



# BATON ROUGE SOCCER CLUB

## 2017-2018 **3 YEAR OLD PROGRAM REGISTRATION FORM** **Players that join this league must be 3 as of July 31, 2017**

Date: \_\_\_\_\_

Player Information: (Please Print Clearly.)

Returning: \_\_\_\_\_

New: \_\_\_\_\_

Name: \_\_\_\_\_

Sex: M F

Birthday: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_

Zip \_\_\_\_\_

Phone: \_\_\_\_\_

School: \_\_\_\_\_

Grade \_\_\_\_\_

### Parent Information:

Parent: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Waiver:** I, the parent/guardian of the registrant, agree that I and the registrant will abide by the rules of this Association (BRSA), the Louisiana Soccer Association (LSA), the United States Soccer Federation (USSF) and their affiliated organizations. Recognizing the possibility of physical injury associated with soccer, and in consideration of the registrant being accepted as a participant in the BRSA soccer program, I hereby, agree to indemnify BRSA, LSA, and the USSF, their affiliated organizations, and all persons, officers, coaches, and officials, including the owners of fields and facilities used in the programs, for actions taken by the registrant; and hold harmless BRSA, LSA, the USSF, their affiliated organizations, and all persons, officers, coaches, and officials, including the owners of fields and facilities used in the program, from any and all liability of every nature, kind and description as a result of injury, hurt, or damage sustained by the registrant as a result of his/her participation in the BRSA soccer program and/or being transported to or from the same.

PARENT/GUARDIAN (Signature) \_\_\_\_\_ DATE \_\_\_\_\_

**Please turn over to sign the Media Waiver**

Fees- Single Season: \_\_\_\_\_

Fall \_\_\_\_\_

Spring \_\_\_\_\_

Fall and Spring \_\_\_\_\_

Single Season without Early Bird: \$125.00

Full Year without Early Bird: \$200.00

**REGISTER BY 8/19/2016 TO SAVE \$25.00 WITH THE EARLY BIRD DISCOUNT**  
**REGISTER FOR THE FULL YEAR & SAVE ADDITIONAL \$50.00**

For more information on any of our programs, please visit our website at [www.brsoccer.org](http://www.brsoccer.org).



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**Media Release:** To be used for social media and some promotional material. Players' names and other information will not be released.

By signing this release form, I authorize the Baton Rouge Soccer Association (BRSA) to use the following personal information:

- (1) My picture – including photographic, motion picture, and electronic (video) images.
- (2) My voice – including sound and video recordings

I hereby grant to BRSA, its subsidiaries, licensees, successors and assigns, the right to use, publish, and reproduce, for all purposes, my name, pictures of me in film or electronic (video) form, sound and video recordings of my voice, and printed and electronic copy of the information described in sections (1) and (2) above in any and all media including, without limitation, cable and broadcast television and the Internet, and for exhibition, distribution, promotion, advertising, sale, press conferences, meetings, hearings, educational conferences and in brochures and other print media. This permission extends to all languages, media, formats and markets now known or hereafter devised. This permission shall continue forever unless I revoke the permission in writing.

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Waiver:** I, the parent/guardian of the registrant, agree that I and the registrant will abide by the rules of this Association (BRSC), the Louisiana Soccer Association (LSA), the United States Soccer Federation (USSF) and their affiliated organizations. Recognizing the possibility of physical injury associated with soccer, and in consideration of the registrant being accepted as a participant in the BRSC soccer program, I hereby, agree to indemnify BRSC, LSA, and the USSF, their affiliated organizations, and all persons, officers, coaches, and officials, including the owners of fields and facilities used in the programs, for actions taken by the registrant; and hold harmless BRSC, LSA, the USSF, their affiliated organizations, and all persons, officers, coaches, and officials, including the owners of fields and facilities used in the program, from any and all liability of every nature, kind and description as a result of injury, hurt, or damage sustained by the registrant as a result of his/her participation in the BRSC soccer program and/or being transported to or from the same.

PARENT/GUARDIAN (Signature)\_\_\_\_\_

DATE\_\_\_\_\_

**Concussion Policy:** I, the parent/guardian of the registrant, agree that I and the registrant have read and understand the Concussion and Heading Policy provided by the BRSC Sports Medicine Program and agree to each of the following statements:

- Players participating in any 6<sup>th</sup> Grade programs and younger shall not engage in heading, either in practices or in games.
- Heading training for players in 7<sup>th</sup> Grade programs shall be limited to a maximum of 30 minutes per week with no more than 15-20 headers per player, per week.
- It is the responsibility of the athlete and parent/legal guardian to report any injuries and/or illnesses to the coach, athletic trainer, and/or team physician, especially if it is a head or neck injury.
- If a teammate is showing or experiencing concussion symptoms the athlete is responsible for reporting their injury to the coach, athletic trainer, and/or team physician.
- Concussions can affect the ability to perform activities of daily living such as balance, memory, sleep, and physical activity as well as academic activity.
- No athlete will return to play in a game or practice if he/she has signs and/or symptoms of a concussion.
- If an athlete does return to play before the brain has time to heal there is a possibility for permanent brain damage or death.
- Each athlete who has sustained a concussion must be cleared to return to play by a Medical Doctor or Doctor of Osteopathic medicine

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_.

**For Office Use Only:**

Date Received \_\_\_\_\_

Entered by \_\_\_\_\_

Payment \_\_\_\_\_