**GERMANTOWN LEGENDS SOCCER**

**U\_\_\_\_\_\_\_\_\_\_\_**

**BOY GIRL**

**For Staff Use Only**

**CHECK LIST FOR PARENTS**

Player’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Welcome to **Germantown Legends Soccer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** team. You will need to provide the following items to the team manager so that your child can be registered with the Legends.

\_\_\_\_\_ Signed **TSSA Player Commitment Letter** – Page 2 and 3

\_\_\_\_\_ Signed **USYS** **Parent/ Guardian Consent and Player Medical Release** – Page 4

\_\_\_\_\_ Signed **Legends Parent/ Guardian Release & Consent Form** – Page 5

\_\_\_\_\_ Signed **Legends Code of Conduct Form for Players and Parents** – Page 6

\_\_\_\_\_ Signed **TSSA** **Cardiac Arrest Acknowledgement Form –** Page 7 and 8

\_\_\_\_\_ Signed **TSSA Concussion Acknowledgement Form** – Page 11

\_\_\_\_\_ Signed **Legends Financial Contract** – Page 12

\_\_\_\_\_ Copy of your child’s **Birth Certificate** (does not need to be notarized)

\_\_\_\_\_ **On-line registration** (creating your Family/ Player account)

\_\_\_\_\_ **$300 online payment** (via Family/ Player account)

\_\_\_\_\_ Mother’s birthdate \_\_\_\_\_/\_\_\_\_\_ (MM/DD)

\_\_\_\_\_ Three jersey number choices for new players 1. \_\_\_\_\_, 2. \_\_\_\_\_ and 3. \_\_\_\_\_.

Note that your child will not be able to participate in any summer (or pre-season) training sessions without the needed forms and club payment(s). The initial registration fee of $300.00 (part of the registration fee) must be made online before the club meeting date.

Please go online to [www.GermantownLegendsSoccer.com](http://www.GermantownLegendsSoccer.com) to get more info about the Germantown Legends Soccer programs.

If you have any additional questions, please contact us.

Welcome to the Team!

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TEAM MANAGER

Contact Information:

Phone No. (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Player Commitment Letter and Release of Liability (Page 1 of 2)**

My son/ daughter (player) has been offered a position with the following soccer club. I understand that to accept this offer, I as the parent/legal guardian must complete this Player Commitment Letter, and return it to the club leadership.

I am committed to **Germantown Legends Soccer** for the seasonal soccer year of **2022- 2023**.

By signing this Player Commitment Letter, I give the aforementioned soccer club permission to register my player with **Tennessee State Soccer Association** (TSSA) in the current seasonal year (“**August 1st, 2022 through July 31st, 2023**”). I further understand that this Player Commitment Letter is not binding until the **14th of June, 2022**. Following the **14th of June,** **2022**, I understand that my player is committed to the aforementioned soccer club for the current seasonal year and per TSSA Policy 26; the only way my player may be removed from this commitment is through a properly executed Player Release.

I, the parent/legal guardian of the committed player, a minor, agree that the player and I will abide by the rules of the aforementioned soccer club, **Tennessee State Soccer Association** (TSSA), **United States Youth Soccer Association** (USYSA), **United States Soccer Federation** (USSF), and its affiliated organizations and sponsors.

Recognizing the possibility of physical injury associated with soccer, I hereby do waive and release the aforementioned soccer club, TSSA, USYSA and USSF, their affiliated organizations and sponsors, their employees, board members, coaches/trainers, volunteers and associated personnel, including the owners of the fields and facilities utilized for the programs, from any and all claims and rights for damages, liability, actions, and causes of actions whatsoever, arising out of or related to any loss, damages, or injury, including death, concussion, sudden cardiac arrest that may be sustained while participating in the soccer program or and/or being transported to or from the same. I further acknowledge that this risk may involve loss or damage or injury to the player, including the risk of death, or temporary or permanent injury or other unforeseen consequences, including those which may be due to the unavailability of immediate emergency medical care. I have a current medical consent form in force and have provided said form to the coach or club.

