



## Fall 2024 Player Application

**Registration Fees: \$55.00 Cash or Check (Payable to LUFC) Registration ends July 31.**

**\*\*\*Please note, Fees are Non-Refundable.**

**Return completed form and fees via mail to LUFC PO Box 2 Victoria, VA 23974 or contact Janet Johnson.**

### **Player Information:**

Legal First Name: \_\_\_\_\_ Legal Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Birthday: \_\_\_\_\_ Male: ☐ Female: ☐

### **Jersey/Shorts Size – CHECK One Below:**

**YOUTH:** X-Small ☐ Small ☐ Medium ☐ Large ☐ **OR ADULT:** Small ☐ Medium ☐ Large ☐ X-Large ☐

By signing below, I understand that LUFC players are given a Uniform for the 2024/2025 year during the Fall season. Players will be required to keep this uniform (Jersey, Shorts, & Socks) provided from the Fall 2024 season to wear during the Spring 2025 season, if applicable. If a new uniform is required for the returning player for the Spring season, an additional fee will be due at Spring 2025 registration.

In addition to occasional fundraising, we ask each family whose child(ren) will play soccer to commit at least 1 hour per season to assist with home-game concessions, setting up fields, and/or working soccer booth as necessary. Your assigned coach will provide additional information for sign-up opportunities. LUFC relies upon and appreciates your help!

**Coach ☐ Team Mom/Dad ☐ Referee ☐ Parent Committee ☐ Event Help ☐ Fundraising ☐**

\*Background check and SafeSport Training will be Required for any Volunteers directly involved with players.

By signing below, I understand that LUFC will make all diligent efforts to place players across age-appropriate teams as fairly as possible, based on skill level. I understand, as a parent/guardian, I am not authorized to select a preferred coach for my player.

By signing below, I agree that my player will wear their full LUFC 2024 Fall uniform, including assigned Jersey (#), to every scheduled game. If my player attends a game without their full assigned LUFC uniform, he/she may be withheld from playing the scheduled game.

### **Parent/Guardian Information:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Number(s) to receive text notifications: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact Information:

**Relative/Friend:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

Medical Information:

**Family Doctor:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

**Hospital Preference:** \_\_\_\_\_ **Insurance:** \_\_\_\_\_

**Medical Condition(s):** \_\_\_\_\_

Liability Release:

In the event of injury or illness to (Player) \_\_\_\_\_, (Parent/Guardian) \_\_\_\_\_

hereby grants authority to any physician to render such emergency medical treatment as the physician deems necessary under the circumstances. I authorize emergency transportation as is necessary. I agree to be responsible for any charges incurred in the treatment of my child. Further, I agree to indemnify and hold harmless Lunenburg United Futbol Club, Inc, or any coach, player, or other person engaged in this program.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_\_



### Medical Release Form

As the parent/legal guardian of (Print) \_\_\_\_\_, I request that in my absence the above named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentist, and staff, duly licensed as Doctor of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedure, treatment procedures, operative procedures and x-ray treatment of the above minor. I hereby acknowledge that I have full comprehensive accident insurance protecting my child against accident or injury that my child might encounter as a participant in this program. I further recognize that my child is participating at his or her own risk and with the signing of this document, I free Lunenburg United Futbol Club, Inc, its directors, officials and volunteers from any liability should such an accident or injury occur.

Player Date of Birth: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Known allergies or special conditions of this player, including any allergies to medicine:

(Please Explain in detail)

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Date of last Physical: \_\_\_\_\_ Family Doctor: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Hospital: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_

Policy#: \_\_\_\_\_ Group#: \_\_\_\_\_

Person Responsible for Charges: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Address: \_\_\_\_\_

Parent/Guardian Info:

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Person to notify if Parent/Guardian is unavailable:

Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

By signing this registration form, I hereby give permission for Lunenburg United Futbol Club to use photos of my child as part of any media campaign to include promotions and website art.

I hereby confirm that all the information provided on this form is accurate and complete.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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## COMMUNICABLE DISEASE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

In consideration of being allowed to participate on behalf of the Lunenburg United Futbol Club, event or program (the 'Program') including, but not limited to, events and activities, observation or use of facilities or equipment, participation in or acting as a spectator during any program (collectively 'Participation'), the undersigned acknowledges, appreciates, and agrees that, on behalf of him or herself and any of his or her minor children:

1. I am aware there are risks of exposure to directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof, as a result of my Participation in the Program.
2. I am aware that my Participation or that of my minor children includes a risk of possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19; and that while particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and,
3. I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my Participation and the Participation of any of my minor children; and,
4. I willingly agree, on behalf of myself and any of my minor children, to comply with the stated, reasonable, and/or customary terms and conditions related to my Participation—and that of my minor children—as regards protection against infectious diseases; and if I observe any unusual or significant hazard during my presence or participation, I will remove myself and my minor children, as appropriate, from Participation and bring such hazard to the attention of the nearest official immediately; and,
5. I, for myself and on behalf of my heirs, assigns, personal representatives, children and next of kin ('Releasers'), HEREBY RELEASE AND HOLD HARMLESS Lunenburg United Futbol Club, its officers, officials, agents, consultants, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ('Releasees'), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

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Participant's Name

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Age

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Participant's Signature

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Date

### FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION):

This is to certify that I, as parent/guardian with legal responsibility for the below-named minor child participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself and for the other Releasers I do hereby release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or Participation in the Program as provided above, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES, to the fullest extent permitted by law.

