



Travel Team Registration Form 2018-2019 Season

PLAYER'S INFORMATION

Last Name: _____ First Name: _____ MI _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Home phone: () _____ Male _____ Female _____

E-mail Address: _____

D.O.B. Month _____ Day _____ Year _____

Has this player ever been listed on a roster for any other CJSA/SWD-CJSA affiliated travel team(s)? Yes _____ No _____

If so, please provide the name of Club _____ Season (yr): _____ City _____

UNIFORM SIZE: **JERSEY:** _____ **SHORTS:** _____

PARENT'S INFORMATION

Father's Name: _____ Cell () _____

Mother's Name: _____ Cell () _____

Person to notify in emergency (optional-after parents): _____ Phone () _____

IMPORTANT

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the NCSC and CJSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the CJSA accepting the registrant for its soccer programs and activities (the Programs), I hereby release, discharge and /or otherwise indemnify the CJSA, NCSC, its affiliated organizations and sponsors, their employees and associated personnel, including the owner of 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.

Name of Parent or legal Guardian. _____

Signature: _____

CONSENT FOR MEDICAL TREATMENT OF MINOR

As the parent or guardian of the about named player, I hereby give consent for emergency medical care prescribed by a duly-licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life or well being of my dependent.

Signature: _____ Date: _____/_____/_____

CLUB USE ONLY: **Players fee \$** _____ **Received by** _____ **Date** _____

Returning Player _____ **New Player** _____

Copy of Birth Certificate provided? **Y / N / On File**



Medical Release Form

August 01, 2018 through July 31, 2019

PLAYER'S INFORMATION

Last Name: _____ First Name: _____ MI _____

Street Address: _____ City: _____ State: _____ Zip Code: _____

Home phone: () _____ Male _____ Female _____

E-mail Address: _____

D.O.B. Month _____ Day _____ Year _____

Doctor to notify in emergency: _____

Doctor's Phone () _____

List any medical problem or prohibition player has: _____

PARENT'S INFORMATION

Father's Name: _____ Cell () _____

Mother's Name: _____ Cell () _____

Person to notify in emergency (optional-after parents): _____ Phone () _____

I/we, the undersigned parent (s) or guardian (s) of the child named above, approve of the child's participation in any and all activities of the Norwalk Community Soccer Club (NCSC) and, except as may be noted below, represent and warrant that the child has been examined by a physician and determined to be physically fit and able to participate. I/we hereby absolve and release the NCSC and all persons connected therewith, including referees, players, coaches and other NCSC personnel and directors, of any responsibility for accident or injury to the child while participating in any NCSC activity, including transportation to and from any such activity, and will indemnify and hold the NCSC and all such persons harmless against any claim therefore.

I/we understand that it is the policy of the NCSC to request the presence of a child's parent or guardian at all NCSC activities attended by the child and that neither the NCSC nor any person connected herewith assumes any responsibility for rendering emergency first aid in the event of any injury to or sickness of a child during the course of any NCSC activity (or to have a physician or other trained medical personnel present). However, in the event that I/we happen not to be present, I/we authorize the team coach or other NCSC representative to administer any needed first aid to the child, and if deemed necessary, to transport the child to a physician and/or hospital to receive emergency treatment.

Parent/Guardian's Signature

Date

This form is to be kept by the coach in the team medical kit for immediate access, should emergency treatment be required.



CONCUSSION AWARENESS INFORMED CONSENT FORM

Name of Youth Athlete: _____

Name(s) of parents or legal guardians: _____

Address: _____

Season/Year: ___ 2018-2019 ___ TRAVEL SOCCER _____

I. Consent of Parent/ Guardian

I, _____, as the parent/ legal guardian of _____, a participant in youth sports/ athletic activities, hereby acknowledge that I have been informed of the dangers of head injuries, the signs and symptoms of such injuries, and of proper injury prevention techniques and skills. I further acknowledge that I have been provided with specific information about the procedures to be followed in the event that my child has been removed from play due to a suspected head injury or concussion and my responsibilities pertaining to a physician's evaluation and clearance prior to my child's returning to play following any such injury.

Having been so informed I hereby give my consent to my child's participation in the athletic activities listed above and I agree to abide by all applicable rules and regulations concerning such athletic events and activities and the recommended procedures in the event that my child is suspected of having been injured, including all return-to- play requirements and procedures.

Parent/Legal Guardian signature: _____ Witness signature: _____

Date: _____ Date: _____

II Consent of Youth Athlete

I, _____ (name of athlete) , as a participant in youth sports/ athletic activities, hereby acknowledge that I have been informed of the dangers of head injuries, the signs and symptoms of such injuries, and of proper injury prevention techniques and skills. I have been provided with specific information about the procedures to be followed in the event that I am removed from play due to a suspected head injury or concussion and my responsibilities prior to returning to play following any such injury. I agree to abide by all applicable guidelines and the recommended procedures in the event that I am suspected of having been injured, including all return-to- play requirements and procedures.

Athlete's signature: _____ Witness signature: _____

Date: _____ Date: _____

For more information, please check our website