I AGREE NOT TO SUE nor bring any type of lawsuit against any persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein; and I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

The league, club or tournament may not have primary personal injury insurance that covers my player’s participation. Therefore, I should have a current, active, personal injury insurance policy in force, which covers my player’s participation. Under any condition, I am responsible for any and all medical expenses arising from my player’s participation, both in practices and games and while traveling to and from these events. I have the right and responsibility to inspect the equipment and facilities prior to events and, if I believe that anything may be unsafe, I will advise the coach or supervisor of the condition and may refuse to participate. Participation assumes consent.

I also authorize transportation of my player convenient or necessary to and from any athletic event or social event connected with this club. I certify that to the best of my knowledge that my child/player, is in good health and is capable of participating in the soccer related activities including practice, training and games. I will inform my coach if this status changes. I, the undersigned, am/are duly aware of the risks and hazards inherent upon participating in said events.

**Player Commitment Letter and Release of Liability (Page 2 of 2)**

This form must be completed for each soccer player (participant) and, if the player is under 18-years old, must be signed by the player’s parent (s) or legal guardian (s). No player will be allowed to participate in practice, training or games without this form, properly executed, and on file, which may be also be completed online and submitted as the same as signing an original paper document.

I hereby affirm that I am eighteen (18) years of age or older and I have read this document and I understand its contents. I understand that I have given up substantial rights for both myself (as parent/guardian) or on behalf of the player, a minor, by signing this document and sign it voluntarily.

Parent/ Legal Guardian Name (Please Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Legal Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player Name (Please Print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB (MM/DD/YEAR): \_\_\_\_\_\_\_\_\_\_\_\_\_

Player Signature (if 18 years of age): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**PARENT/ GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE FORM**

Player’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMERGENCY INFORMATION**

Father’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mother’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Allergies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Player’s Physician: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work 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** |

**GERMANTOWN LEGENDS SOCCER**

**PARENT/ GUARDIAN RELEASE AND CONSENT FORM
Page 1 of 2**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as a parent or legal guardian of the minor child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (herein “Minor Child”) hereby consent to the Minor Child’s participation in the programs and activities related to **Youth Soccer** sponsored by the Memphis HappyFeet and Germantown Legends, including but not limited to any transportation related to or in connection with such programs and activities (herein the “Programs and Activities”). I hereby RELEASE and discharge Memphis HappyFeet and Germantown Legends, including, but not limited to, its employees, elected officials, agents, representatives, volunteers, and other related persons (hereinafter individually and collectively referred to as “Legends”), and each of them individually and collectively, for any and all liability, claims, or expenses for any loss, injury, death, or damage to me, the Minor Child and/or to any of our property related to or arising out of, directly or indirectly, the Minor Child’s participation in the Programs and Activities, including, without limitation, any liability, claim, or expense for personal injuries and/or property damage suffered by the Minor Child and/or me resulting from or arising out of any act or omission (whether arising from negligent, reckless, or intentional conduct) whatsoever of Legends.

I further agree to INDEMNIFY Legends and HOLD Legends HARMLESS from and against any and all liability, claims, or expenses (including without limitation reasonable attorney’s fees) asserted by any other person and/or entity (whether arising from negligent, reckless, or intentional conduct of the Legends) for loss, injury, death, or damage to me, Minor Child or any of our property resulting from or arising out of, directly or indirectly, the Minor Child’s participation in the Programs and Activities. I further agree to INDEMNIFY Legends and HOLD Legends HARMLESS from and against any and all liability, claims, or expenses (including without limitation reasonable attorney’s fees) by any person or entity for loss, injury, death, or damage to any other person or entity and/or their property resulting from or arising out of any act or omission (whether arising from negligent, reckless, or intentional conduct) by me or Minor Child. I hereby authorize a physician, hospital, nurse or emergency medical technician to administer that medical care to the Minor Child which in their professional opinion is necessary and reasonable for the Minor Child. I further COVENANT NOT TO SUE Legends in any forum arising out of any losses, damages, sickness, injuries, death, or other loss, of whatever nature and howsoever incurred, that may arise out of or in any way be related to the Minor Child’s participation in the Programs and Activities, including, but not limited to, claims resulting from: delay, the criminal acts of others; the use of any vehicle; strike; war; a threat or act of terrorism; weather; the provision of medical care; quarantine; any governmental restriction or regulation; or any act or omission by any other person.

