



GALA FC SELECT SOCCER REGISTRATION FORM 2018-2019 SEASON



PLAYER INFORMATION			
LEGAL FIRST NAME		STREET ADDRESS	
LEGAL MIDDLE NAME		CITY	
LEGAL LAST NAME		STATE & ZIPCODE	
BIRTHDATE (00/00/00)		PRIMARY PHONE #	
SCHOOL ATTENDING		EMAIL ADDRESS	
GRADE		NOTES	
DOCTOR'S NAME		ALLERGIES OR SPECIAL NEEDS	
DOCTOR'S PHONE #			
EMERGENCY CONTACT			
CONTACT PHONE #			
RELATIONSHIP			

PARENT/GUARDIAN 1 - INFORMATION (Please indicate preferred phone # by marking *)			
LEGAL FIRST NAME		STREET ADDRESS	
LEGAL LAST NAME		CITY	
HOME PHONE #		STATE & ZIPCODE	
WORK PHONE #		OCCUPATION	
CELL PHONE #		Areas of interest for volunteering in club	
EMAIL ADDRESS			

PARENT/GUARDIAN 2 - INFORMATION (Please indicate preferred phone # by marking *)			
LEGAL FIRST NAME		STREET ADDRESS	
LEGAL LAST NAME		CITY	
HOME PHONE #		STATE & ZIPCODE	
WORK PHONE #		OCCUPATION	
CELL PHONE #		Areas of interest for volunteering in club	
EMAIL ADDRESS			

Coaches Name: _____ Team: U - _____

By signing below, I certify that I am the custodial parent(s) and/or guardian(s) of the person designated as player above. I certify that I am over the age of Eighteen (18) years of age.

Parent/Guardian Legal Signature: _____ Date: _____

PLEASE READ AND SIGN FRONT AND BACK OF FORM



This form should be submitted to your home team's club.

YOUTH PLAYER REGISTRATION FORM

This form must be retained by the club for at least five (5) years or the player's 18th birthday, whichever occurs last.

Club Name: _____ City: _____ State: _____
League Name: _____

I hereby consent to the above-named club registering me with US Club Soccer. I understand that I may be registered to only one US Club Soccer member club at any time. [Note: it will not be necessary to complete this form again as long as the player is with this club, which will hold this form unless requested by US Club Soccer.]

Player's Signature _____ Date _____ Parent/Guardian Signature _____ Date _____

PLAYER'S MEDICAL INFORMATION

Player's Name: _____ Birth Date: _____ Gender: ☐ Female ☐ Male
Street Address: _____ City: _____
State: _____ Zip: _____ Email Address: _____

Parent Name: _____	Home Phone: () _____	Bus Phone: () _____
Email Address: _____	Cell Phone: () _____	Receive texts? <input type="checkbox"/> Yes <input type="checkbox"/> No
Parent Name: _____	Home Phone: () _____	Bus Phone: () _____
Email Address: _____	Cell Phone: () _____	Receive texts? <input type="checkbox"/> Yes <input type="checkbox"/> No

In an emergency when parent/guardian cannot be reached, please contact the following:

Name: _____	Phone 1: () _____	Phone 2: () _____
Name: _____	Phone 1: () _____	Phone 2: () _____

Please list Allergies the player has: _____

Please list other medical conditions: _____

Physician _____	Phone 1 () _____	Phone 2 () _____
Medical/Hospital Insurance Company _____	Phone () _____	
Policy Holder's Name _____	Policy Number _____	

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature _____ Date _____ Relation to player: ☐ Father ☐ Mother ☐ Guardian

GALA FC PARENT AND PLAYER CODE OF CONDUCT AGREEMENT

Parents, players, and coaches are required to follow the association's code of conduct. Players or parents who violate these rules may be disciplined at the game (told to leave) and/or required to appear before the Gala FC Judicial and Ethics Committee. Violations may result in a variety of consequences, including player suspension and parental bans. Coaches are responsible for their players and for controlling their sidelines. Disruptive parents who do not follow their coach's instructions may cause the coach to be red-carded, the game forfeited, or the game abandoned by the referee.

