

US Youth Soccer Player Membership Form

2008-2009

OHIO YOUTH SOCCER ASSOCIATION NORTH

League Name: _____ Age Group: _____ Male/Female: _____

Club/Team Name: _____ Player ID #: _____

First Name: _____ M.I.: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Area Code/Tel. Number: _____

Email: _____ Birth Date: _____

Cell Phone: _____ Last Club Team Played On: _____

WAIVER OF LIABILITY:

By checking one of the boxes below, 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.

(Agreement for Electronic Submission) By checking this box and submitting this e-Registration form, I acknowledge that: I am the parent/guardian authorized to consent on the player's behalf; I have reviewed this form and the information it contains and represent that it is accurate; and I agree to submit this form electronically with the intent to be bound by its terms and conditions.

By checking this box, I acknowledge that: I am the parent/guardian of the player authorized to consent on the player's behalf; I have reviewed this form and the information it contains and represent that it is accurate; and I have opted to print this form, sign it, and return it by mail, instead of submitting electronically.

Parent/Guardian Signature: _____ Date: _____

GENERAL CONSENT FOR MEDICAL TREATMENT:

By checking one of the boxes below, I give my consent to have an athletic trainer, coach paramedic, and/or doctor of medicine or dentistry provide medical assistance and/or treatment. I agree to be financially responsible for the reasonable cost of such assistance and/or treatment. This consent does not apply to major surgery unless surgery must be performed to treat an emergency condition. Attempts will be made to contact parents of players participating in the program based on information provided on this form.

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Parent/Guardian Signature: _____ Date: _____

PARENTS' CODE OF CONDUCT

THE NORTHERN OHIO GIRLS SOCCER LEAGUE HAS A GOAL OF TEACHING OUR PLAYERS THE LOVE OF THE GAME. PARENTS' AND COACHES' SUPPORT OF THE ABOVE WILL INSURE OUR SUCCESS IN REACHING THIS GOAL. COACHES ARE RESPONSIBLE FOR THEIR PARENTS' ACTIONS ON THE SIDELINES. THE FOLLOWING IS A SET OF SIDELINE BEHAVIOR GUIDELINES. THESE GUIDELINES ARE TO BE ADHERED TO BY ALL PARENTS, COACHES AND SPECTATORS.

- 1) DO SUPPORT YOUR PLAYERS WITH POSITIVE COMMENTS FROM THE SIDELINES AFTER A PLAY HAS BEEN COMPLETED. A PLAYER ENJOYS COMPLIMENTS AFTER A GOOD PASS OR A GOOD SHOT
- 2) DO NOT SHOUT INSTRUCTIONS TO THE PLAYERS. THE PLAYER MUST LEARN TO MAKE DECISIONS WITHOUT YOUR INPUT. YOUR INSTRUCTIONS MAY CONFLICT WITH WHAT THE COACH IS TEACHING.
- 3) DO ENCOURAGE PLAYERS TO USE THE SKILLS THEY ARE BEING TAUGHT BY THEIR COACH. PLEASE ATTEND A PRACTICE AND LEARN WHAT THE COACH IS TEACHING THE PLAYERS.
- 4) DO NOT ABUSE GAME OFFICIALS WITH VERBAL DISSENT. REFEREES MAKE FAR FEWER MISTAKES THAN PLAYERS DO. MANY OF OUR YOUTH REFEREES ARE LEARNING TO CALL A GAME; THEY NEED YOUR SUPPORT.
- 5) DO SUPPORT A MINIMUM OF ONE SILENT SUNDAY PER SEASON. THIS PROGRAM IS HELPING TEACH COMMUNICATIONS SKILLS AMONG OUR PLAYERS, AS WELL AS ENCOURAGE DECISION-MAKING.

COACHES OF TEAMS WHOSE PARENTS VIOLATE THE ABOVE GUIDELINES WILL BE SUBJECT TO A HEARING CONDUCTED BY NOGSL OFFICIALS AND THEIR COMMUNITY REPRESENTATIVE. THE LEAGUE CAN ISSUE SANCTIONS AGAINST THE TEAM INCLUDING ELIGIBILITY. THE LEAGUE RETAINS THE RIGHT TO BAN ANY PARENT WHO CONSISTENTLY VIOLATES ANY OF THE RULES AFTER A PROPER HEARING.

PARENTS' / GUARDIANS' SIGNATURE

DATE _____

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DATE _____