



LIGA RAINIER YOUTH SOCCER CLUB

11401 Rainier Ave. S. Seattle, WA. 98178
Phone: 206-772-3785 Fax: 206-772-3784
www.amigosfc.org registrar@amigosfc.com

REGISTRATION FORM

(OFFICE USE - DO NOT FILL OUT THIS PART)

RECEIVED BY: _____

CHECK #: _____ DATE: _____ U: _____

PLAYER INFORMATION

Last Name: _____ First Name: _____ M.I.: _____ Birth Date: _____ Month Day Year

Female Male Primary Contact: Father Mother Other (Specify) _____

PARENTS INFORMATION

Father's Last Name: _____ First Name: _____ M.I.: _____

Address: _____ City: _____ Zip _____

Primary Phone: _____ Work Phone: _____ Alternate #: _____

Email Address: _____

Mother's Last Name: _____ First Name: _____ M.I.: _____

Address: _____ City: _____ Zip _____

Primary Phone: _____ Work Phone: _____ Alternate #: _____

Email Address: _____

VOLUNTEERS ARE CRUCIAL TO THE CLUB. PLEASE VOLUNTEER! (WE TRAIN YOU)

Father will help as: (Multiple Choices)

Coach Referee

Team Club Board

Manager Member

Other (Specify) _____

Mother will help as: (Multiple Choices)

Coach Referee

Team Club Board

Manager Member

Other (Specify) _____

REGISTRATION SUBMITTAL INFORMATION

I did not play on a Liga Rainier Youth Soccer Club team last year and have attached proof of player's birth date.

I played on a Liga Rainier Youth Soccer Club team last year and have submitted proof of birth date.

Please check the appropriate fee boxes:

• Mod (U6-U10) Registration Fee	\$75.00	<input type="checkbox"/>
• Youth Recreational: (U11-U16) Registration Fee	\$85.00	<input type="checkbox"/>
• Shirts, shorts and socks provided by Liga Rainier Youth Soccer Club are yours to keep. (Players must provide shoes and shin guards).	\$25.00	<input type="checkbox"/>
• Donation towards scholarship fund (Optional)	\$5.00	<input type="checkbox"/>
• Credit for Lunch Reduce Program from School	-\$30.00	<input type="checkbox"/>

Add Total: _____

I (We) understand that Liga Rainier Youth Soccer Club is a volunteer organization maintained and operated by the parents of the players and others interested in soccer. I (We) understand that I (We) are expected to contribute to the team or club in some way. I (We) will show good sportsmanship and will follow the parent/player code of conduct at all times.

_____ _____
Parent or Legal Guardian Signature Date

_____ _____
Player's Signature (U5-U10, not required) Date

IMPORTANT INFORMATION PLEASE READ!

- Acceptable proof of age: copy of birth certificate, alien registration card, certificate of naturalization or passport.
- Returning Player: Send this form, the medical release/waiver form, and the players code of conduct agreement along with the registration fee to the club's office. If paying by check, make your check payable to Liga Rainier Youth Soccer Club or cash.
- New Players: Follow the instructions on point above, plus your proof of age document(s)
- Scholarships are available through the Liga Rainier Youth Soccer Club registrar.
- Returning Liga Rainier Youth Soccer Club players have priority for team placement. Once the player is placed on a team and payment has been received, player is registered.
- Season begins in September and ends in November - December.
- Teams are not coed, and are separated by age. Liga Rainier Youth Soccer Club mandates players to be assigned only to teams of their own age.
- No refunds will be issued after August 1.



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**CONCUSSION
INFORMATION SHEET**

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. They can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a “ding” or a bump on the head can be serious. You can’t see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Symptoms may include one or more of the following:

- | | |
|---|---|
| <ul style="list-style-type: none"> • Headaches • “Pressure in head” • Nausea or vomiting • Neck pain • Balance problems or dizziness • Blurred, double, or fuzzy vision • Sensitivity to light or noise • Feeling sluggish or slowed down • Feeling foggy or groggy • Drowsiness • Change in sleep patterns • Amnesia | <ul style="list-style-type: none"> • “Don’t feel right” • Fatigue or low energy • Sadness • Nervousness or anxiety • Irritability • More emotional • Confusion • Concentration or memory problem (forgetting game plays) • Repeating the same question/comment |
|---|---|

Signs observed by teammates, parents and coaches include:

- Appears dazed
- Vacant facial expression
- Confused about assignment
- Forgets plays
- Is unsure of game, score, or opponent
- Moves clumsily or displays incoordination
- Answers questions slowly
- Slurred speech
- Shows behavior or personality changes
- Can’t recall events prior to hit
- Can’t recall events after hit
- Seizures or convulsions
- Any change in typical behavior or personality
- Loses consciousness

What can happen if my child keeps on playing with a concussion or returns too soon?

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences.

It is well known that adolescent or teenage athlete will often under report symptoms of injuries. And concussions are no different. As a result, education of administrators, coaches, parents and students is the key for student athlete’s safety.

