CALIFORNIA STATE SOCCER LEAGUE

STATE REGISTRATION FORM

TEAM NAME_____ TEAM DIV _____ PLAYER DOB _____

PLAYER FIRST NAME_____M _____ PLAYER LAST NAME _____

ADDRESS _____ CITY_____ ZIPCODE _____

PARENT FIRST NAME _____ LAST NAME _____

EMAIL _____ PHONE # _____

MEDICAL HISTORY

If the answer to any of the following questions (below), is yes, please describe the problem and its implications for proper first aid treatment within the registration.

Does the player have any allergies that we need to be aware of? YES _____ NO ____

Does the player have any other medical conditions that we need to be aware of? YES _____ NO _____

If is yes explain _____

RELEASE AND WAIVER

The participant listed below (the "Participant"), and if such Participant is under 18 years of age, then also the parent or legal guardian of such individual (together with the Participant, the "Undersigned"), signs this release and waiver of liability (this "Release and Waiver") in consideration of participating in the soccer league through Asociación de Futbol de Estados Unidos and any other events related to Asociación de Futbol de Estados Unidos program (hereafter "the Events") organized and produced by Asociación de Futbol de Estados Unidos. The Undersigned hereby release(s) and discharge(s) the event organizers including Asociación de Futbol de Estados Unidos and all other sponsors of the Asociación de Futbol de Estados Unidos Events including their respective assignees, successors, officers, directors, agents, representatives, employees, sub-contractors, partners, members and affiliates (collectively, the "Released Persons") from all present and future liabilities, debts, obligations, costs, expenses, damages, losses, charges, judgments, executions, liens, claims, demands, actions or causes of action of whatever nature or description, in equity or at law, which the Undersigned or his/her child or ward, family, estate, heirs, representatives, executors, administrators, successors or assigns (collectively, "Related Parties") may have, whether known or unknown, suspected or unsuspected, asserted or not asserted, arising out of participation by the Undersigned or his/her child or ward in the Events.

The Undersigned understands, acknowledges, and accepts that this Release and Waiver is intended to be binding on the Undersigned and the Undersigned's Related Parties. The Undersigned further understands, acknowledges, and accepts that participation in the Events involves certain inherent risks, including, but not limited to, illness, property damage and serious bodily injury (including death), and agrees that the Undersigned or his/her child or ward is voluntarily participating in the Events with full knowledge of the risks involved and accepts all risks of participation. The Undersigned declares that the Participant is physically fit and has the requisite skill level to participate in the Events. The Undersigned authorizes the Event staff, Asociación de Futbol de Estados Unidos and/or a party designated by Asociación de Futbol de Estados Unidos to provide medical treatment to the Participant, at the Undersigned's cost, should the need arise. Furthermore, theUndersigned understands, acknowledges, and accepts that he or she must provide his or her own medical insurance for the participant.

The Undersigned further grants the Released Persons the right, but does not otherwise impose the obligation, to exploit, adapt, modify, reproduce, distribute, publicly perform, display,

photograph, videotape and/or otherwise use ("Use"), in any form now known or later developed, the Participant's name, nickname, age, hometown, face, likeness, voice, image and Appearance (the "Personal Information"), throughout the world, in any medium now known or later developed, without reservation or limitation. The Undersigned further grants the Released Persons the right to contact the Undersigned for promotional programs. The Undersigned releases, and hereby agrees to indemnify, defend, and save harmless the Released Persons from any and all claims the Undersigned, or any third party, may have now or in the future for invasion of privacy, right of publicity, copyright infringement, defamation or any other cause of action arising out of the Use of the Personal Information. The Undersigned waives any right to inspect or to approve any work that may be created by or derived from the Use of the Personal Information and waives any claim with respect to the future Use of the Personal Information. The Personal Information may be Used at the Released Persons' sole discretion, with or without Participant's name or with a fictitious name, and with fictitious or accurate biographical material, alone or in conjunction with any other material of any kind or nature, except that the Released Persons shall not Use the Personal Information for any criminal or illegal purposes or in a manner inconsistent with community standards of decency.

The Undersigned understands and agrees that the Released Persons are and shall be the exclusive owner of all right, title, and interest, including copyright, in any work that may be.

Created by or derived from the Personal Information, and any commercial, informational, educational, advertising, or promotional materials containing the Personal Information.

The Undersigned understands, acknowledges and accepts that this Release and Waiver is intended to be as broad and inclusive as permitted by the laws of the state in which the Events of the Asociación de Futbol de Estados Unidos are taking place and agrees that if any portion of this Release and Waiver is invalid, the remainder will continue in full legal force and effect. The Undersigned further agrees that any legal proceedings related to this Release and Waiver shall take place in the city and state of the Events.

If participant is under 18 years old, a parent or legal guardian must sign this form.

I/We have read, understand and agree to comply with the Waiver as outlined above.

