

NRASL Travel Soccer Program

Application and Agreement

This application and agreement covers all soccer activities for the entire soccer year (August 1 to July 31) as defined within the NRASL Travel Soccer Program Rules and Procedures and the NRASL By-Laws.

1. NRASL Travel Soccer Program (NRASLT), its players, and the parents/guardians of players will promote a balance of competitive spirit, teamwork, friendship, sportsmanship, fun, learning and winning.
2. Players shall be accepted without regard to race, religion or national origin. Players will be accepted only after the interested players' parents or guardians and the players themselves have acknowledged awareness and acceptance of the obligations the player and his/her family incur coincident with participation in the NRASLT Program.
3. Each player agrees to abide by all the rules and regulations of the NRASLT, the Ohio Youth Soccer Association – North (OYSAN), American Amateur Soccer League (AASL), Lorain County Soccer League (LCSL) or the Northern Ohio Soccer League (NOSL) as appropriate, and other relevant governing soccer bodies. No player shall participate on any other team or in any other soccer activity without prior Head Coach notification, including acting as a guest player on another NRASLT team.
4. All rostered players shall attend all practices and games unless excused in advance. Notification of absence should be made to the Head Coach or the Head Coach's designate. Games are normally played on Sunday but may be played on other days of the week as necessary. Players are expected to arrive at the game site 30 minutes prior to the start of a game in proper uniform. There will normally be 2 practices per week. Practices are generally on weekday evenings and will normally last from 1 to 2 hours in length. The day of the week, length of practices and the time practices begin are determined by the Head Coach and NRASLT. Players should arrive at practices 10 minutes before the practice is scheduled to begin. For emergency and other reasons, parents/guardians are expected to remain at the practice field during practices or to be reachable by telephone during practice times. It is the responsibility of parents/guardians to ensure that their player has proper transportation to and from practices and games. When players have conflicts with scheduled practices on a consistent basis it is expected that the player will adjust their conflicting schedule so they can attend at least one scheduled practice each week.
5. The Head Coach, in his/her sole discretion, shall make all decisions with reference to a player's playing time and field position. That decision will be based upon a player's soccer skills and ability, commitment to the NRASLT, game and practice attendance as well as individual game conditions and situations. **Playing time is not guaranteed.** Any discussion of a player's playing time or his/her role on a team will be made with the Head Coach in private, away from the field of play and player(s) involved.
6. Each player or participant shall have on record with NRASLT and his/her Head Coach registration papers signed by the player's parent/guardian including a Application and Agreement and Medical Release form. These forms must be provided before participation in NRASLT tryouts, practices, skill instructions and games. Each player shall produce a Birth Certificate or other adequate proof of age and a current photograph.
7. NRASLT players will be assigned to a team per the process established within the NRASLT bi-laws. Current or future players will be evaluated by current coaches within the age group and the Player Development Committee (Travel Directors, Director of Coaching, and Technical Directors) on specified tryout dates. Final team assignments will be decided by the Player Development Committee.

Additional evaluations may occur throughout the year in accordance with NRASL By-laws and AASL, LCSL or NOSL rules as appropriate, at the discretion of the Head Coach as necessary to compliment a team roster. If, during the soccer year (fall and spring), a player chooses to suspend his/her soccer activities with the NRASLT for a period of time, he/she must first obtain permission from the Head Coach and agree to pay his/her share of rostered expenses. If a player does not meet his/her team financial responsibilities during his/her absence, the team reserves the right to remove and replace that player from the roster. Injured players also are responsible for their financial responsibilities during rehabilitation and are encouraged to attend practices and games even if they cannot participate.

8. In order to keep the NRASLT and the team operating it is essential that all of the parents/guardians fulfill their financial obligations promptly. If financial arrangements, satisfactory to the Travel Director, have not been made, a player will be denied the right to participate in practices and games. If individual player's payments are habitually late, those players may also be denied the right to participate in games and practices.

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9. Player's financial obligations are paid to the NRASL and the team through the Travel Director or Head Coach. All payments are to be made by the date indicated by the Travel Director.

10. Player's Financial Responsibilities Are:

A. Team Expenses (Travel Fee to participate): League fees, referee fees, field usage fees, registration fees, practice fees, coaching fees(if necessary) and other miscellaneous team related expenses.

B. Uniforms: Players are expected to purchase the uniform worn by the team they are playing for and to provide their own shin guards and appropriate footwear.

C. Optional Fees: Players may choose to participate in tournaments as organized by the Head Coach, indoor sessions as organized by the Head Coach, and/or winter training as administered by NRASLT.

