



Naugatuck Youth Soccer Registration

www.NaugatuckSoccer.org

Please Print, Page 1 of 2 – Fill out all Sections

Comp _____ DR _____

Age Group U- _____

Season _____

1) Player Information:

Player's Last Name _____

Player's First Name _____

Middle Initial _____

Male

Address _____

Apt/Unit # _____

City _____

State _____

Zip _____

Female

Home Phone Number _____

Cell Phone Number _____

Date of Birth _____/_____/_____

Please list any medical limitations the player has _____

Special Requests (**NOT ALL REQUESTS CAN BE MET**) _____

Child Evening conflict No Yes – Explain _____

New Player --- Copy of child's birth certificate required for NYS records, per CJSA regulations. If your child's birth certificate is not on file by the first practice, your child will not be able to participate until NYS receives it.

Years Played (2 seasons = 1 year)

None Up to 1 year 1-2 years

2-4 years More

Season Registering For:

Fall Only Spring Only 2 Seasons

Only applies when registering in Fall

2) Parent/Guardian Information:

Father's Name _____

Home Phone Number _____

Cell Phone Number _____

I am willing to help with:
(please check all that apply)

Coach

Assistant Coach

Team Parent

Referee

Concession Stand

Special Projects/Committees

Mother's Name _____

Home Phone Number _____

Cell Phone Number _____

Emergency Contact Name _____

Relationship _____

Phone Number _____

Email Address(es) for Parent/Guardian _____

Do you have a coaching license or certificate: Yes No What level? _____

ACKNOWLEDGEMENT, WAIVER AND RELEASE OF LIABILITY

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

Furthermore, as the parent or legal guardian of the above 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, limb, or well being of my dependent.

PHOTO RELEASE

I, the undersigned completing this registration form for my child, do hereby agree to allow photographs of my child taken by Naugatuck Youth Soccer (NYS) to be published for any purpose and in any format by the NYS.

REFUND POLICY

Requests for refunds must be on the Refund Request Form that can be downloaded from the NYS web site, then submitted to NYS. Full refunds, less discount if applicable and late fee, will be given if the request is received up to two weeks prior to the season beginning. Requests received within the two weeks will be eligible for a partial refund of 80%, less discount and late fee if applicable. Requests received up to 4 weeks after season starts will be eligible for a partial refund of 60%, less discount and late fee if applicable.

No refunds will be given 4 weeks after the start of the season.

RETURNED CHECK POLICY

All returned checks will be assessed a penalty fee based on the current returned check fee charged by our bank.

The NYS Board of Directors reserves the right to close registration as age groups are filled. Please consult www.NaugatuckSoccer.org for current information. NYS will not guarantee a spot on a specific team; teams are dependent upon Age Group Availability. All Competition Players will try out for proper Age Group, NYS will not guarantee any player to play outside of his/her Age Group without Approval from the NYS Board of Directors, Coaches and Parents involved.

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3) Player Information:

Player's Last Name

Player's First Name

Middle Initial

CONCUSSION AWARENESS For more information for parents, coaches, or players, you are encouraged to visit our website @ www.naugatucksoccer.org or CDC website @ <http://www.cdc.gov/headsup/youthsports/index.html>

The purpose of the Concussion Awareness page on our website is to help educate coaches, players and parents about concussions. Naugatuck Youth Soccer does not provide medical advise. The information, including but not limited to text, graphics, images and other material on our website is strictly for informational purposes only. It is not intended to be a substitute for professional medical advice, diagnosis or treatment. Always see the advise of your physician or other qualified health care provider with any questions you may have regarding concussion treatment.

WHAT IS A CONCUSSION?

A concussion is a type of traumatic brain injury. Concussions are caused by a bump or blow to the head. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious. You can’t see a 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 your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

Signs Observed by Parents or Guardians

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

- 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

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 “feeling down”

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION OR OTHER SERIOUS BRAIN INJURY?

Ensure that they follow their coach’s rules for safety and the rules of the sport.

Encourage them to practice good sportsmanship at all times.

Make sure they wear the right protective equipment for their activity. Protective equipment should fit properly and be well maintained.

Wearing a helmet is a must to reduce the risk of a serious brain injury or skull fracture.

However, helmets are not designed to prevent concussions. There is no “concussion-proof” helmet. So, even with a helmet, it is important for kids and teens to avoid hits to the head.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. SEEK MEDICAL ATTENTION RIGHT AWAY.

A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to regular activities, including sports.

2. KEEP YOUR CHILD OUT OF PLAY.

Concussions take time to heal. Don’t let your child return to play the day of the injury and until a health care professional says it’s OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a repeat concussion. Repeat or later concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.

3. TELL YOUR CHILD’S COACH ABOUT ANY PREVIOUS CONCUSSION.

Coaches should know if your child had a previous concussion. Your child’s coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

4) Please Sign Below:

Print Name

Signature

Date

Parent

Guardian

5) Present Form at Walk-In Registration or Mail To:

Naugatuck Youth Soccer
PO Box 772
Naugatuck, CT 06770
Attn: Registrar

Mailed registrations received with postmarks after the deadline may not be accepted. See registration guidelines on our website.

Amount Received _____

Registration Amount _____

Date Received _____

Late Fee _____

Check Number _____

Bank _____

Authorization _____

Discount _____

Stone Alley _____

Info Missing _____

Waiver Type _____