

Summer Soccer Camp Registration

2017

Player First Name _____ Player Last Name _____

Parent/Guardian Name _____

Home Phone _____ Cell Phone _____

Email Address _____

Mailing Address _____

City, State _____ Zip Code _____

Gender (please circle one): Female Male Date of birth _____

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Informed Consent, Photo Release, and Permission for Participation in Activity

Activity date and times:

June 26th through June 30th, 2017- 9:00am – 12:00pm-Juniors (8-11 years old)

June 26th through June 30th, 2017- 6:00pm – 9:00pm-Seniors (12-18 years old)

Description: Soccer Camp includes the following but is not limited to- physical exertion, running, sliding, kicking, heading, slide tackling and any and all drills associated with the sport of soccer.

Transportation to and from activity: On their own

Special conditions of activity: Risks and dangers may include, but are not limited to, falls, falling objects and broken or improperly used equipment, which could result in damage to or loss of property, illness or disease, physical or mental injury or death of participant or other persons. Injuries that may result from participation in this activity may include, but are not limited to, cuts, bruises, sprained joints, broken bones, psychological trauma, infection, and death.

Medical Condition: Participant should be free from any known physical or health problems that could prevent participation in the activities associated with the program or activities described above. Listed below are known allergies and medical or physical conditions that may restrict my participation in the program (write none if none):

If these conditions could cause a medical emergency during the program, a medical doctor must be consulted prior to the program and a written statement must be obtained from the medical doctor stating that the condition should not be a problem during participation in the program. The doctor's statement must accompany this document.

Liability Release: I further agree to release Plant City Area Soccer Club(PCFC-Lancer's) and/or Futbol America Sports, its officers, employees, agents and volunteers from any and all liability, claims, demands, actions and causes of actions whatsoever for any loss, claim, damage, injury, illness or harm of any kind or nature arising out of participating in the aforementioned activity whether caused by negligence of releases or otherwise except that for which they are solely responsible.

Photo Release: Participants in the soccer camp are sometimes photographed and videotaped for use in soccer camp promotional and educational materials. I authorize Plant City Area Soccer Club (PCFC-Lancer's) and/or Futbol America Sports to record and photograph my image and/or that of my child for use by Plant City Area Soccer Club (PCFC- Lancer's) and/or Futbol America Sports or its assignees in research, educational and promotional programs. I understand these audio, video; film and/or print images may be edited, duplicated, distributed, reproduced, broadcast, and/or reformatted in any form and manner without payment of fees.

Camp Fee: The registration fee is non-refundable. A request for a refund of registration fee will be considered by Plant City Area Soccer Club(PCFC-Lancer's) and/or Futbol America Sports, however, it is in Plant City Area Soccer Club(PCFC-Lancer's) and/or Futbol America Sports' sole discretion to grant a refund.

I have read and understand the nature of the activity and its inherent risks and I knowingly give consent for participation.

Participant's name: _____

Participant's signature: _____

Under 18 years of age Parent(s) or Legal Guardian(s) Signature(s):

_____ Date: _____

This form must be presented onsite the day of the program or before.

INSURANCE AND LIABILITY WAIVER & CONSENT FORM

- I understand that I am required to have accidental medical coverage for the child listed on this waiver, and I verify that the information provided on this form is accurate and true.
- I understand and agree that if I do not have accidental medical coverage for the child listed on this waiver, I will be financially responsible for all charges and fees incurred in the rendering of said treatment.
- In case of an injury, I authorize the staff of Plant City Area Soccer Club (PCFC- Lancer's) and/or Futbol America Sports to render first aid.
- I understand that at the discretion of the camp supervisor and staff my child may be dismissed from the camps without refund for inappropriate behavior.
- I understand at the conclusion of the scheduled camp time the program and staff are no longer responsible for my child.
- I give permission to use, reprint and produce any photographs or videos taken of me or my child and written materials supplied by me or my child in the form of evaluation during the youth sports program.
- I hereby authorize Plant City Area Soccer Club (PCFC- Lancer's) and/or Futbol America Sports Soccer Camp staff to act for me in case an emergency and waive and release Plant City Area Soccer Club (PCFC- Lancer's) and/or Futbol America Sports Soccer Camp from any/all liability for any and all injuries and illness occurred while at camp:

Parent/Guardian Signature: _____

Insurance Company: _____ Policy Number: _____

Emergency Contact: _____ Phone Number: _____

This form must be presented onsite the day of the program or before.

Informed Consent about Concussions or Head Injuries

Effective July 1, 2012, Florida Statute 943.0438 requires the parent or guardian and the youth who is participating in athletic competition or who is a candidate for an athletic team to sign and return an informed consent that explains the nature and risk of concussion and head injury (including the risk of continuing to play after a concussion or head injury) each year before participating in athletic competition or engaging in any practice, tryout, workout, or other physical activity associated with the youth's candidacy for an athletic team.

The facts:

- A concussion is a brain injury
- All concussions are serious
- Concussions can occur without loss of consciousness
- Concussions can occur in any sport
- Recognition and proper management of concussion when they first occur can help prevent further injury or even death

What is a concussion? A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a "ding", "getting your bell rung", or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost, even if they do not directly hit their head.

To help recognize a concussion, you should watch for the following things among your athletes:

1. A forceful blow to the head or body that results in rapid movement of the head
2. Any change in the athlete's behavior, thinking, or physical functioning
3. Signs or symptoms of concussion that may be reported by a coach or other observer:
 - a. Appears dazed or stunned

- b. Is confused about assignment or position
- c. Forgets sports plays
- d. Is unsure of game, score or opponent
- e. Moves clumsily
- f. Answers questions slowly
- g. Loses consciousness (even briefly)
- h. Can't recall events prior to hit or fall
- 4. Signs and symptoms that may be reported by the player:
 - a. Headache or pressure in the head
 - b. Nausea or vomiting
 - c. Balance problems or dizziness
 - d. Double or blurry vision
 - e. Sensitivity to light
 - f. Sensitivity to noise
 - g. Feeling sluggish, hazy, foggy, or groggy
 - h. Concentration or memory problems
 - i. Confusion
 - j. Does not feel right

Both parents/guardians and players are advised to take the Center for Disease Control's free online concussion training [HERE](#).

Under Florida law, this player who has suspected concussion or head injury must be removed from play or practice. Before the player may return to practice or competition a written medical clearance to return stating that the youth athlete no longer exhibits signs, symptoms, or behaviors consistent with a concussion or other head injury must be received from an appropriate health care professional trained in the diagnosis, evaluation, and management of concussions. In Florida, an appropriate health-care professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes), a licensed osteopathic physician (DO, as per Chapter 459, Florida Statutes), a licensed physicians assistant under the supervision of a MD/DO (as per Chapters 458.347 and 459.022, Florida Statutes) or health care professional trained in the management on concussions.

I have read and understand this consent form, and I volunteer to participate.

Player Name _____

Signature _____ Date: _____

As a parent or guardian, I have read and understand this consent form and I give permission for my child, named above, to participate.

Parent/Legal Guardian Name _____

Signature _____ Date: _____

This form must be presented onsite the day of the program or before.