11. As a member of the NRASLT, it is the understanding of all players and parents that tournament participation is an important part of the team's activity and all players are encouraged to attend tournaments. The selection of which tournaments a team attends is at the sole discretion of the Head Coach. In addition, winter indoor sessions and winter training is encouraged.

12. All players are required to have the uniforms designated by NRASLT. All players are required to have at all games both their home and away team jerseys, shorts, socks, shin guards and proper footwear. Players must wear proper attire, including shin guards and footwear and, in addition, bring a properly sized soccer ball to all practices. Players should also bring their own water to practices and games.

13. In an effort to operate the team efficiently and to facilitate smooth communications, parents are asked to channel discussions and/or questions through Head Coach.

14. NRASLT will not tolerate any abuse, verbally or physically, by any player, parents or relative directed at any team member, coach, NRASL Official, referee or soccer official. Players will be immediately suspended if that occurs.

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North Ridgeville Travel Soccer Program Code of Conduct:

- A. To serve the game of soccer and cooperate with other teams and associations for the betterment of the game.
- B. Promise to be honest, considerate, and respectful of my teammates, spectators, parents, and officials.
- C. To promote an unvarying attitude of fairness and goodwill by competence, by integrity and by player respect for persons and opponents with whom the NRASL Travel Soccer program and its teams deal.
- D. To refrain from the use of tobacco, illegal drugs and/or alcohol.
- E. To work in harmony with one another to insure that the individual, team and NRASL Travel goals are fulfilled.
- F. Promise to display outstanding sportsmanship (which includes not using vulgar language) towards all players, coaches, spectators, parents, and officials
- G. Promise to achieve and maintain a high academic standing, striving to do my best.(keeping grades up)
- H. Promise to display dignity in my appearance and conduct on and off the field at all times
- I. We abide by all the rules and regulations of the OYSAN and the AASL, LCSL, NOSL, or the NRASL as appropriate.

I/We understand and promise to follow this NRASL Travel Soccer program Code to the very best of my/our ability and my/our signature below serves as a symbol of my/our word to do what has been outlined in this contract. We/I understand that a failure to comply with the terms stated above could result in my child's / my or ward's dismissal from the NRASL Travel Soccer Program based from the review of the NRASL Board of Directors.

This form Must be signed and returned to the NRASL Travel Director and your coach.

PLAYER NAME

TEAM

Signature parent/guardian

Date

Signature player

Date

Coach Signature

Date

Travel Director

Date

**NRASL Travel Soccer Program
Application and Agreement**

Participant Waiver and Indemnity Agreement

Player Name: _____ Player Date of Birth: _____

For and in consideration of being permitted to participate in the NRASL Travel Soccer Program, the undersigned parent/guardian of the player does hereby acknowledge and agree:

- A. Participation in sports is hazardous and may result in injury or death;
- B. I assume and/or assume on behalf of my child or ward, all risk of injury or loss incurred at or arising out of my child's or ward's participation or attendance at NRASL events;
- C. For myself and/or for my child or ward, our heirs, executors, administrators, and personal representatives, I do hereby forever waive, release, hold harmless, indemnify and reimburse the NRASL, its coaches, officers, agents, employees and volunteers from and against any and all claims, actions, demands, costs, losses or expenses and reasonable legal fees, including but not limited to negligence, personal injury, wrongful death, theft of property, or damage arising directly or indirectly out of my child's or ward's participation or attendance at NRASL events.

Print Name of Parent/Guardian

Signature Parent/Guardian

Date

**NRASL Travel Soccer Program
Application and Agreement**

**North Ridgeville Travel Soccer
Emergency Contact / Medical Release Form**

As the parent/legal guardian of _____, I request that in my absence the above-named player be admitted to any hospital or medical facility for emergency diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any emergency diagnostic procedures, treatment procedures, operative procedures and X-ray treatment of the above minor.

Date of Players Birth ____/____/____ Date of last Tetanus Booster ____/____/____
Month Day Year Month Day Year

Known allergies of this player, including any allergies to medicine _____

Any other medical conditions that should be known _____

Player's Physician _____ Phone (____) ____ - _____

Player's Dentist _____ Phone (____) ____ - _____

Name of Parent/Guardian _____

Address _____

City/State/Zip _____

Phone: Home (____) ____ - _____ Work (____) ____ - _____ FAX (____) ____ - _____

Person responsible for charges (if different from above) _____

Address _____

City/State/Zip _____

Phone: Home (____) ____ - _____ Work (____) ____ - _____ FAX (____) ____ - _____

Person to notify if parent/guardian is unavailable _____

Phone: Home (____) ____ - _____ Work (____) ____ - _____ FAX (____) ____ - _____

Insurance Carrier _____ Policy Number _____

Signature of Parent/Guardian _____

*****Must be in Travel Coaches Possession in order to participate*****



NORTH RIDGEVILLE TRAVEL SOCCER REGISTRATION FORM



Seasons Fall 2014 / Spring 2015 **Age Group:** U8 U9 U10 U11 U12 U13 U14 Boys/Girls