 I, on my own behalf and on behalf of the Minor Child, hereby state that I fully understand the risks involved in Minor Child’s participation in the Programs and Activities and that I have taken and will take all necessary precautions to protect my Minor Child and others. I hereby represent that the Minor Child is physically fit and competent to fully participate in the Programs and Activities and agree to assume any and all risks and dangers related to or arising out of my Minor Child’s participation in the Programs and Activities. On my own behalf and on behalf of the Minor Child, I agree that we will abide by all rules and regulations set forth by the Germantown Legends in regards to the Programs and Activities.

**ACTS OF GOD INCLUDING WEATHER WAIVER:** I understand that the Memphis HappyFeet/ Germantown Legends will attempt to make up for any lost time due to inclement weather; however, if this is not possible, I understand that no refunds will be given due to inclement weather.

In the event that the Memphis HappyFeet/ Germantown Legends are unable to perform their obligations under the terms of this Agreement because of acts of God (including acts of civil or military authority, national emergencies, labor difficulties, mechanical breakdown, insurrection, war, riots, or failure or unavailability of transportation, communication or power supply, fire, flood or other catastrophe) or other causes beyond its reasonable control, the Memphis HappyFeet/ Germantown Legends shall not be liable to any other party for any damages resulting from such failure to perform or otherwise from such causes; provided the Memphis HappyFeet/ Germantown Legends took commercially reasonable best efforts to make alternative arrangements.

**FORCE MAJEURE:** Where a Force Majeure Event (including acts of civil or military authority, national emergencies, labor difficulties, mechanical breakdown, insurrection, war, riots, or failure or unavailability of transportation, communication or power supply, fire, flood or other catastrophe) gives rise to a failure or delay in the Memphis HappyFeet/ Germantown Legends performing its obligations under this Agreement, those obligations will be suspended for the duration of the Force Majeure Event.

**FINANCIAL RESPONSIBILITY**: Upon commitment to a team, you are financially responsible for all Club fees as stated for the entire year. Players will not be officially released from the Germantown Legends Soccer Club until all Club fees are paid in full and team fees are up to date at the time of the request.

**PLAYER'S CLUB DUES**

1. A player’s club dues are determined by their team assignment. Club dues do not include team fees, which include but are not limited to: Referee fees, Tournament entry fees, Reasonable coach’s travel expenses and Individual travel or any other reasonable expenses incurred by the team as determined by each individual team.
2. All dues payments are to be made in accordance with the terms on the payment sheet.

**PARENT/ GUARDIAN RELEASE AND CONSENT FORM (Page 2 of 2)**

1. Any payment received 30 days after its due date shall be past due and may result in surrender of a player’s membership card. Players will not be allowed to practice or play until the membership card is reinstated. In addition to any outstanding fees due, a $50.00 reinstatement charge shall be required to reinstate the player’s card.

**PHOTO WAIVER:** The parent/ guardian signature on this form also permits Memphis HappyFeet and Germantown Legends to use still photography and/ or video originating from our programs for promotional purposes to include, but not limited to, print, website and various forms of visual print media like Facebook, Instagram, Twitter, Shutterfly, YouTube and other forms of social media.

**I have read, understand, and agree in all respects to this Parent/ Guardian Release and Consent Form.**

SIGNATURE OF PARENT/GUARDIAN:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_\_

PRINT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY, STATE & ZIP \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT PHONENUMBER(S):

HOME (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OTHER (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRINTED NAME OF MINOR CHILD: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CODE OF CONDUCT
For Players, Parents and Coaches**

Parents, players, coaches and fans represent Germantown Legends Soccer when our teams play. The actions of one of us affect the image of all of us. This Code of Conduct encourages us to work together to play with good sportsmanship and to treat players, coaches, referees and parents with respect. It also identifies the possible consequences we will encounter when we can’t behave in an appropriate manner.

### **TREAT REFEREES WITH RESPECT**

* There are no circumstances in which a parent or coach should confront a referee during or after a game.
* Do not verbally harass a referee. If you must disagree with a call, do so quickly, calmly and let it go.
* Coaches will be held responsible for ensuring that parents comply with this portion of the code of conduct. A coach who, in the opinion of the referee director, age group commissioner, coaching director, or board member, fails to control unruly parents will be subject to suspension.

