

Andover Soccer Association – Fall 2017 / Spring 2018 Registration Form

- Include **CHECK** payable to “Andover Soccer Association” – forms without payment will not be processed.
- Mail to: **ASA - Spring 2017 Registration, P.O. Box 1014, Andover, MA 01810**

Please use one form per player.

LAST NAME _____ FIRST NAME _____
ADDRESS _____ E-MAIL _____
HOME PHONE _____ CELL PHONE _____
GRADE in Fall 2017 _____ SCHOOL _____ DATE OF BIRTH ____/____/____ SEX _____ (M or F)
MOTHER'S NAME _____ FATHER'S NAME _____

INTOWN: Begins at Kindergarten. Please check the Grade for Fall 2017. All fees include a \$10 fields fund contribution.

Kindergarten Kickers (“U6”)

\$80 if registering by 6/30/17. \$90 if registering in July '17. \$100 if registering after 7/31/17.

GRADES 1-5: Select uniform size for inventory stocking only. Players will need to purchase their own uniform.

Uniform Sizes (YS, YM, YL, AS): Shirt _____ Shorts _____

Grade 1 (“U7”)

\$105 if registering by 6/30/17.

Grade 2 (“U8”)

\$125 if registering in July '17.

\$145 if registering after 7/31/17.

Grade 3 (“U9”)

\$125 if registering by 6/30/17.

Grade 4 - 5 (“U10/U11”)

\$145 if registering in July '17.

\$165 if registering after 7/31/17.

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TRAVEL: All fees include a \$10 fields fund contribution. NO REFUNDS after 7/1/17–Fall; after 12/1/17–Spring

Uniforms are NOT included. Information on purchasing Travel uniform to follow.

Grade for Fall 2017:

Grade 5: Born on or after 1/1/2006 and in grade 5 in fall 2017.

Grade 6: Born on or after 1/1/2005 and in grade 6 in fall 2017.

Grade 7: Born on or after 1/1/2004 and in grade 7 in fall 2017.

Grade 8: Born on or after 1/1/2003 and in grade 8 in fall 2017.

Travel Program: Late Fee \$30 – FALL season after 5/26/17; SPRING season after 12/1/17

BOTH Fall & Spring \$300 – pay in full OR in two installments (\$150 now & \$150 by Dec 1)

FALL Only \$150

SPRING Only \$150

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NOTES: Medical / Physical Limitations ONLY – NO Requests for specific teams/coaches/practice nights.

See back of sheet for notes

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VOLUNTEER: ASA is a volunteer organization. Please consider giving your time and support.

Name of interested parent _____ D.O.B. ____/____/____

Coach Asst. Coach Age Group Coordinator Field Support (lining fields, nets, etc.)

I, the registrant, hereby agree and acknowledge the following:

(1) Recognizing the possibility of injury or illness, and in consideration for US Youth Soccer and members of US Youth Soccer accepting my child as a player in the soccer programs and activities of US Youth Soccer and its members (the "Programs"), I consent to my child 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 child as a result of my child's participation in the Programs, including being transported to or from the Programs. I hereby authorize the transportation of my child to or from the Programs.

(2) My child 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 attached to this release setting forth any specific issue, condition, or ailment that my child has 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 child with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and treatment.

(3) When necessary, I understand that an uploaded or provided photo will only be used for printing on a credential (i.e. ID, Pass Card, Roster) and will not be used for any other purposes without express consent. I consent to Massachusetts Youth Soccer and its affiliates taking photographs, video recordings, and/or sound recordings in documenting the activities of Massachusetts Youth Soccer's programs and services. I hereby grant Massachusetts Youth Soccer and its affiliates' permission to use the negatives, prints, motion pictures, video recordings, audio recordings, or any other reproduction of the same for Massachusetts Youth Soccer and its affiliates' educational and promotional purposes in manuals, on flyers, the internet, or other publications.

(4) My child and my child's parents and guardians will abide by the rules, policies, procedures and protocols as provided by US Youth Soccer and members of US Youth Soccer, including Massachusetts Youth Soccer and all affiliated member organizations.

(5) I understand and give permission for my child to participate in practices and games where they may be on the field with players of younger or older ages. I understand and accept there may be risks involved when playing with players of different ages. I am aware that if I do not accept such risks I may remove my child from the field.

I have read this release and waiver of liability and fully understand its terms. I agree to waive all such rights above including the right to file a legal action or assert a claim for personal or physical injury or death of any kind. I sign this release form freely of our own free will.

Parent/guardian signature: _____ **Date:** _____

Doctor to notify in emergency: _____ **Telephone:** _____

Inclusion Criteria for Over Age Players

I understand that my child may be on a field of play (practice, games, clinics, tournaments) with overage players who have approval to be on such field through an American with Disabilities Act (ADA) approved waiver from the association/organization officials and/or players who have approval to play with current classmates.

I have read, understand and agree to the terms of the above agreement.

X

Parent Signature

Concussion Waiver

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 the loss of consciousness. Signs and symptoms of concussions 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.

Adapted from the CDC and the 3rd International Conference on Concussion in Sports Document created 6/15/2009.

Symptoms may include one or more of the following:

Headaches	Amnesia
“Pressure in head”	“Don’t feel right”
Nausea or vomiting	Fatigue or low energy
Neck Pain	Sadness
Balance problems or dizziness	Nervousness or anxiety
Blurred, double or fuzzy vision	Irritability
Sensitivity to light or noise	More emotional
Feeling sluggish or slowed down	Confusion
Feeling foggy or groggy	Concentration or memory problems (forgetting game plays)
Drowsiness	Repeating the same question/comment
Changes in sleep patterns	

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of the game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to being hit
- Can’t recall events after the hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

Concussion Information Sheet

What can happen if my child keep 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 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 athletes will often 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 be returned 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 inform your child's coach if you think that your child may have a concussion. Remember, it's better to miss a game than miss the whole season. And 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/>

I have read, understand and agree to the terms of the above agreement.

Parent Signature