Would you like child to be considered for NR Select Team: YES NO

Player's Information

Name _____

Age _____ Date of Birth _____ Grade (2013/14) _____

Address _____

City _____ Zip _____ Home Phone(_____) _____ - _____

Last Team / Coach / Jersey Number _____

Jersey Color (in house players only) _____

Permitted to play on a team older than the player's true age (circle one) Yes / No

Regularly Attended League-Wide Training (circle one) Yes / No

Other Current Sports (travel or rec) _____

Required Enclosures with Registration Form:

- \$165 check to NRASL (registration for Fall/Spring)

Father's Information

Name _____

Email _____ Cell Phone (_____) _____ - _____

Playing Experience (circle highest) Travel / Club / High School / College / Pro

Coaching Experience (circle highest) Travel / Club / High School / College / Pro

Mother's Information

Name _____

Birth Month / Day _____ (for player's ID)

Email _____ Cell Phone (_____) _____ - _____

Playing Experience (circle highest) Travel / Club / High School / College / Pro

Coaching Experience (circle highest) Travel / Club / High School / College / Pro

Completed registration form and payment must be submitted tryouts. \$165 payment does not guarantee a roster spot for new or existing travel players. Money will be returned if player does not make a travel team.

American Amateur Soccer League

PLAYER REGISTRATION

SINGLE YEAR 2014-2015

League Name AASL	Age Group U-	Male/Female M F	Dual Carded in AASL? Y N	Dual Carded Team #
Club/Team Name	Birth Date (MM/DD/YYYY)		New or Prior Player in AASL? N P	Player ID #
Last Name	First Name		Middle Initial or Name	
Address	City		State OH	Zip
Area Code/Phone No. () -	Alternate Phone () -		Email Address	
Father's First Name (Include last name if different from player)	Mother's First Name (Include last name if different from player)		Mother's Birthdate(MM/DD) **REQUIRED**	

Liability Waiver Form

I, the parent/guardian for the above child, release, discharge and/or otherwise indemnify the organization/league/club for which I am registering the child to play, Ohio Youth Soccer Association North, its affiliated sponsors, employees and associated personnel, including the owners of fields and facilities utilized against any claim by or on behalf of the registrant as a result of his or her participation.

Parent/Guardian Signature:

Date:

AASL Policy on Disrespect, Assault and Verbal Abuse of Referees/Players/Coaches/Spectators

I have read and understood the AASL Policy on Disrespect, Assault and Verbal Abuse of Referees/Players/Coaches/Spectators. I have relayed this policy to my family, relatives, friends and spectators that attend any matches/events. This policy is in effect at ALL matches/events.

Parent/Guardian Signature:

Date:

Consent for Medical Treatment (Minor)

I hereby give my consent to have a coach, athletic trainer, emergency personnel and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

Parent/Guardian Signature:

Date:

AASL Policy on Disrespect, Assault, and Abuse of Referees/Players/Coaches/Spectators

Definitions:

DISRESPECT is a lack of respect or courteous regard.

ASSAULT is an intentional act of physical violence at or upon a Referee, Player, Coach or Spectator. Assault includes, but is not limited to the following acts committed upon a Referee, Player, Coach or Spectator: hitting, kicking, punching, choking, spitting on, grabbing or bodily running into another person, head butting, throwing any object that could inflict injury or damaging another person's personal property (i.e., equipment, uniform, car, etc.) An intentional act shall mean an act intended to bring about a result which will invade the interests of another in a way that is socially unacceptable.

ABUSE is a verbal statement or physical act not resulting in bodily contact, which implies or threatens physical harm to a Referee, Player, Coach or Spectator's property or equipment. Abuse includes, but is not limited to the following acts committed upon a Referee, Player, Coach or Spectator: using foul or abusive language, spewing any beverage on another person, spitting at (but not on) another person, or verbally threatening another person.

Referees:

Any Assault or Abuse of a Referee by a Coach or Player will result in immediate suspension of the match and the offender will be suspended from participating in the AASL and the incident will be reported to the OYSAN for further disciplinary action.