Code of Conduct for Players

1. Learn and observe the Law of Soccer and league rules.
2. Treat other players as you wish to be treated--do not abuse or ridicule other players, officials, coaches, or spectators or teammates. Control your play and discipline yourself. Do not play wildly and jeopardize your safety or that of other players. Hold your temper and control your anger. Play clean and fair. Use your skill and talent. Don't cheat.
3. Listen to your coaches and accept their advice with respect.
4. Respect referees and linesman--do not question their decisions.
5. Do not blatantly disrupt the opposing team's set plays.
6. Win with grace and lose with dignity. You, your club, and your association will be judged by your behavior.

Code of Conduct for Parents

1. Always be supportive of your child, their teammates, and the coaches. Remember that every player on the team is a contributing player. Spread your encouragement equitably amongst the team.
2. Never badger the opposition nor argue with their supporters. Be appreciative of good play from both sides.
3. Never harass nor badger the referees nor the linespeople.
4. After each match, have a positive attitude and show an appreciation for the importance of your child's effort. Remember that playing the game well with good sportsmanship is more important than winning.
5. Support the team and club by volunteering your services when needed. The only reason your child can play soccer is because of volunteers.
6. Refrain from sideline coaching at all times (games and trainings).
7. Agree to bring up any concerns or issues with the coach or coaching style to the Technical Director for resolution.
8. Do not approach the coach before, during, or after the game. Any questions may be communicated to the coach the following day.
9. Refrain from including your player in any negative conversations regarding his/her teammates and/or coach.

We, the undersigned, have read, understand, and agree to abide by the above guidelines. We agree to accept actions taken for failure to abide by these guidelines.

Signature of player

Date

Signature of parent

Date

GALA FC
CONSENT FOR MEDICAL TREATMENT
AND RELEASE OF LIABILITY

PLAYER NAME _____
BIRTHDATE _____
ADDRESS _____ CITY _____ ZIP _____
PHONE _____ ALTERNATE PHONE _____
ALTERNATE PHONE _____

As parent(s)/legal guardian(s), I/we certify that my/our child/ward is in good health and is able to participate in Gala FC Select soccer activities. I/we authorize all first aid, medical, dental, surgical, diagnostic and hospital procedures as may become necessary for my/our child/ward while he/she is participating in all Gala FC Select soccer activities. In consideration of my child/ward being allowed to participate in such activities I/we hereby for myself/ourselves, my/our child/ward, and our heirs, executors, administrators, and personal representatives, discharge, waive, release, hold harmless, and indemnify Gala FC, its Board members, agents, employees, contractors, volunteers, affiliated organizations, member organizations and sponsors, including the owners of the fields and facilities utilized by the program from any and all liability that may arise from said participation, including but not limited to any injury occurring to my/our child/ward. I/we acknowledge that I/we am/are responsible for any and all medical expenses due to my/our child's/ward's injury or illness, and hereby assume all risk of injury or loss to which he/she may be exposed. In the event that the above release does not bind my child/ward, I/we also agree to indemnify and hold harmless Gala FC and to assume full responsibility for any and all medical or other expenses and costs incurred or suffered by my/our child/ward in connection with participation in Gala FC Select soccer activities. I/we understand that no one is authorized by Gala FC to alter, modify, or waive any of the terms of this agreement in any way. I/we acknowledge that I/we have read and fully understand this medical consent, release, and waiver.

NAME OF PARENT/LEGAL GUARDIAN - 1 - (please print): _____
LEGAL SIGNATURE: _____ Date: _____

NAME OF PARENT/LEGAL GUARDIAN - 2 - (please print): _____
LEGAL SIGNATURE: _____ Date: _____

IN CASE PARENT CANNOT BE REACHED _____
PHONE _____ RELATIONSHIP _____

SPECIAL NEEDS OR ALLERGIES? _____

INSURANCE _____ PHONE _____

POLICY HOLDER _____ POLICY# _____

Photo Release

As the parent(s) /legal guardian(s) of the named player, I/we hereby authorize Gala FC to use any photos or videos taken of my child during Gala FC activities. I/we understand that these photos will be for sole use of Gala FC.

Parent/Legal Guardian Signature: _____

NOTICE: ALL NONSUFFICIENT FUNDS CHECKS WILL BE SUBJECT TO A \$25 FEE

CONFIRMATION OF REGISTRATION

Confirmation of registration for your player will be sent to the email addresses listed on the front of this page, and registration will be considered complete.