If you think your child has suffered a concussion

Any athlete even suspected of suffering a concussion should be removed from the game or practice immediately. No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without medical clearance. Close observation of the athlete should continue for several hours. The new “Zackery Lystedt Law” in Washington now requires the consistent and uniform implementation of long and well-established return to play concussion guidelines that have been recommended for several years:

“a youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time” **and** “... may not return to play until the athlete is evaluated by a licensed health care provider trained in the evaluation and management of concussion and received written clearance to return to play from that health care provider”.

You should also inform your child’s coach if you think that your child may have a concussion. Remember, it’s better to miss one game than miss the whole season. And when in doubt, the athlete sits out.

For current and up-to-date information on concussions you can go to: <http://www.cdc.gov/ConcussionInYouthSports>

X _____
Player’s Name Printed

X _____
Player’s Signature (U5-U10, not required)

X _____
Date

X _____
Parent or Legal Guardian Printed

X _____
Parent or Legal Guardian Signature

X _____
Date



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**AUTHORIZATION TO PLAY,
 MEDICAL RELEASE
 & WAIVER FORM**

With the signature(s) below, permission is hereby granted for _____ (participant) to participate in all practice sessions, games and other activities involving Liga Rainier Youth Soccer Club. This permission extends to any travel to and from any and all practice sessions, games and other activities sponsored and arranged by the Liga Rainier Youth Soccer Club.

This permission is granted without reservation. Recognizing the risks presented by the competitive contact sport of soccer, the signature below indicates a knowing, voluntary release of any claim which might be asserted against the Soccer Club, its officers, administrative assistants, coaches, assistant coaches, managers, sponsors, chaperones, designated drivers, volunteers and any other agents representing the Soccer Club or Seattle Youth Soccer Association and its officers or agents or representatives, of which Liga Rainier Youth Soccer Club is a member. By waiving any right to assert a claim, I am agreeing to release, absolve and indemnify and hold harmless any and all parties previously mentioned for any and all liability arising from any injuries incurred by participant in Club. My waiver expressly means that I, the participant's legal parent or legal guardian, accept and assume all risks and hazards inherent in and related to activities of the Liga Rainier Youth Soccer Club, including any travel to and from activities sponsored and arranged by the Club.

This permission also includes my authorization for emergency medical treatment deemed appropriate and necessary by any coach, assistant coach or representative or agent thereof for participant, including transport to the nearest medical facility adequate to treat the emergency. Participant has the following medical condition(s):

Physician's Name: Physician's Phone:
 Health Insurance Plan: Medical Plan Number:

SYSA requires that the parent or guardian of every select player registered with SYSA sign the following statement:

I understand that while the _____ (team name) has been organized under the jurisdiction of the Seattle Youth Soccer Association (SYSA) and its member clubs, neither SYSA nor its member clubs monitor the collection and distribution of team money and therefore can not be held responsible for the oversight of such funds. I understand that it is my individual responsibility as a parent to make sure the coach, treasurer, or other parent charged with managing the team's funds does so in a fiscally responsible manner.

To assure that parents have the information required to monitor a team's fiscal management, the SYSA strongly recommends that each select team prepare a budget for parent approval at the beginning of each year and a budget report at the end of the year showing how funds have actually been spent. It is recommended that these reports be submitted to the local club for record keeping.

I have read this authorization to play, medical release, and waiver. I acknowledge that I understand it and agree to be bound by it. In addition I understand my privileges as a parent of a member of a select team to request a copy of the team's budget.

X _____ **X** _____
 Parent or Legal Guardian Signature Date



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Code of Conduct
Agreement

Parent's Creed

I recognize that I am an important role model for my child. I understand that Liga Rainier Youth Soccer Club programs are for players and not adults. I will support my child through positive, constructive, and quiet comment about their play. I will encourage good sportsmanship by demonstrating positive support and respect for all coaches, players and referees, and will expect the same from my child. I understand that referees are human and will show respect for the considerable time and effort they devote to these programs. I pledge to help my child fulfill his or her commitment to LRYSC and the team by (1) keeping abreast of information pertinent to the team; (2) supporting the coach and assisting the team and the LRYSC organization as needed; (3) getting my child to games and practices on time, properly equipped and prepared to play; and (4) notifying the coaches of absences and any medical conditions associated with my child. I will refrain from sideline coaching (a player may be doing what the coach wants) and will strive to make my child's playing experience a positive one. I will respect the coach's time and pick my child up promptly after practices and games. I will endeavor to attend as many games and practices as possible. I will do my very best to make SOCCER experience fun for my child.

X

Parent or Legal Guardian Signature

X

Date

[X Click Here to Print](#)

¡IMPORTANT!

- **Sign all pages of this package**
- **Date all pages of this package**
- **Bring or mail together with payment to Liga Rainier Youth Soccer Club's office.**

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