Any act of Disrespect of the Referee by a Coach or Player which occurs prior to and during the match or en route to or from the match site the referee does not have to issue a "Red Card". Instead, the referee needs only to report the incident to the AASL to initiate disciplinary action.

Any act of Disrespect, Assault or Abuse directed towards the Referee by a Spectator the Spectator will be suspended immediately and the incident reported to the AASL Disciplinary Board for further actions.

Upon any incident of Disrespect the Referee will warn the coach and stop the match and allow the coach to counsel his Players, Coaches and/or Spectators.

Players, Coaches and Spectators:

Any Assault, Abuse or Disrespect of Coaches, Players and Spectators by Coaches, Players and Spectators will result in the offenders immediate suspension pending a disciplinary hearing and a report regarding the incident will be sent to the AASL Disciplinary Committee for further actions.

Red Card and Policy Violation:

Refusal of the coach to relinquish coach or player pass or provide the name of a Spectator for violation of the policy to the Referee or AASL will result in an immediate suspension of the head coach and team from the AASL until the team provides the passes or the name.

Ohio Department of Health Concussion Information Sheet

For Youth Sports Organizations

Dear Parent/Guardian and Athletes.

This information sheet is provided to assist you and your child in recognizing the signs and symptoms of a concussion. Every athlete is different and responds to a brain injury differently, so seek medical attention if you suspect your child has a concussion. Once a concussion occurs, it is very important your athlete return to normal activities slowly, so he/she does not do more damage to his/her brain.

What is a Concussion?

A concussion is an injury to the brain that may be caused by a blow, bump, or jolt to the head. Concussions may also happen after a fall or hit that jars the brain. A blow elsewhere on the body can cause a concussion even if an athlete does not hit his/her head directly. Concussions can range from mild to severe, and athletes can get a concussion even if they are wearing a helmet.

Signs and Symptoms of a Concussion

Athletes do not have to be "knocked out" to have a concussion. In fact, less than 1 out of 10 concussions result in loss of consciousness. Concussion symptoms can develop right away or up to 48 hours after the injury. Ignoring any signs or symptoms of a concussion puts your child's health at risk!

Signs Observed by Parents or Guardians

- *Appears dazed or stunned.*
- *Is confused about assignment or position.*
- *Forgets plays.*
- *Is unsure of game, score or opponent.*
- *Moves clumsily.*
- *Answers questions slowly.*
- *Loses consciousness (even briefly).*
- *Shows behavior or personality changes (irritability, sadness, nervousness, feeling more emotional).*
- *Can't recall events before or after hit or fall.*

Symptoms Reported by Athlete

- *Any headache or "pressure" in head. (How badly it hurts does not matter.)*
- *Nausea or vomiting.*
- *Balance problems or dizziness.*
- *Double or blurry vision.*
- *Sensitivity to light and/or noise*
- *Feeling sluggish, hazy, foggy or groggy.*
- *Concentration or memory problems.*
- *Confusion.*
- *Does not "feel right."*
- *Trouble falling asleep.*
- *Sleeping more or less than usual.*

Be Honest

Encourage your athlete to be honest with you, his/her coach and your health care provider about his/her symptoms. Many young athletes get caught up in the moment and/or feel pressured to return to sports before they are ready. It is better to miss one game than the entire season... or risk permanent damage!

Seek Medical Attention Right Away

Seeking medical attention is an important first step if you suspect or are told your child has a concussion. A qualified health care professional will be able to determine how serious the concussion is and when it is safe for your child to return to sports and other daily activities.

- *No athlete should return to activity on the same day he/she gets a concussion.*
- *Athletes should **NEVER** return to practices/games if they still have ANY symptoms.*
- *Parents and coaches should never pressure any athlete to return to play.*

The Dangers of Returning Too Soon

Returning to play too early may cause Second Impact Syndrome (SIS) or Post-Concussion Syndrome (PCS). SIS occurs when a second blow to the head happens before an athlete has completely recovered from a concussion. This second impact causes the brain to swell, possibly resulting in brain damage, paralysis, and even death. PCS can occur after a second impact. PCS can result in permanent, long-term concussion symptoms. The risk of SIS and PCS is the reason why no athlete should be allowed to participate in any physical activity before they are cleared by a qualified health care professional.

Recovery

A concussion can affect school, work, and sports. Along with coaches and teachers, the school nurse, athletic trainer, employer, and other school administrators should be aware of the athlete's injury and their roles in helping the child recover.