- 1) Once registration payment is made;
- 2) All requested documentation, including any requests for financial aid is properly filled out and returned back to us;
- 3) Once you respond to the confirmation email from us acknowledging your receipt of confirmation.

GALA FC PAYMENT AGREEMENT

Team: _____ Coach: _____

Manager: _____ Treasurer: _____

Manager #: _____ Treasurer #: _____

PLAYER: _____

PARENT(S): _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

Total Club/Reg Fees: \$1700 Registration of \$350 Paid? Y N Remaining Balance \$ _____

Additional team fees: _____ Monthly Payments: _____

Date Payments Due: First of Month, unless prior arrangements made.

Unless I have paid Club and Team fees in full for the 2018/2019 season, by signing below, I agree to the above installment payments and agree to pay each payment on or before its due date. If for any reason a payment cannot be paid on time, I agree to notify the Team Treasurer, listed above, and the Club Treasurer, and will make arrangements to bring the account current at the first opportunity. If adjustments are made to the team budget for any reasonable cause, I agree to adjust my payments accordingly and sign the adjusted contract.

I acknowledge that if I default on my payment schedule by 60 days, my child, listed above, will not be allowed to participate further in any Gala FC function, including team trainings until payments are brought current or an adjusted payment plan has been agreed to by the Club and myself. I also understand that if I default on my payment, I may be subject to revocation of the installment payment privilege and Gala FC may demand of immediate payment of the remaining fees due. I understand that I may be referred to a collection agency if such time has passed and I have not contacted Gala FC to make alternate payment arrangements.

PARENT SIGNATURE

DATE

TEAM TREASURER SIGNATURE

DATE

GALA FC FINANCIAL AID REQUEST 2018/2019

PLAYERS NAME: _____ AGE GROUP: _____

TEAM GENDER: _____ COACH: _____

ADDRESS: _____

HOME PHONE: (____) _____ CELL PHONE: (____) _____

PARENT/GUARDIAN NAME: _____

EMAIL: _____

PLAYER LIVES WITH: Both Parents _____ Mother _____ Father _____ Other _____

If other, please explain _____

DO BOTH PARENTS WORK? Yes _____ No _____

HAS YOUR CHILD BEEN APPROVED FOR FREE OR REDUCED LUNCH PROGRAM AT SCHOOL?
(Please attach the school approved household application for Free & Reduced Price Meals)

Yes _____ No _____

ANNUAL FAMILY INCOME: _____ HOW MANY MEMBERS ARE IN YOUR HOUSEHOLD? _____

REASON FOR REQUESTING ASSISTANCE: (Please attach additional form if necessary) _____

PLEASE READ THE STATEMENTS BELOW AND CHECK EACH BOX CERTIFYING THAT YOU HAVE READ,
UNDERSTAND, AND CONSENT TO THEM:

☐ I understand that this scholarship is for registration and/or club fees only and that there are additional fees required for uniform and team expenses.

☐ I understand that scholarship funds are limited and that no one is entitled to a scholarship. Funds will be distributed among applicants in the order that they are received. Later applicants may be awarded scholarships subject to available funds.

☐ Each player receiving financial aid must meet and adhere to all Gala FC club and team policies and demonstrate dedication through consistent attendance of team practices and games. It is the responsibility of each family receiving financial aid to reciprocate through active participation in the club and its teams activities, including volunteering at fundraising events. A minimum of ten (10) volunteer hours must be completed before the end of the regular current season. Each family must submit verification of volunteer hours to Club staff. Failure to abide by this requirement can result in forfeiture of the financial aid awarded, as well as disqualify the participant for future financial aid approval for the following season.

☐ If a player leaves the club during the season for any reason other than custody cases or medical reason they are obligated to pay the club back for any funds issued to the participant.

☐ I understand if a scholarship is not granted, I will be informed of this decision and other possible options.

Parent/Guardian Name (Please print): _____

Parent Signature: _____ Date: _____



Puget Sound Premier League

Player/Parent Concussion and Sudden Cardiac Arrest Awareness Form

The Puget Sound Premier League believes participation in athletics improves physical fitness, coordination, self-discipline, and gives students valuable opportunities to learn important social and life skills.

