

Home School Saints Soccer Registration Form

PART I: INFORMATION

Participant Name: _____ Date of Birth: _____ Shirt Size: _____

Address: _____ City: _____ Zip: _____

Parent Names: _____ Email Addresses: _____ Phone Numbers: _____

PART II: PARENT OR GUARDIAN AGREEMENT

I hereby give my permission for the participant named above to participate in the program called Home School Saints sponsored by Louisiana Home School Sports, Inc, a non-profit Louisiana corporation. I hereby give my permission for the participant named above to undergo medical treatment for any injury or illness sustained or acquired while engaged with the Home School Saints. I understand that the personnel of the Home School Saints use only those procedures to prevent, care for and rehabilitate injuries for which they are trained. In the event that more serious medical procedures are required, such as surgery or other invasive procedures, I understand that attempts will be made to contact me for my consent. I understand that if my child suffers a potentially life threatening injury or illness, and in the event I am unable to be contacted within a reasonable period of time, that I authorize any duly licensed medical practitioner to perform such procedures as may be medically necessary to alleviate the problem. I have had the opportunity to ask questions regarding this release and all of my questions have been answered to my satisfaction. Having understood this agreement, I freely sign and give permission to provide medical treatment. I will be responsible for all costs of medical attention provided. If the named participant is removed from play because physical signs/symptoms cannot be readily explained by a condition other than concussion, the coach shall notify the athlete's parent and shall not permit the participant to return to play or participate in activities involving physical exertion until the youth athlete is evaluated by a health care provider and receives written clearance from the health care provider for a full or graduated return to play. I and the named participant read the Concussion Information (when registering online) as required by Senate Bill 189 signed into law on June 29, 2011.

I understand and am aware that the use of facilities and equipment used by the Home School Saints has inherent and unanticipated and unknown risks and dangers that may cause injuries or death. I expressly assume all risk for injury or death that may be sustained during use of the facilities and equipment, its officers and volunteers, defects in the facilities and equipment, the negligence of others and my own negligence or misuse. In consideration of being permitted to use Home School Saints facilities, services and equipment, I hereby release, acquit and discharge the Home School Saints, Louisiana Home School Sports, its successors and assigns, and its offices, directors, agents, and volunteers of and from all claims and liability of any kind which agree that I will not sue or commence any action of any kind against the Home School Saints, Louisiana Home School Sports, its successors and assigns and its officers or volunteers. I hereby consent to and permit the Home School Saints volunteer staff to use data regarding the participant in reports, statistical reports and/or publications. I authorize the Home School Sports to use any photographs, video and articles about the named participant for publicity purposes.

PART III: PARTICIPANT MEDICAL HISTORY

Has or Does this participant	Circle one & please explain all "yes" answers below	
1. Have a medical problem or injury since his/her last evaluation?	Yes	No
Ever not been allowed to participate in sports for a medical reason?	Yes	No
2. Ever been hospitalized or had surgery?	Yes	No
Have any missing organs? (eye, kidney, etc.)	Yes	No
3. Presently take any medication?	Yes	No
4. Have any allergies to medicine or insect bites?	Yes	No
5. Passed out during or after exercise?	Yes	No
Been dizzy or passed out during or after exercise?	Yes	No
Have chest pain during or after exercise?	Yes	No
Tire more quickly than his/her friends during exercise?	Yes	No
Have high blood pressure or racing heartbeats or skipped heartbeats?	Yes	No
Been told he/she has a heart murmurs?	Yes	No
Have a family member that died of heart problems or sudden death before age 50?	Yes	No
6. Have any skin problems?	Yes	No
7. Ever had a head or neck injury, stinger or pinched nerve?	Yes	No
Ever been knocked out or unconscious? Ever had a seizure?	Yes	No
8. Ever had heat cramps or dizzy or passed out in the heat?	Yes	No
9. Have trouble with breathing or coughing during or after activity?	Yes	No
10. Use any special equipment? (pads, braces, neck rolls, eye guards, kidney belt, etc.)	Yes	No
11. Have any problems with vision? Wear glasses or contacts?	Yes	No
12. Ever sprained/strained, dislocated, fractured or had repeated swelling of any bones or joints?	Yes	No
13. Have or had any Rheumatic Fever, Diabetes or Hepatitis?	Yes	No
Has recently had Mononucleosis or Tuberculosis or Asthma?	Yes	No
14. Has missed any scheduled Tetanus Shots or Measles Immunization?	Yes	No

Please explain all "yes" answers from above: _____

I have no knowledge of any physical impairment that would affect the named participant's ability to participate in the Home School Saints. I acknowledge that the named participant will participate in a sport that may involve, among other things, physical contact of the body with other persons or objects, including the ground; that he may incur a risk of injury. I specifically waive and give up and release the Home School Saints, Louisiana Home School Sports Inc., its owners and staff from liability for any claim for damages which I or my son may have for injuries or illnesses that he may sustain.

I acknowledge that the participant is under the age of 19 and is home-schooled. If the participant discontinues home schooling, I agree to alert LA Home School Sports and Home School Saints volunteer staff immediately. I have reviewed the information provided and certify it to be true and correct.

PART IV: COST OF PROGRAM & SIGNATURE

Payment of Registration Fee will provide a jersey, insurance costs for the program, rentals and other expenses. Checks made payable to "Louisiana Home School Sports". Registration Fee for 2014 Season.....\$50

Signature of Parent/Guardian: _____ Date: _____