During the recovery time after a concussion, physical and mental rest are required. A concussion upsets the way the brain normally works and causes it to work longer and harder to complete even simple tasks. Activities that require concentration and focus may make symptoms worse and cause the brain to heal slower. Studies show that children's brains take several weeks to heal following a concussion.



www.healthyohiprogram.org/concussion

Rev. 02.10

Returning to Daily Activities

1. Be sure your child gets plenty of rest and enough sleep at night – no late nights. Keep the same bedtime weekdays and weekends.
2. Encourage daytime naps or rest breaks when your child feels tired or worn-out.
3. Limit your child's activities that require a lot of thinking or concentration (including social activities, homework, video games, texting, computer, driving, job-related activities, movies, parties). These activities can slow the brain's recovery.
4. Limit your child's physical activity, especially those activities where another injury or blow to the head may occur.
5. Have your qualified health care professional check your child's symptoms at different times to help guide recovery.

Returning to School

1. Your athlete may need to initially return to school on a limited basis, for example for only half-days, at first. This should be done under the supervision of a qualified health care professional.
2. Inform teacher(s), school counselor or administrator(s) about the injury and symptoms. School personnel should be instructed to watch for:
 - a. Increased problems paying attention.
 - b. Increased problems remembering or learning new information.
 - c. Longer time needed to complete tasks or assignments.
 - d. Greater irritability and decreased ability to cope with stress.
 - e. Symptoms worsen (headache, tiredness) when doing schoolwork.
3. Be sure your child takes multiple breaks during study time and watch for worsening of symptoms.
4. If your child is still having concussion symptoms, he/she may need extra help with school-related activities. As the symptoms decrease during recovery, the extra help or supports can be removed gradually.

Resources

ODH Violence and Injury Prevention Program
www.healthyohiprogram.org/vipp/injury.aspx

Centers for Disease Control and Prevention
www.cdc.gov/Concussion

National Federation of State High School Associations
www.nfhs.org

Brain Injury Association of America
www.biausa.org/

Returning to Play

1. Returning to play is specific for each person, depending on the sport. Starting 4/26/13, Ohio law requires written permission from a health care provider before an athlete can return to play. Follow instructions and guidance provided by a health care professional. It is important that you, your child and your child's coach follow these instructions carefully.
2. Your child should NEVER return to play if he/she still has ANY symptoms. (Be sure that your child does not have any symptoms at rest and while doing any physical activity and/or activities that require a lot of thinking or concentration).
3. Be sure that the athletic trainer, coach and physical education teacher are aware of your child's injury and symptoms.
4. Your athlete should complete a step-by-step exercise-based progression, under the direction of a qualified healthcare professional.
5. A sample activity progression is listed below. Generally, each step should take no less than 24 hours so that your child's full recovery would take about one week once they have no symptoms at rest and with moderate exercise.*

Sample Activity Progression*

Step 1: Low levels of non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: walking, light jogging, and easy stationary biking for 20-30 minutes).

Step 2: Moderate, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: moderate jogging, brief sprint running, moderate stationary biking, light calisthenics, and sport-specific drills without contact or collisions for 30-45 minutes).

Step 3: Heavy, non-contact physical activity, provided NO SYMPTOMS return during or after activity. (Examples: extensive sprint running, high intensity stationary biking, resistance exercise with machines and free weights, more intense non-contact sports specific drills, agility training and jumping drills for 45-60 minutes).

Step 4: Full contact in controlled practice or scrimmage.

Step 5: Full contact in game play.

*If any symptoms occur, the athlete should drop back to the previous step and try to progress again after a 24 hour rest period.



Ohio Department of Health
Violence and Injury Prevention Program
246 North High Street, 8th Floor
Columbus, OH 43215
(614) 466-2144

www.healthyohiprogram.org/concussion

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Ohio Department of Health Concussion Information Sheet

For Interscholastic Athletics

Acknowledgement of Having Received the “Ohio Department of Health’s Concussion and Head Injury Information Sheet”

By signing this form, as the parent/guardian/care-giver of the student-athlete named below, I acknowledge receiving a copy of the concussion and head injury information sheet prepared by the Ohio Department of Health as required by section 3313.539 of the Revised Code.

I understand concussions and other head injuries have serious and possibly long-lasting effects.

By reading the information sheet, I understand I have a responsibility to report any signs or symptoms of a concussion or head injury to coaches, administrators and my student-athlete’s doctor.

I also understand that coaches, referees and other officials have a responsibility to protect the health of the student-athletes and may prohibit my student-athlete from further participation in athletic programs until my student-athlete has been cleared to return by a physician or other appropriate health care professional.

Athlete

Date

Parent/Guardian

Date



Rev. 02.19