With this in mind it is important that we do as much as possible to create and maintain an enjoyable and safe environment. As a parent/guardian or player you play a vital role in protecting participants and helping them get the best from sport.

Player and parental education in this area is crucial which is the reason for the Concussion Management and Sudden Cardiac Arrest Awareness pamphlet you received. Refer to it regularly.

This form must be signed annually by the parent/guardian and player prior to participation in the Puget Sound Premier League. If you have questions regarding any of the information provided in the pamphlet, please contact your club or team.

I HAVE RECEIVED, READ AND UNDERSTAND THE INFORMATION PRESENTED IN THE
CONCUSSION RECOGNITION AND SUDDEN CARDIAC ARREST AWARENESS PAMPHLETS

Player Name (Printed)

Player Name (Signed)

Date

Parent Name (Printed)

Parent Name (Signed)

Date

Sudden Cardiac Arrest

Information Sheet for

Student-Athletes, Coaches and Parents/Guardians

SSB 5083 ~ SCA Awareness Act



What is sudden cardiac arrest? Sudden Cardiac Arrest (SCA) is the sudden onset of an abnormal and lethal heart rhythm, causing the heart to stop beating and the individual to collapse. SCA is the leading cause of death in the U.S. afflicting over 300,000 individuals per year.

SCA is also the leading cause of sudden death in young athletes during sports

What causes sudden cardiac arrest? SCA in young athletes is usually caused by a structural or electrical disorder of the heart. Many of these conditions are inherited (genetic) and can develop as an adolescent or young adult. SCA is more likely during exercise or physical activity, placing student-athletes with undiagnosed heart conditions at greater risk. SCA also can occur from a direct blow to the chest by a firm projectile (baseball, softball, lacrosse ball, or hockey puck) or by chest contact from another player (called "commotio cordis").

While a heart condition may have no warning signs, some young athletes may have symptoms but neglect to tell an adult. If any of the following symptoms are present, a cardiac evaluation by a physician is recommended:

- Passing out during exercise
- Chest pain with exercise
- Excessive shortness of breath with exercise
- Palpitations (heart racing for no reason)
- Unexplained seizures
- A family member with early onset heart disease or sudden death from a heart condition before the age of 40

How to prevent and treat sudden cardiac arrest? Some heart conditions at risk for SCA can be detected by a thorough heart screening evaluation. However, all schools and teams should be prepared to respond to a cardiac emergency. Young athletes who suffer SCA are collapsed and unresponsive and may appear to have brief seizure-like activity or abnormal breathing (gasping). SCA can be effectively treated by immediate recognition, prompt CPR, and quick access to a defibrillator (AED). AEDs are safe, portable devices that read and analyze the heart rhythm and provide an electric shock (if necessary) to restore a normal heart rhythm.

Remember, to save a life: recognize SCA, call 9-1-1, begin CPR, and use an AED as soon as possible!



Cardiac 3-Minute Drill

1. RECOGNIZE

Sudden Cardiac Arrest

- Collapsed and unresponsive
- Abnormal breathing
- Seizure-like activity

2. CALL 9-1-1

- Call for help and for an AED

3. CPR

- Begin chest compressions
- Push hard/ push fast (100 per minute)

4. AED

- Use AED as soon as possible

5. CONTINUE CARE

- Continue CPR and AED until EMS arrives



**Be Prepared!
Every Second
Counts!**

UW Medicine
Center For Sports Cardiology
www.uwsportscardiology.org



**WASHINGTON INTERSCHOLASTIC
ACTIVITIES ASSOCIATION**



SCA Awareness
Youth Heart Screening
CPR/AED In Schools

www.nickoftimefoundation.org

GALA FC CONCUSSION FORM PAMPHLET

“LYSTEDT LAW” COMPLIANCE

In 2009, the Washington Legislature passed House Bill 1824, in part, because of the experience of Zackery Lystedt, a young athlete grievously and permanently injured by a series of concussions. The law requires that private nonprofit youth sports organizations inform and educate coaches, young athletes, and their parent(s)/guardian(s) of the nature and risk of concussion and head injury including continuing to play after concussion or head injury. On a yearly basis, a concussion and head injury information sheet shall be signed and returned by the youth athlete and the athlete's parent and/or guardian prior to the youth athlete's initiating practice or competition.

