



Coach Request: _____ Returning player
 Player Request: _____

Player First Name: _____
 Player Last Name: _____
 Gender: Female Male
 Birth Date: _____
 Address: _____
 City: _____ Zip: _____
 Father Last Name: _____
 Father First Name: _____
 Phone: _____
Family Email: _____
 Parent/Guardian Name: _____

Select League:

- U5
- U6

- U8Female
- U10Female
- U12Female
- U16Female

- U8Male
- U10Male
- U13Male
- U16Male

Select Uniform Size:

Shirts and shorts will be the same size
NO EXCHANGES!!!

- Youth Extra-Small
- Youth Small
- Youth Medium
- Youth Large

- Adult Small
- Adult Medium
- Adult Large
- Adult X-Large
- Adult 2X-Large

Trainer Response

Experience: You DO NOT need to know anything about soccer to be a trainer. The league is set up to teach the sport of soccer and to have fun. Winning is not one of our considerations. Therefore there is no pressure on the trainer in this respect.

Functions: The content of each practice has been prepared and laid out for you in a booklet. The trainers facilitate practice according to the schedule set out in the trainers manual. During the matches, the trainers will substitute players, call fouls and help on restarts.

I will work with my child's team as a: **Your Name:** _____

- Head Trainer (This means I am willing to coach a team by myself.)
- Co – Head Trainer (This means I am willing to coach a team but due to circumstances, I may not always be able to be there. So, if I am paired with another person, we can make this work.)
- By volunteering, I know that I will have to complete an Online Volunteer Disclosure Form through TSSA (5 minutes)(details will be emailed)
- By volunteering, I know that I will have to complete an Online Concussion Training Course through TSSA (20 minutes)(details will be emailed)

Refund: I have read the full refund policy , I understand it and I will abide by it.

Practice: I understand that I am solely responsible for knowing the date and time of the first practice and that no one is going to call me regarding this matter. I received the practice time and dates on a general information sheet at sign-ups or have decided to look up the information on www.bartlettsoccer.com. I understand that an attempt will be made to send an email to remind me of the first practice, but that I am not to rely on this as my source.

Sportsmanship: I understand that any unsportsmanship-like conduct exhibited from myself, my child, and/or my extended family will result in a disciplinary action up to and including expulsion of the player from the league.

Insurance: Participants are encouraged to obtain their own insurance coverage prior to and for the duration of the soccer season from their own insurance agent. Bartlett Youth Soccer Association through TSSA will provide secondary insurance coverage to the above participant By applying for this program, the registrant realizes the inherent risks involved and appreciates the nature of risk and will hold Bartlett Parks and Recreation Department and the Bartlett Youth Soccer Association harmless for any damages caused by participants in the program.

Medical Attention: I hereby give my permission to the league directors to seek medical attention for my child if the need arises.

_____ Signature _____ Date

Registration Fee	<input type="checkbox"/> Cash						
	<input type="checkbox"/> Check	Check Number: _____	Date: ___/___/___	U5 U6	U8 U10	U12 U13 U16	Registration Fees Regular Late \$95 \$115 \$105 \$125 \$110 \$130
Make checks payable to "BYSA"							

Student-athlete & Parent/Legal Guardian Concussion Statement

Must be signed and returned to school or community youth athletic activity prior to participation in practice or play.

Student-Athlete Name: _____

Parent/Legal Guardian Name(s): _____

After reading the information sheet, I am aware of the following information:

Student-Athlete initials		Parent/Legal Guardian initials
	A concussion is a brain injury which should be reported to my parents, my coach(es) or a medical professional if one is available.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach and/or a medical professional about my injuries and illnesses.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a <i>health care provider*</i> to return to play or practice after a concussion.	
	Most concussions take days or weeks to get better. A more serious concussion can last for months or longer.	
	After a bump, blow or jolt to the head or body an athlete should receive immediate medical attention if there are any danger signs such as loss of consciousness, repeated vomiting or a headache that gets worse.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before the concussion symptoms go away.	
	Sometimes repeat concussion can cause serious and long-lasting problems and even death.	
	I have read the concussion symptoms on the Concussion Information Sheet.	

** Health care provider means a Tennessee licensed medical doctor, osteopathic physician or a clinical neuropsychologist with concussion training*

Signature of Student-Athlete

Date

Signature of Parent/Legal guardian

Date