

Soccer Clinic Registration Form

Clinic Dates: 7/28/21, 7/30/21, 8/4/21, 8/6/21, 8/7/21

Ages and Times:

U6 & U8 (birth years 2014, 2015, 2016, 2017) from 4:00pm to 5:30pm

U10, U12, & U14 (birth years 2013, 2012, 2011, 2010, 2009, 2008) from 4:00 pm to 6:30 pm

Parent/Guardian Information (please print):

Name: _____

Street Address: _____

Phone: _____

Email: _____

Player Information (please print):

Player Name: _____

Date of Birth: _____

Gender: _____

Shirt Size (circle one): YSM YM Y L AS AM AL

Emergency Contacts (list two):

Name: _____ Phone: _____

Name: _____ Phone: _____

If applicable, list any medical problems or physical limitations the player has:



WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19

ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT

In consideration of being allowed to participate in athletic programming, sanctioned activities and events (collectively "Sanctioned Activities") related to the California State Soccer Association-South (Cal South) and affiliate members ("RELEASEES"), the undersigned acknowledges, appreciates, and agrees that:

1. Participation in such Sanctioned Activities inherently includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19. While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
2. I KNOWINGLY AND FREELY ASSUME ALL SUCH INHERENT RISKS, both known and unknown, EVEN IF ARISING FROM THE ACTIVE OR PASSIVE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation in such Sanctioned Activities as regards to protection against infectious diseases. If, however, I observe any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
4. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Releasees their officers, directors, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the Sanctioned Activities, WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE ACTIVE OR PASSIVE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, hereby agree to defend and indemnify RELEASEES for all such claims, causes of actions, allegations or matters arising out of, relating to, based upon or in any way connected to my participation in such Sanctioned Activities.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Participant: _____

Participant Signature: _____

Date signed: _____

FOR CAL SOUTH PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands and accepts these risks and responsibilities. I, for myself, my spouse, and child/ward, do consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for any and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent provided by law.

Name of parent/guardian: _____

Parent guardian/signature: _____

Date signed: _____

The signed waiver/release should be kept on file by the sports organization for at least 7 years and possibly longer if the player has contracted a serious illness.

CONCUSSION AND HEAD INJURY INFORMATION SHEET

(A) Head injuries and their potential consequences.

The severity of a traumatic brain injury (TBI) may range from “mild” (i.e., a brief change in mental status or consciousness) to “severe” (i.e., an extended period of unconsciousness or amnesia after the injury).

A TBI can cause a wide range of functional short- or long-term changes affecting: **Thinking** (i.e., memory and reasoning); **Sensation** (i.e., sight and balance); **Language** (i.e., communication, expression, and understanding); and **Emotion** (i.e., depression, anxiety, personality changes, aggression, acting out, and social inappropriateness).

A TBI can also cause epilepsy and increase the risk for conditions such as Alzheimer’s disease, Parkinson’s disease, and other brain disorders.

About 75% of TBIs that occur each year are concussions or other forms of mild TBI. Repeated mild TBIs occurring over an extended period of time can result in cumulative neurological and cognitive deficits. Repeated mild TBIs occurring within a short period of time (i.e., hours, days, or weeks) can be catastrophic or fatal.

(B) The signs and symptoms of a concussion.

Symptoms usually fall into four categories:

1. **Thinking/Remembering:** Difficulty thinking clearly; Feeling slowed down; Difficulty concentrating; Difficulty remembering new information.
2. **Physical:** Headache, fuzzy or blurry vision; Nausea or vomiting (early on); Sensitivity to noise or light, balance problems; Feeling tired, having no energy.
3. Some of these symptoms may appear right away. Others may not be noticed for days or months after the injury, or until the person resumes their everyday life. Sometimes, people do not recognize or admit that they are having problems. Others may not understand their problems and how the symptoms they are experiencing impact their daily activities.
4. The signs and symptoms of a concussion can be difficult to sort out. Early on, problems may be overlooked by the person with the concussion, family members, or doctors. People may look fine even though they are acting or feeling differently.

(C) Best practices for removal of an athlete from an athletic activity after a suspected concussion.

1. Remove athlete from play.
2. Keep athlete out of play the day of the injury. The athlete should be seen by a health care provider.
3. Do not try to judge the injury yourself. Only a health care provider should assess an athlete for a possible concussion.

(D) Steps for returning an athlete to school and athletic activity after a concussion or head injury.

1. The athlete should return to play only with permission from a health care provider who is experienced in evaluating for concussions.
2. Ask the health care provider for written instructions on helping the athlete return to school and return-to-play.
3. Give the instructions to the school nurse and teacher(s) and the return-to-play instructions to the coach and/or athletic trainer.

SUDDEN CARDIAC ARREST INFORMATION SHEET

(A) Cardiac conditions and their potential consequences.

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 is NOT a heart attack. 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 victim to collapse. The malfunction is caused by a congenital or genetic defect in the heart’s structure.

As the leading cause of death in the U.S., there are more than 300,000 cardiac arrests outside hospitals each year, with nine out of 10 resulting in death. Thousands of sudden cardiac arrests occur among youth each year, as it is the #1 killer of student athletes and the leading cause of death on school campuses.

(B) The signs and symptoms of sudden cardiac arrest.

FAINTING IS THE #1 SYMPTOM OF A HEART CONDITION

Who is at risk for sudden cardiac arrest? SCA is more likely to occur during exercise or physical activity, so student-athletes are at greater risk.

