

TOTAL PAID: _____ C CHECK # _____ CASH

SMITH COUNTY SOCCER LEAGUE SPRING REGISTRATION

THE SMITH COUNTY SOCCER LEAGUE IS A NON-PROFIT EDUCATIONAL ORGANIZATION
INCORPORATED UNDER THE LAWS OF THE STATE OF TENNESSEE AND IS A MEMBER OF THE
TENNESSEE STATE SOCCER ASSOCIATION.

****NO REFUNDS WILL BE GIVEN AFTER REGISTRATION IS OVER AND UNIFORMS HAVE BEEN ORDERED****

CHILDS NAME: _____

PHONE: (_____) _____ TEXT? YES OR NO

ALTERNATE NUMBERS: (_____) _____ (_____) _____

MOTHER'S NAME: _____ FATHER'S NAME: _____

PLEASE LIST STEP PARENTS/GUARDIANS ALSO: _____

ADDRESS: _____
STREET CITY ZIP CODE

EMAIL: _____

AGE: _____ MALE/FEMALE DATE OF BIRTH: _____

WAS YOUR CHILD REGISTERED IN THE FALL? YES/NO # OF SEASONS PLAYED _____

COACH FROM LAST SEASON _____

DO YOU WANT TO STAY ON THE SAME TEAM IF POSSIBLE? YES/NO

IF NO, DO YOU HAVE A REQUEST? _____

BROTHER/SISTER IN THE SAME AGE GROUP? _____

CARPPOOLING ISSUES? _____

****WE WILL DO OUR BEST TO HONOR ALL REQUESTS BUT EXCEPTIONS WILL HAVE TO BE MADE ****

UNIFORM ORDER: YOUR REGISTRATION FEE INCLUDES A JERSEY AND ONE PAIR OF SOCKS. EXTRA SOCKS
MAY BE ORDERED. IF CHILD WAS ON A TEAM LAST SEASON AND THEY WISH TO REMAIN ON THE SAME
TEAM, THEY WILL USE THE SAME JERSEY AND SOCKS.

SHIRT SIZE: **YOUTH SIZES:** YS YM YL **ADULT SIZES:** AS AM AL AX AXX
EXTRA SOCKS (\$4 PER PAIR) HOW MANY? _____

PARENT/GUARDIAN CONSENT WAIVER AND PHOTO RELEASE

BY SIGNING THIS, YOU SHALL NOT HOLD SMITH COUNTY/SMITH COUNTY SOCCER LEAGUE/TN SOCCER
RESPONSIBLE FOR THE CONDITION OF THE PROPERTY, THE CONDITION OF THE EQUIPMENT, THE
OPERATION OF THE LEAGUE, THE CONDUCT OF THE PARTICIPANTS, COACHES, OFFICIALS, SPECTATORS, OR
ANY OTHER CAUSE WHICH MIGHT RISE TO INJURY OR DAMAGE. ALSO YOU ACKNOWLEDGE THAT SPORTS
MAY BE PHYSICALLY HAZARDOUS AND VOLUNTARILY ASSUME THE RISK OF SUCH INJURY. I AUTHORIZE
SMITH COUNTY SOCCER LEAGUE TO PUBLISH MY CHILD'S PICTURE AND NAME IN ARTICLES IN THE
NEWSPAPER AND ON THE LEAGUE WEBSITE.

☐ BY CHECKING THIS BOX, I HAVE READ AND SIGNED THE TN SOCCER ASSOCIATION'S **CONCUSSION
ACKNOWLEDGEMENT FORM.**

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____



Concussion Acknowledgement Form
(Athlete/Parent/Guardian)

MUST be signed and returned to the member club/association that is affiliated with Tennessee State Soccer Association (TSSA) prior to participation in practice or competition.

Athletes Name(s): _____

Parent/Legal Guardian Name(s): _____

Athlete's Initials		Parent/Legal Guardian's Initials
	A concussion is a brain injury which should be reported to ones parents/legal guardian, coaches, or a medical professional if one is available.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up many hours or days following an injury.	
	I understand and will tell my parents/legal guardian, coach, and/or medical professional about my injuries and illnesses.	
	I understand and will not return to play in a practice or competition if a hit to my head or body causes me any concussion related symptoms.	
	I understand that written permission is needed from a health care provider* to return to play or competition following a concussion.	
	Most concussions take days or weeks to improve. A more serious concussion can last for months or longer.	
	Following a bump, blow, or jolt to the head or body an athlete should receive medical attention if there are any danger signs such as loss of consciousness, repeated vomiting, or a headache that continues or grows in severity.	
	Following a concussion, the brain needs time to heal. I understand that a concussed athlete is more likely to suffer another concussion or more serious brain injury if return to play or competition occurs before concussion symptoms go away completely.	
	In some cases, a repeat concussion can cause serious, long lasting problems or even death.	
	I have read the concussion signs and symptoms on the Concussion Information Sheet and I understand the importance of Concussion Education.	

**NOTE: Health Care Provider means a Tennessee licensed medical doctor, osteopathic physician, or clinical neuropsychologist with concussion training.*

Athletes Signature: _____

Date: _____

Parent/Legal Guardian' Signature: _____

Date: _____

Smith County Youth Soccer League COVID-19 Agreement

- I acknowledge the contagious nature of the Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing.
- I further acknowledge that Smith County Youth Soccer League has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19.
- I further acknowledge that Smith County Youth Soccer League cannot guarantee that my child will not become infected with the Coronavirus/Covid-19.
- I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, coaches, referees, and players and their families.
- I am allowing my child to voluntarily participate in a Smith County Youth Soccer League season and acknowledge that I am increasing their risk to exposure to the Coronavirus/COVID-19.
- I acknowledge that my child must comply with all set procedures to reduce the spread while attending practices and games.
- I will attest at every practice and game that:
 - * They are not experiencing any symptom of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.
 - * They have not traveled internationally within the last 14 days.
 - * They have not traveled to a highly impacted area within the United States of America in the last 14 days.
 - * I do not believe they have been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19.
 - * They have not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.
 - * They are following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19.
- If my child exhibits symptoms of Coronavirus/COVID-19 or is exposed to the virus, I will contact the coach so that they may initiate protocol to stop the spread throughout the team and the league. This may result in missed games/practices until the entire team can be medically cleared and it is determined to be safe to play again.
- I acknowledge that the Fall 2020 season may be cut short if containment of the Coronavirus/COVID-19 proves to be too difficult (subject to the discretion of the Smith County Youth Soccer League Board). Since the fees paid for a season are used to buy uniforms, there can be no refunds once sign ups are complete.

Participating Child

Parent/Guardian Signature

Date