DISCUSS THE RISKS OF CONCUSSION AND OTHER SERIOUS BRAIN INJURY WITH YOUR CHILD OR TEEN AND HAVE EACH PERSON SIGN BELOW.

Athlete Agreement:
I learned about concussion and talked with my parent or coach about what to do if I have a concussion or other serious brain injury.

PLAYER SIGNATURE _____ DATE_____

Parent/Guardian Agreement:
I have read this fact sheet for parents on concussion with my child or teen and talked about what to do if they have a concussion or other serious brain injury.

PARENT SIGNATURE _____ DATE _____

To learn more, go to www.cdc.gov/HEADSUP

You can also download the CDC *HEADS UP* app to get concussion information at your fingertips. Just scan the QR code pictured at left with your smartphone.

PLAYER REGISTRATION ONLINE

https://form.jotform.com/statesoccerleague/course-registration-form

A Fact Sheet for
ATHLETES

HEADS UP CONCUSSION

WHAT IS A CONCUSSION?

A concussion is a brain injury that affects how your brain works. It can happen when your brain gets bounced around in your skull after a fall or hit to the head.

This sheet has information to help you protect yourself from concussion or other serious brain injury and know what to do if a concussion occurs.

WHAT SHOULD I DO IF I THINK I HAVE A CONCUSSION?

REPORT IT.

Tell your coach and parent if you think you or one of your teammates may have a concussion. You won't play your best if you are not feeling well, and playing with a concussion is dangerous. Encourage your teammates to also report their symptoms.

GET CHECKED OUT BY A DOCTOR.

If you think you have a concussion, do not return to play on the day of the injury. Only a doctor or other health care provider can tell if you have a concussion and when it's OK to return to school and play.

GIVE YOUR BRAIN TIME TO HEAL.

Most athletes with a concussion get better within a couple of weeks. For some, a concussion can make everyday activities, such as going to school, harder. You may need extra help getting back to your normal activities. Be sure to update your parents and doctor about how you are feeling.

Centers for Disease Control and Prevention
National Center for Injury Prevention and Control

GOOD TEAMMATES KNOW:
IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON.

HOW CAN I TELL IF I HAVE A CONCUSSION?

You may have a concussion if you have any of these symptoms after a bump, blow, or jolt to the head or body:

- Get a headache
- Feel dizzy, sluggish or foggy
- Be bothered by light or noise
- Have double or blurry vision
- Vomit or feel sick to your stomach
- Have trouble focusing or problems remembering
- Feel more emotional or "down"
- Feel confused
- Have problems with sleep

A concussion feels different to each person, so it's important to tell your parents and doctor how you feel. You might notice concussion symptoms right away, but sometimes it takes hours or days until you notice that something isn't right.

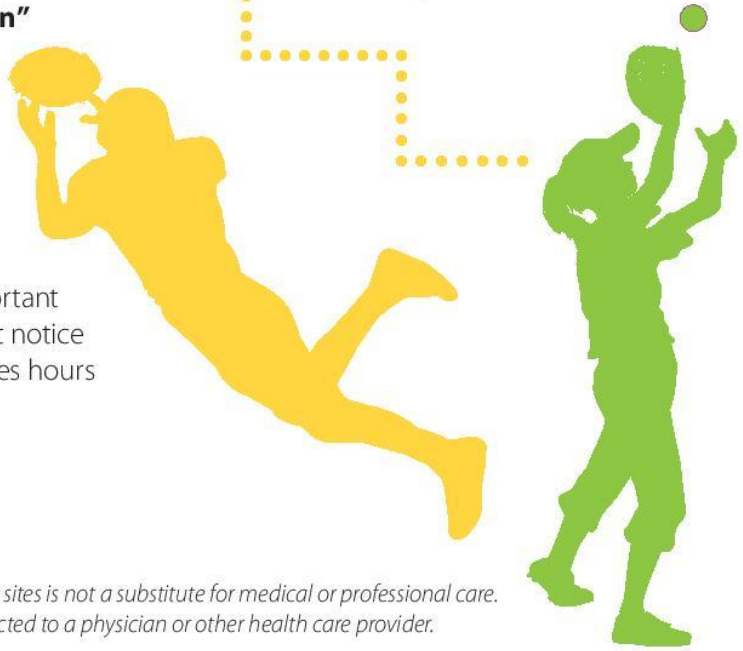
HOW CAN I HELP MY TEAM?

PROTECT YOUR BRAIN.

All your teammates should avoid hits to the head and follow the rules for safe play to lower chances of getting a concussion.

BE A TEAM PLAYER.

If one of your teammates has a concussion, tell them that they're an important part of the team, and they should take the time they need to get better.



The information provided in this document or through linkages to other sites is not a substitute for medical or professional care. Questions about diagnosis and treatment for concussion should be directed to a physician or other health care provider.

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To learn more, go to www.cdc.gov/HEADSUP