### **TREAT YOUR TEAM WITH RESPECT**

* Ensure your child and all his/her equipment gets to games and practices on time.
* Pick up your child promptly at the end of games or practices; don't make the coaches wait for you.
* Disagreements with the coach do not belong on the public soccer field before, during or after a game or practice. Questions and comments should be voiced later in an adult atmosphere.

### **TREAT OUR PLAYERS AND OPPONENTS WITH RESPECT**

* Coaches, not parents, are the ones we entrust to instruct our players. Parent criticism of (or "constructive help" for) other Legends players is usually not well received by the player, coach or the player's parents.
* Whether you win or lose, do so with class.
* Never yell at or criticize a player on the opposing team. Think how incensed you become when another parent or coach, especially one from the opposing team, yells at your child.
* Avoid confrontations or shouting matches with the coaches, parents, or fans of an opposing team. An effective response is to move to a part of the field where you cannot hear them.
* Constant yelling is very irritating to the people around you (even if you think your comments are positive).
* No alcohol, drugs, profanity or fighting are ever permitted at soccer games or practice.

### **GRIEVEANCES AND CONSEQUENCES**

* Your Director of Coaching is the first person you should contact if you feel a parent's, players, or coach's behavior warrants corrective action (e.g., confronting a referee or verbal abuse of players, coaches, referees, or opposing fans). The director will attempt to resolve or correct the issue, but may refer it to the club’s board (advisory committee) for further investigation and remedy.
* The board may impose penalties including reprimands, suspension of playing/ coaching/ spectator privileges, and expulsion from a team or the club.
* The Tennessee Soccer Association and/or the Memphis Shelby Soccer Federation may respond to certain actions that take place during events they sanction (league matches, tournaments, etc.), such as the following:
* Confrontations with or touching a referee during or after a game.
* Confrontations or shoving matches between parents of opposing teams or parents and coaches.

These governing bodies have the authority to impose fines and suspensions above and beyond those imposed by the Germantown Legends.

###### **SIGNATURE:** AS A COACH OR PARENT OF A PLAYER IN THE GERMANTOWN LEGENDS SOCCER PROGRAM, I ACKNOWLEDGE…

* that I have read, understand and will adhere to this Code of Conduct;
* that my continued participation in club activities, and that of my children, is contingent upon my ability to do so; and
* that I will help my fellow parents and coaches when, in the emotions of the game, they need to be reminded of their own commitment to this Code of Conduct.

|  |  |  |  |
| --- | --- | --- | --- |
| **TEAM:** |  | **SIGNATURE:** |  |
| **PRINT NAME:** |  | **DATE** |  |



**Cardiac Arrest Acknowledgement Form**

**(Athlete/ Parent/ Guardian)
Page 1 of 2**

**What is sudden cardiac arrest?**

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA doesn’t just happen to adults; it takes the lives of students, too. However, the causes of sudden cardiac arrest in students and adults can be different. A youth athlete’s SCA will likely result from an inherited condition, while an adult’s SCA may be caused by either inherited or lifestyle issues.

SCA is **NOT** a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart’s electrical system, causing the heart to suddenly stop beating.

**How common is sudden cardiac arrest in the United States?**

SCA is the #1 cause of death for adults in this country. There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under 25 die of SCA each year. It is the #1 cause of death for student athletes.

**Are there warning signs?**

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

* fainting or seizures during exercise;
* unexplained shortness of breath;
* dizziness;
* extreme fatigue;
* chest pains; or
* racing heart.

These symptoms can be unclear in athletes, since people often confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

**What are the risks of practicing or playing after experiencing these symptoms?**

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it.

**Public Chapter 325 – the Sudden Cardiac Arrest Prevention Act**

The act is intended to keep youth athletes safe while practicing or playing. The requirements of the act are:

* ***All youth athletes and their parents or guardians must read and sign this form.******It must be returned to the recreational or competitive club/association before participation in any athletic activity. A new form must be signed and returned each recreational or competitive soccer year (August 1- July 31).***

 *Adapted from* *PA Department of Health: Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form. 7/2013*

* The immediate removal of any youth athlete who passes out or faints while participating in an athletic activity, or who exhibits any of the following symptoms:

(i) Unexplained shortness of breath;

(ii) Chest pains;

**Cardiac Arrest Acknowledgement Form (Page 2 of 2)**

(iii) Dizziness;

(iv) Racing heart rate; or

(v) Extreme fatigue; and

* Establish as policy that a youth athlete who has been removed from play shall not return to the practice or competition during which the youth athlete experienced symptoms consistent with sudden cardiac arrest
* Before returning to practice or play in an athletic activity, the athlete must be evaluated by a Tennessee licensed medical doctor or an osteopathic physician. Clearance to full or graduated return to practice or play must be in writing.