Please read the information below and affix your signature to indicate that you have read this document. This form must be returned to your team or club and is good only for the seasonal year as identified above.

WHAT IS A CONCUSSION?

A concussion is a brain injury. Concussions are caused by a bump or blow to the head. Even a "ding," "getting your bell rung," or what seems to be a mild bump or blow to the head can be serious. You can't see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks after the injury. If your child reports any symptoms of concussion, or if you notice the symptoms yourself, seek medical attention right away.

WHAT ARE THE SIGNS AND SYMPTOMS OF A CONCUSSION?

If your child has experienced a bump or blow to the head during a game or practice, look for any of the following signs and symptoms of a concussion:

Signs Observed by Parents or Guardians Symptoms Reported by Athlete

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows behavior or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall
- Headache or "pressure" in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Does not "feel right"

HOW CAN YOU HELP YOUR CHILD PREVENT A CONCUSSION?

- Every sport is different, but there are steps your children can take to protect themselves from concussion.
- Ensure that they follow their coach's rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.
- Make sure they wear the right protective equipment for their activity (such as helmets, padding, shin guards, and eye and mouth guards). Protective equipment should fit properly, be well maintained, and be worn consistently and correctly. Learn the signs and symptoms of a concussion.

WHAT SHOULD YOU DO IF YOU THINK YOUR CHILD HAS A CONCUSSION?

1. **Seek medical attention right away.** A health care professional will be able to decide how serious the concussion is and when it is safe for your child to return to sports.
2. **Keep your child out of play.** Concussions take time to heal. Don't let your child return to play until a health care professional says it's OK. Children who return to play too soon—while the brain is still healing—risk a greater chance of having a second concussion. Subsequent concussions can be very serious. They can cause permanent brain damage, affecting your child for a lifetime.
3. **Tell your child's coach about any recent concussion.** Coaches should know if your child had a recent concussion in ANY sport. Your child's coach may not know about a concussion your child received in another sport or activity unless you tell the coach.

IT'S BETTER TO MISS ONE GAME THAN THE WHOLE SEASON

Athletes with the signs and symptoms of concussion should be removed from play immediately. Continuing play with the signs and symptoms of a concussion leaves the young athlete especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the athlete suffers another concussion before completely recovering from the first one. This can lead to prolonged recovery, or even to severe brain swelling (second impact syndrome) with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often underreport symptoms of injuries, and concussions are no different. As a result, education of administrators, coaches, parents/guardians, and the athletes is the key for the athletes' safety.

NO ATHLETE MAY RETURN TO ACTIVITY AFTER AN APPARENT HEAD INJURY OR CONCUSSION, REGARDLESS OF HOW MILD IT SEEMS OR HOW QUICKLY SYMPTOMS CLEAR, WITHOUT MEDICAL CLEARANCE.

Furthermore, close observation of the athlete should continue for several hours. The new "Zackery Lystedt Law" in Washington now requires the consistent and uniform implementation of long and well-established return-to-play concussion guidelines that have been recommended for several years:

- "A youth athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from competition at that time."
- "[He or she]... may not return to play until the athlete is evaluated by a licensed healthcare provider trained in the evaluation and management of concussion and has received written clearance to play from that healthcare provider."

You should inform your child's coach if you think that your child may have a concussion, remember, it's better to miss one game than miss the whole season, and, when in doubt, the athlete sits it out.

Additional current information regarding concussion management is available from the Centers for Disease Control and Prevention (CDC): <http://www.cdc.gov/concussioninyouthsports/>

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8. Do not approach the coach before, during, or after the game. Any questions may be communicated to the coach the following day.
9. Refrain from including your player in any negative conversations regarding his/her teammates and/or coach.

Gala Info:

Club Address: 1010 State Ave #1915 , Marysville Wa , 98270

Facebook Page : <https://www.facebook.com/GalaFootballClub>
Web Page: www.Galafc.org

Other links:

<http://pugetsoundpremierleague.com>
<http://usclubsoccer.org>