

119 E. Michigan Ave, Clinton, MI 49236

info@villageofclinton.org

 Village Soccer Club

Players Name: _____

D.O.B: ____/____/____ Age by Sept 1st _____

Shirt Size: Youth _____ Adult _____

Parent/Guardian Name: _____

Address: _____

City: _____ Zip: _____

Phone: _____

Email: _____

Coach/Team Request: _____

Requests will be taken on a first come, first served basis.
If a team fills up, your player will be added to a team
with an open slot.

I would like to volunteer coach: Yes No

You will receive \$25.00 off registration for every team you
coach. Please deduct this from your payment.

Coach Shirt Size: Adult _____

I am registering for:

- 3 years old (3 by 12/31/22) - \$50.00 by 08/15
- U6 (Birth years 2017 - 2018) - \$50.00 by 08/15
- U8 (Birth years 2015 - 2016) - \$65.00 by 08/12
- U10 (Birth years 2013 - 2014) - \$65.00 by 08/12
- U12 (Birth years 2011 - 2012) - \$80.00 by 08/12
- U15 (Birth years 2008 - 2010) - \$85.00 by 08/12

*Team spots are limited. If teams fill before the deadlines
above, the registration for that age group will close early.

Return completed forms & payment to:

Clinton Village Office
119 E Michigan Ave

Payment methods include cash, check or money order
Checks made payable to: Village of Clinton

Games will be on Saturdays 09/10-10/22 except U8 will be
on Thursdays 09/08-10/20. Practice days and times will be
determined by the coach and will begin before the first
game. You will hear from your coach by September 1st.
Follow us on Facebook to receive the most recent updates.

Please read carefully. Waiver must be signed

Emergency Authorization:

I, the undersigned parent or legal guardian of the
participant, a minor, hereby authorize the Village of
Clinton, its coaches, assistant coaches, or parents of
team members acting in the capacity of activity
supervisors, as my agents, to consent to medical,
surgical, or dental examination and/or treatment. In
case of an emergency, I hereby authorize treatment
and/or care at any hospital or by medical personnel. If
there is an emergency and I cannot be reached, please
contact:

Emergency Contact: _____

Phone: _____

Email: _____

Waiver of Liability and Disclaimer:

I, the parent or legal guardian of the participant,
acknowledge that participation in athletic events
necessarily involves risk of personal injury. I further
acknowledge that the Village of Clinton Soccer is
administered by individuals who volunteer their time
rather than paid professionals. In consideration for
accepting the registration of the above named
individual in this program, I hereby release, discharge,
and hold harmless the Village of Clinton, its employees,
contracted individuals, volunteers, coaches, and other
representatives from any claims arising out of or
relating to any physical injury that may result to said
individual while participating in the Village of Clinton
Soccer, including physical injury caused by negligence
of any official, referee, or coach while performing
his/her duties during any practices or games.

Parent or Legal Guardian Signature

Date

Village Use Only

Amount Paid: \$ _____

Check #: _____

Initials: _____

Date: _____

I hereby give my permission for any and all medical attention necessary to be administered to my child, _____ (child's name). In the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted, this release is effective for a period of one year from the date given below. I also assume the responsibility for the payment of any such treatment, including, but not limited to transportation for required treatment.

Parent/Guardian: _____ Relationship: _____

Address: _____

City/State/Zip: _____

Primary Phone: _____ Secondary Phone: _____

In case I cannot be reached, please call _____ at _____

In case I cannot be reached, any of the following people are designated to act on my behalf:

1. Coach
2. Assistant Coach/Manager
3. Team Parent
4. A League Representative where my child is playing
5. Any tournament representative where my child is participating in a US Youth sanctioned tournament

Name of Insurance Company: _____

Agent: _____

Policy Number: _____ Type of Insurance: _____

Our Physician's Name: _____

Physician's Address: _____

City/State/Zip: _____

Phone: _____ Hospital of Choice: _____

Known Allergies: _____

Known Disabilities: _____

Other Important Medical Information: _____

Signature of Parent/Guardian _____ Date: _____

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

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HEADS UP

TO LEARN MORE GO TO >> WWW.CDC.GOV/CONCUSSION

Content Source: CDC's Heads Up Program. Created through a grant to the CDC Foundation from the National Operating Committee on Standards for Athletic Equipment (NOCSAE).

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

Michigan Department
of Community Health



Rick Snyder, Governor
James K. Haveman, Director

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