***I have reviewed and understand the symptoms and warning signs of Sudden Cardiac Arrest.***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Soccer Player (ONLY if 18 or older) Print Soccer Players Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Print Parent/Guardian’s Name Date



**Concussion Signs and Symptoms Information Sheet**

**(Athlete/Parent/Guardian Copy)**

**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 rapidly 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.

* **Athletes who have, at any point in their lives, had a concussion have an increased risk for ano**

**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.

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

If an athlete reports one or more symptoms of concussion listed below after a bump, blow, or jolt to the head or body, the athlete should be kept out of play the day of the injury and until an approved health care provider\* says the athlete is symptom-free and it is safe to return to play.

|  |  |
| --- | --- |
| SIGNS OBSERVED BY COACHING STAFF | SYMPTOMS REPORTED BY ATHLETES |
| Appears dazed or stunned | Headache or “pressure” in head |
| Is confused about assignment or position | Nausea or vomiting |
| Forgets an instruction | Balanced problems or dizziness |
| Is unsure of game, score, or opponent | Double or blurry vision |
| Moves clumsily | Sensitivity to light |
| Answers questions slowly | Sensitivity to noise |
| Loses consciousness, even briefly | Feeling sluggish, hazy, foggy, or groggy |
| Shows mood, behavior, or personality changes | Concentration or memory problems |
| Can’t recall events *prior* to hit or fall | Confusion |
| Can’t recall events *after* hit or fall | Just not “feeling right,” or “feeling down” |

**What are the Concussion Danger Signs?**

 Remember:

Concussions affect individuals differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or weeks. A more serious concussion can last for months or longer.

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 after a bump, blow, or jolt to the head or body if the athlete exhibits any of the following danger signs:

* Has one pupil larger than the other;
* Is drowsy or cannot be awakened;
* Has a headache that does not diminish or go away;
* Has weakness, numbness, or decreased coordination;
* Has repeated vomiting or nausea;
* Has slurred speech;
* Has convulsions or seizures;
* Unable to recognize people or places;
* Becomes increasingly confused, restless, or agitated;
* Demonstrates unusual behavior;
* Loses consciousness (even though brief it is serious)

**Why should an Athlete Report Symptoms?**

If an athlete has a concussion, their brain needs time to heal. While an athlete’s brain is healing, they are 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 one’s brain. They (concussions) can even be fatal.

**What should you do if you think your Athlete has a Concussion?**

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 provider\* says the athlete is symptom-free and is safe to return to play.

Rest is a key component to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration such as studying, working on the computer, or playing video games may cause concussion symptoms to reappear or grow worse. Following a concussion, returning to sports and school should be a gradual process that is carefully managed and monitored by a health care professional.

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



**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 one’s 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:\_\_\_\_\_\_\_\_\_\_\_

**Germantown Legends Soccer Financial Contract**

**PLAYERS NAME:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENTS NAME:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TEAM NAME:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please initial each box confirming you have read and understand each item**

**PLAYER’S CLUB DUES**

1. A player’s club dues are determined by their team assignment. Club dues do not include team fees, which include but are not limited to: Referee fees, Tournament entry fees, Reasonable coach’s travel expenses and Individual travel or any other reasonable expenses incurred by the team as determined by each individual team. \_\_\_\_\_\_\_
2. All dues payments are to be made in accordance with the terms on the ‘payment schedule’. \_\_\_\_\_\_\_
3. **Any payment received 30 days after its due date shall be past due and may result in surrender of a player’s membership card.** Players will not be allowed to practice or play until the membership card is reinstated. In addition to any outstanding fees due, a $50.00 reinstatement charge shall be required to reinstate the player’s card. \_\_\_\_\_\_\_

**PARENT’S RESPONSIBILITES – Please initial each box**

In accordance with established policies of the Germantown Legends Soccer Club and its Board of Directors, a parent or legal guardian of each player agrees to the following financial obligations.

