



2019 Berlin Youth Soccer Player Registration Form

Registration Fee:

\$25 (Early Bird Registration January 22 – February 8, 2019)

\$35 (Soccer Registration February 9 - March 8, 2019)

Player Name: _____ **Date of Birth:** _____

Age: _____ **Grade:** _____ **Gender:** (please circle) Male or Female

Address: _____

T-shirt Size: (please circle) **Youth** S, M, L, XL or **Adult** S, M, L, XL, XXL

Child Skill Level: (please circle) Beginner, Intermediate, or Advanced

How many years playing: _____ **Sibling Request:** _____

1. Parent/Guardian Name: _____

Cell #: _____ **Alternative #:** _____

Email: _____

Interested in Coaching: (please circle) Yes or No

2. Parent/Guardian Name: _____

Cell #: _____ **Alternative #:** _____

Email: _____

Interested in Coaching: (please circle) Yes or No

Philosophy



The Berlin Youth Soccer program encourages a noncompetitive atmosphere in which our children learn without an overemphasis on winning. It is our mission to introduce, educate, and develop our youth in the game of soccer. Our goals include the teaching of soccer skills, soccer rules, sound team play, and good sporting behavior. We hope that everyone's experience will be a positive one.

Players Code of Conduct

1. Play for fun.
2. Be a team player, get along with teammates
3. Respect your coach, teammates, parents, opponents, officials, and spectators.
4. Be on time for practices and games.
5. Take the best possible care of your uniform so it is a positive image of yourself and your team.
6. Learn the rules and play by them. Always be a good sport and never argue with an official's decision. Remember you are playing to learn and have fun.

Parents Code of Conduct

1. Support player's desire to play soccer. Children are involved in organized sports for their enjoyment – so make it fun.
2. Encourage your child to play by the rules. Remember children learn best by example – so applaud the plays of both teams.
3. Do not yell at players, officials or coaches. Show a positive attitude towards the game.
4. Emphasize skill development in practices and how they benefit your young athlete. Be Punctual, be committed. We need you to help the players get to practices and games on time.
5. Support officials on and off the field.

Signed: _____
(Player)

Date: _____

Signed: _____
(Parent/Guardian)

Date: _____

Participation Agreement

The undersigned parent(s)/guardian(s) desire(s) the player named above to participate in the physical activities sponsored by the Boys & Girls Club. The undersigned understand(s) and acknowledge(s) that participation in soccer programs may involve an element of risk of personal injury or property damage for all participants. For example, the



participants may come into sudden contact with each other, or another object such as the goal post, while running at high speeds. Another example is that a ball might strike a participant at high speeds. The undersigned also understand(s) and acknowledge(s) that many of the coaches and other persons supervising the activities are not specially trained in supervising such activities, and primarily consist of parent volunteers. Nevertheless, the undersigned hereby consent(s) to the participation in such activities by the child player.

Therefore, the undersigned parent(s)/guardian(s) for themselves and their named child, for and in consideration of the opportunity to participate in the soccer activities sponsored by the Boys & Girls Club of the Tri - County and for other good and valuable consideration, do hereby forever release, acquit and forever discharge and hold harmless the Boys & Girls Club of Oshkosh Inc., The Berlin School District (the owner of the land upon which the soccer activities will take place), affiliated organizations and the officers, directors, coaches, officials, agents and employees of each of them, regardless of any negligence, from any and all claims, actions, causes of action, demands, rights, damages, cost, loss of service, expenses and compensations whatsoever which the undersigned may hereinafter incur on account of or in any ways growing of any and all known or unknown foreseen or unforeseen, bodily and personal injuries and/or property damage or the consequences thereof resulting from any accident, causally or even involving the undersigned and arising out of soccer activities, including travel, sponsored or furnish by the Boys & Girls Club. It is expressly understood by the undersigned parent(s)/guardian(s) that the above name child player would not be permitted by the Boys & Girls Club to engage in soccer activities sponsored by the Boys & Girls Club without this release.

The undersigned parent(s)/guardian(s) have read the foregoing liability waiver and indemnification agreement, fully understand(s) and accept(s) for themselves and the child player each and every provision thereof and agree(s) to be bound forever by its provisions.

Signed: _____ **Date:** _____
(Parent/Guardian)

Emergency Medical Treatment Authorization/Refusal

Player Name: _____ **Date of Birth:** _____

Primary Physician & Phone Number: _____

Allergies:

Medical Conditions:

Emergency Contact (other than parent): _____

Phone Number: _____ **Relationship to child:** _____

Complete part 1 or 2, but not both

Part 1 – To Grant Authorization

In the even reasonable attempts to contact the undersigned parent(s)/guardian(s) have been unsuccessful, the undersigned parent(s)/guardian(s) hereby give consent for the administration of



medical treatment. Specifically, the undersigned grant(s) permission to even personnel to supervise or perform on-site first aid for minor injuries, and to a licensed physician to hospitalize and secure proper treatment (including injections, anesthesia, surgery, or other reasonable and necessary procedures) for the child player named above. This authorization extends to any hospital and both physician and nursing personnel within the hospital as well as any physician where treatment is required in the physician's office.

The undersigned further release(s) from medical responsibility and liability the hospital, medical authorities and physicians for performing medical procedures acting on the authority of this emergency medical treatment authorization form which are deemed necessary for the child player. This authorization does not cover major surgery unless the medical opinions of two licensed physicians, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. The undersigned further agree(s) to assume all cost related to any medical treatment.

Parent/Guardian Signature: _____ Date: _____

OR

Part 2- To Refuse Authorization

The undersigned parent(s)/Guardian(s) do not give consent for emergency medical treatment of child player named above, and agree that by execution of this refusal to send that the one of the below undersigned will be present at all practices and games and will transport the child player to or from practices and games. In the event that none of the undersigned are present, then the undersigned understands and acknowledge that the child player will not be allowed to participate.

Parent/Guardian Signature: _____ Date: _____