Recognize the Signs & Risk Factors: Tell your coach and consult your doctor if these conditions are present in your student-athlete.

Potential Indicators That SCA May Occur:

Fainting or seizure, especially during or right after exercise; Fainting repeatedly or with excitement or startle; Excessive shortness of breath during exercise; Racing or fluttering heart palpitations or irregular heartbeat; Repeated dizziness or lightheadedness; Chest pain or discomfort with excessive exercise, unexpected fatigue during or after exercise.

(C) Best practices for removal of an athlete from an athletic activity after fainting or if a suspected cardiac condition is observed.

We need to let student-athletes know that if they experience any SCA-related symptoms it is crucial to alert an adult and get follow-up care as soon as possible with a physician, surgeon, nurse practitioner or physician assistant. If the athlete has any of the SCA risk factors, these should also be discussed with a doctor to determine if further testing is needed. Wait for your doctor’s feedback before returning to play, and alert your coach, trainer and school nurse about any diagnosed conditions.

(D) Steps for returning an athlete to an athletic activity after the athlete faints or experiences a cardiac condition.

Student athletes must be evaluated and cleared by a physician, surgeon, nurse practitioner or physician’s assistant to return to play.

(E) What to do in the event of a cardiac emergency:

1. **Recognition of Sudden Cardiac Arrest.** Victim is collapsed, unresponsive and not breathing, even if gasping, gurgling, exhibiting breathing noises or seizure-like activity.
2. **Call 9-1-1.** Follow emergency dispatcher’s instructions. Call any on-site Emergency Responders.
3. **Hands-Only CPR.** Begin CPR immediately. Hands only CPR involves fast and continual two-inch chest compressions - about 100 per minute.
4. **Defibrillation.** Immediately retrieve and use an automated external defibrillator to restore the heart to its normal rhythm. Follow step-by-step audio instructions from the AED.

PARENT/GUARDIAN NAME (PRINT): _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

ATHLETE SIGNATURE: _____ DATE: _____

PRESCRIPTION OPIOIDS: WHAT YOU NEED TO KNOW

Prescription opioids can be used to help relieve moderate-to-severe pain and are often prescribed following a surgery or injury, or for certain health conditions. These medications can be an important part of treatment but also come with serious risks. It is important to work with your health care provider to make sure you are getting the safest, most effective care.

As many as 1 in 4 PEOPLE receiving prescription opioids long term in a primary care setting struggles with addiction.

WHAT ARE THE RISKS AND SIDE EFFECTS OF OPIOID USE?

Prescription opioids carry serious risks of addiction and overdose, especially with prolonged use. An opioid overdose, often marked by slowed breathing, can cause sudden death. The use of prescription opioids can have a number of side effects as well, even when taken as directed:

- Tolerance—meaning you might need to take more of a medication for the same pain relief.
- Physical dependence—meaning you have symptoms of withdrawal when a medication is stopped.
- Increased sensitivity to pain.
- Constipation, nausea, vomiting, and dry mouth.
- Sleepiness and dizziness.
- Confusion.
- Depression.
- Low levels of testosterone that can result in lower sex drive, energy, and strength.
- Itching and sweating.

KNOW YOUR OPTIONS

Talk to your health care provider about ways to manage your pain that don't involve prescription opioids. Some of these options may actually work better and have fewer risks and side effects. Options may include:

- Pain relievers such as acetaminophen, ibuprofen, and naproxen.
- Some medications that are also used for depression or seizures
- Physical therapy and exercise.
- Cognitive behavioral therapy, a psychological, goal-directed approach, in which patients learn how to modify physical, behavioral, and emotional triggers of pain and stress.

RISKS ARE GREATER WITH:

- History of drug misuse, substance use disorder, or overdose.
- Mental health conditions (such as depression or anxiety).
- Sleep apnea.
- Older age (65 years or older).
- Pregnancy.

IF YOU ARE PRESCRIBED OPIOIDS FOR PAIN:

- Never take opioids in greater amounts or more often than prescribed.
- Follow up with your primary health care provider within days.
 - Work together to create a plan on how to manage your pain.
 - Talk about ways to help manage your pain that don't involve prescription opioids.
 - Talk about any and all concerns and side effects.
- Help prevent misuse and abuse.
 - Never sell or share prescription opioids.
 - Never use another person's prescription opioids.
- Store prescription opioids in a secure place and out of reach of others (this may include visitors, children, friends, and family).
- Safely dispose of unused prescription opioids: Find your community drug take-back program or your pharmacy mail-back program, or flush them down the toilet, following guidance from the Food and Drug Administration (www.fda.gov/Drugs/ResourcesForYou).
- Visit www.cdc.gov/drugoverdose to learn about the risks of opioid abuse and overdose.
- If you believe you may be struggling with addiction, tell your health care provider and ask for guidance or call SAMHSA's National Helpline at 1-800-662-HELP.

Avoid alcohol while taking prescription opioids. Also, unless specifically advised by your health care provider, medications to avoid include:

- Benzodiazepines (such as Xanax or Valium)
- Muscle relaxants (such as Soma or Flexeril)
- Hypnotics (such as Ambien or Lunesta)
- Other prescription opioids

Be Informed! Make sure you know the name of your medication, how much and how often to take it, and its potential risks & side effects.

PARENT/GUARDIAN NAME (PRINT): _____

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____

ATHLETE SIGNATURE: _____ DATE: _____



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