1. By your signature below, you acknowledge that you have read and understand the player’s club dues, payment schedule, and that you are financially responsible for the dues as stated for the entire playing year\*. Refunds, less the non-refundable service charge, will only be issued for a season ending injury or for moving out of the area.

\_\_\_\_\_\_\_\_

1. Your payment schedule must be met unless the Club Administrator has approved, in writing in advance a written request for a different payment schedule. Statements will not be mailed out in advance of any due date. \_\_\_\_\_\_\_\_
2. Financial Aid is available for those families truly in need. Please submit your application, located on our website at [www.GermantownLegendsSoccer.com](http://www.GermantownLegendsSoccer.com) (or the Legends ‘Competitive’ forms at [FORMS.GermantownLegends.com](http://forms.germantownlegends.com/)) by **July 1, 2022**. Keep in mind that copies of tax statements and pay stubs will be required with your application for financial aid – **NO EXCEPTIONS**.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **PARENT SIGNATURE** |  | **DATE** |
|  |  |  |
| **Germantown Legends Club Administrator Signature** |  | **DATE** |

**\*Please Note:** Upon commitment to a team, you are financially responsible for all Club fees as stated for the entire year. Players will not be officially released from the Germantown Legends Soccer Club until all Club fees are paid in full and team fees are up to date at the time of the request.

**2022- 2023 LEGENDS ‘CLUB’ FEE PAYMENT SCHEDULE**

**All ‘Club’ Fees are to be made via online your family’s online account. (Do NOT make payment to your team manager, as these are NOT ‘team’ fees.)**

|  |  |
| --- | --- |
| **U8 $855.00**Once selected for team.July 15August 15September 15October 15 | $300.00 non-refundable online payment$150.00$150.00$150.00$105.00 |
| **U9- U10 $980.00**Once selected for team.July 15August 15September 15October 15November 15 | $300.00 non-refundable online payment$150.00$150.00$150.00$150.00$80.00 |
| **U11- U15 $1080.00**Once selected for team.July 15August 15September 15October 15November 15 | $300.00 non-refundable online payment$160.00$160.00$160.00$160.00$140.00 |
| **U16- U18 $830.00 (Fall season)**Once selected for team.July 15August 15September 15October 15 | $300.00 non-refundable online payment$150.00$150.00$150.00$80.00 |
| **U16- U18 $830.00 (Spring season)**Once selected for team.November 15December 15January 15February 15 | $300.00 non-refundable online payment$150.00$150.00$150.00$80.00 |

\* Above chart does **NOT** include the **City of Germantown non-resident fee ($100.00)**.

**All Legends ‘Club’ fees for the season are to be paid in full by December 1st, unless otherwise noted above. Please check your account balance online.**

**Players with outstanding balances will NOT be registered by the Legends with MSSF unless special arrangements are made with the club for a payment schedule extension.**

**ONLINE ACCOUNT**

**NEW USER**

If your family is **NEW TO THE GERMANTOWN LEGENDS** program, you will need to create an online account first online.

Visit [www.GermantownLegendsSoccer.com](http://www.GermantownLegendsSoccer.com), and proceed to the homepage. In the upper right hand corner, click on ‘Register’…. REGISTER.GermantownLegends.com.

Below is a snippet of the ‘Login or Register’ page.

Note that the ‘**New User**’ portion is for the **Primary Parent** info (i.e. Parent, **NOT the player**).

**REGISTERED USER**

If you are a **RETURNING PLAYER** to the Germantown Legends Soccer program (HappyFeet, REC, Competitive or TOPSoccer), you already have an online account, and just need to login to register for the next season’s program.



**ONLINE VIEW AFTER LOGGING IN**

In order to complete your child’s registration (online) for the upcoming season, there are just a few more steps.

1. Make initial ‘Club Payment’ online and **set up future payments**.
2. Sign the electronic waivers (click on the ‘Sign Waivers’ embedded link).

Visit the following link to complete both,... **REGISTER.GermantownLegends.com**



**BIRTH YEAR AGE CHART**

