

I will not encourage any behaviors or practices that would endanger the health and well being of the athletes.

I will teach my children to play by the rules and to resolve conflicts without resorting to hostility or violence.

I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.

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 match or his/her performance.

I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.

I will never ridicule or yell at my child or other participant for making a mistake or losing a competition.

I will emphasize skill development and practices and how they benefit my child over winning.

I will promote the emotional and physical well-being of the athletes ahead of any personal desire I may have for my child to win.

I will respect the officials and their authority during games and will never question, discuss, or confront coaches at the game field, and will take time to speak with coaches after the 24 hour reflect time.

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 also agree that if I fail to abide by the aforementioned rules and guidelines, I will be subject to disciplinary action that could include, but is not limited to the following:

- Verbal warning by official, head coach, and/or head of league organization.
- Written warning
- Parental game suspension with written documentation of incident kept on file by Chaos FC
- Game forfeit through the official or coach
- Parental season suspension

PARENT OR GUARDIAN SIGNATURE: _____ DATE: _____



Anti-Harassment / Anti-Bullying Policy

Chaos FC is focused on providing a safe environment for children to learn and play soccer. Part of creating a positive environment is to identify and respond to bullying quickly and effectively early on. Unfortunately, bullying can be found in all youth sports, between kids, coaches, and even parents. We rely on every member of the Chaos FC family to identify and report bullying when they see it and, in turn, our Club will support parents, players, referees and coaches when an incident occurs.

Bullying is defined as conduct, gestures or comments which are insulting, intimidating, humiliating, hurtful, malicious, degrading or otherwise offensive to a player, group of players and/or teammates, and which create a hostile or intimidating environment, or which negatively affects a player's physical and/or emotional well-being. Bullying is any written, verbal or physical act, or any electronic communication, whether it is a single incident or a series of incidents that results in intentional pain and distress to the victim.

Some joking and horseplay between people is normal and would not be considered bullying. However, the intent does not always match the result, and even if someone does not mean to cause harm, the person to which the action is taken against, may perceive the action as harmful.

Chaos FC does not tolerate bullying at any practice, game, or Club sanctioned events. We encourage our coaches and parents to know and identify the signs of bullying when they arise. While some children are prone to report bullying to their parents, coaches, or adults, others will not, due to fear or intimidation.

If you are concerned about bullying on your child's soccer team, follow these steps to address and amend the issue:

1. Talk to your child. Gather as much information about the events as possible and discuss next steps.
2. Report incidents to the team coach or manager. If the problem persists, reach out to the Chaos FC by completing our online Incident Report. This will alert the necessary people and allow us to take action and respond to the incident.
3. For all reported incidents, Chaos FC will speak with the parents of the player who was bullied and may choose to speak with the player and coach as well to understand the extent of the bullying. These discussions are strictly confidential.
4. The Club will also speak with the parents of the player(s) who were accused of bullying and possibly the players as well to determine the approach for changing the behavior.

Chaos FC has a thorough Anti-Bullying Policy. The following escalation will be applied based on each incident.

1. In a first incident of bullying, an attempt will be made to encourage the bully (or bullies) to modify their behavior for their benefit, for the benefit of the person bullied, and for the team. An attempt

will be made by the coach, manager, or parent(s) to reconcile the situation between players (age and level of maturity and or severity of offense must be considered).

2. If the bullying persists, disciplinary action against a player may be taken by the team coach and/or Chaos FC Executive Board which may include, but is not limited to, immediate suspension from participation in practices or game(s) for a period of time.
3. After the incident/ incidents have been investigated and addressed, the situation will continue to be monitored by the respective team coach, team manager, and players' parents to ensure the problem is resolved.

We need the cooperation of all members of the club (Parents, Coaches, Players, and Referees) in order to create an environment free of bullying and committed to make everyone's experience with the Chaos FC a positive one.

X _____
Parent/Guardian Signature

X. _____
Date



Photo Video Waiver

I hereby consent to and authorize the use of any and all photography and/or videography, without compensation to me that has been taken of me or my child during their participation within Chaos FC programs and events. All digital image and/or video files are wholly owned by Chaos FC, who reserves the right to use these images and/or videos for publication on our website or any organizational marketing materials.

Medical Waiver

Recognizing the possibility of physical injury associated with soccer and in consideration for Chaos FC and affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the Chaos FC, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the 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 hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

PARENTOR GUARDIAN SIGNATURE: __ _ _ _ _

DATE: _____