



**2019
CITY OF PARMA
YOUTH SOCCER - (Divisions 5,6,7)
REGISTRATION FORM**



FIRST NAME _____ LAST NAME _____ M / F

(circle one)

ADDRESS _____ CITY _____ ZIP _____

E-MAIL _____ PHONE/HOME _____

PHONE/CELL _____ BIRTHDATE _____

GRADE _____ SCHOOL _____

CHECK LEAGUE YOU ARE ENTERING:

DIVISION 5
7th 8th

DIVISION 6
9th 10th

Division 7
11th 12th

* Have played in a travel, premier or CYO league in the past 12 months?

PLEASE CIRCLE

YES NO

* If so, what travel or premier league? _____

* Have played on a school team in the past 12 months?

YES NO

* Have played soccer in an organized league for how many years? _____

YES NO

* Have experience playing goalie in the past?

THE CITY OF PARMA SOCCER STAFF NEEDS THE ASSISTANCE OF VOLUNTEERS. IF YOU ARE INTERESTED IN HELPING BY BEING A COACH PLEASE CHECK BELOW:

COACH: NAME: _____ PHONE #: _____

E-MAIL ADDRESS: _____

I/We hereby agree and promise to assume risk and responsibility for any and all injuries or damages due to injuries, suffered by the participant arising out of participation in activities involving said program, including but not limited to: classes, demonstrations, practices, or any other use of the premises, facilities, or equipment of the City of Parma Recreation Department, whether occurring on the premises of the City of Parma or at any other location.

I/We hereby release, indemnify and forever discharge and hold harmless the City of Parma, its employees, its directors, employees, students, agents and servants from any and all responsibility, liability, claims of personal injury, legal actions or suits, damages or losses of any kind or description, both at law or in equity, arising out of, or in any way connected with any of the above-mentioned acts and activities.

IN WITNESS WHEREOF, I/We have set my hand and seal to this document which I/We intend to be legally binding document, on the day and year below written and understand it fully.

Be sure to notify your child's coach of any medical or other conditions(s) they should be aware of.

Participant's Name _____

Parent/Guardian Signature _____

FEE: \$45.00 Resident (Div 5)
\$50.00 Resident (Div 6, 7)

\$55.00 Non-Resident (Div 5)
\$60.00 Non-Resident (Div 6, 7)

\$10.00 LATE FEE

PLEASE MAKE CHECKS PAYABLE TO "PARMA RECREATION"

Sudden Cardiac Arrest and Lindsay's Law Parent/Athlete Signature Form



What is Lindsay's Law? Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. It covers all athletes 19 years or younger who practice for or compete in athletic activities. Activities may be organized by a school or youth sports organization.

Which youth athletic activities are included in Lindsay's law?

- Athletics at all schools in Ohio (public and non-public)
- Any athletic contest or competition sponsored by or associated with a school
- All interscholastic athletics, including all practices, interschool practices and scrimmages
- All youth sports organizations
- All cheerleading and club sports, including noncompetitive cheerleading

What is SCA? SCA is when the heart stops beating suddenly and unexpectedly. This cuts off blood flow to the brain and other vital organs. People with SCA will die if not treated immediately. SCA can be caused by 1) a structural issue with the heart, OR 2) a heart electrical problem which controls the heartbeat, OR 3) a situation such as a person who is hit in the chest or a gets a heart infection.

What is a warning sign for SCA? If a family member died suddenly before age 50, or a family member has cardiomyopathy, long QT syndrome, Marfan syndrome or other rhythm problems of the heart.

What symptoms are a warning sign of SCA? A young athlete may have these things with exercise:

- Chest pain/discomfort
- Unexplained fainting/near fainting or dizziness
- Unexplained tiredness, shortness of breath or difficulty breathing
- Unusually fast or racing heart beats

What happens if an athlete experiences syncope or fainting before, during or after a practice, scrimmage, or competitive play? The coach **MUST** remove the youth athlete from activity immediately. The youth athlete **MUST** be seen and cleared by a health care provider before returning to activity. This written clearance must be shared with a school or sports official.

What happens if an athlete experiences any other warning signs of SCA? The youth athlete should be seen by a health care professional.

Who can evaluate and clear youth athletes? A physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist, certified nurse midwife. For school athletes, a physician's assistant or licensed athletic trainer may also clear a student. That person may refer the youth to another health care provider for further evaluation.

What is needed for the youth athlete to return to the activity? There must be clearance from the health care provider in writing. This must be given to the coach and school or sports official before return to activity.

All youth athletes and their parents/guardians must view the Ohio Department of Health (ODH) video about Sudden Cardiac Arrest, review the ODH SCA handout and then sign and return this form.

Parent/Guardian Signature

Student Signature

Parent/Guardian Name (Print)

Student Name (Print)

Date

Date