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Parent/Guardian Name

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Minor Child Participant's Name

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Parent/Guardian Signature

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Date

## **Parent's and Player's Code of Conduct:**

As a player or parent of a player at **Lunenburg United Futbol Club (LUFC)**, you play an essential role in maintaining a positive and respectful environment for all participants. Your conduct both on and off the field reflects the values and integrity of our club. As a parent, player, or participant at LUFC, you must adhere to the following Code of Conduct:

### **Parent's Code of Conduct:**

#### **Supportive Attitude:**

- a. Encourage and support your child's participation in soccer, emphasizing fun, skill development, and teamwork over winning.
- b. Be a positive role model by displaying good sportsmanship and respectful behavior towards players, coaches, officials, and opposing teams.
- c. Respect the decisions made by coaches and officials and avoid engaging in negative or confrontational behavior.

#### **Communication & Boundaries:**

- a. Maintain open and respectful communication with coaches, addressing concerns or questions in a constructive manner.
- b. Encourage your child to communicate directly with the coach when they have questions or need guidance.
- c. Be respectful of coaches' responsibility for their teams during practice sessions or games, and approach coaches or staff only at times when it is appropriate to do so.
- d. Refrain from coaching players from the sideline. Let the players make their own decisions and mistakes, and allow the coach to guide the players through games.

#### **Practice and Game Attendance:**

- a. Arrive on time and properly prepared for practices and games - this includes bringing sufficient water, cleats/shoes tied, and shin guards worn underneath socks.
- b. Provide advanced notice to the coach if your child is unable to attend a practice or game due to unavoidable circumstances.

**“Let the PLAYERS PLAY, Let the COACHES COACH, Let the REFS REF, and PARENTS CHEER!”**

### **Player's Code of Conduct:**

#### **Sportsmanship:**

- a. Show respect towards teammates, coaches, opponents, officials, and supporters, both on and off the field.
- b. Play by the rules, demonstrating fairness and integrity in all aspects of the game.
- c. Treat your teammates with respect, support, and encouragement, fostering a positive team spirit.
- d. Listen attentively and follow your coach's instructions at all times.
- e. Seek resolution of conflicts or concerns through respectful communication with your coach, rather than resorting to negative or disruptive behavior.

**Accountability:**

- a. Understand that the league reserves the right to remove any player, parent, guardian, or any other disruptive person from club property or events if they are found to be in violation of this Code of Conduct.
- b. Accept and comply with the decisions made by the league regarding the enforcement of this Code of Conduct.

By adhering to this **Parent's and Player's Code of Conduct**, you contribute to the positive and supportive environment of our soccer club. Your commitment to sportsmanship, respect, and teamwork is instrumental in creating an enjoyable and fulfilling experience for everyone involved.

On behalf of yourself and your player, acknowledge your acceptance and commitment to this Parent's and Player's Code of Conduct by signing below:

Player's Name: \_\_\_\_\_

Parent / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Parent/Athlete Concussion Information Sheet

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

## WHAT ARE THE SIGNS AND SYMPTOMS OF 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 an athlete reports **one or more** symptoms of concussion listed below after a bump, blow, or jolt to

### Did You Know?

- Most concussions occur *without* loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

the head or body, s/he should be kept out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or “pressure” in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balance problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness ( <i>even briefly</i> )	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can't recall events <i>prior</i> to hit or fall	Confusion
Can't recall events <i>after</i> hit or fall	Just not “feeling right” or “feeling down”

## CONCUSSION DANGER SIGNS

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention if after a bump, blow, or jolt to the head or body s/he exhibits any of the following danger signs:

- One pupil larger than the other
- Is drowsy or cannot be awakened
- A headache that not only does not diminish, but gets worse
- Weakness, numbness, or decreased coordination
- Repeated vomiting or nausea
- Slurred speech
- Convulsions or seizures
- Cannot recognize people or places
- Becomes increasingly confused, restless, or agitated
- Has unusual behavior
- Loses consciousness (*even a brief loss of consciousness should be taken seriously*)

## WHY SHOULD AN ATHLETE REPORT THEIR SYMPTOMS?

If an athlete has a concussion, his/her brain needs time to heal. While an athlete's brain is still healing, s/he is much more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to their brain. *They can even be fatal.*

### *Remember*

Concussions affect people differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or even weeks. A more serious concussion can last for months or longer.

## WHAT SHOULD YOU DO IF YOU THINK YOUR ATHLETE HAS A CONCUSSION?

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do not try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care professional, experienced in evaluating for concussion, says s/he is symptom-free and it's OK to return to play.

Rest is key to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration, such as studying, working on the computer, or playing video games, may cause concussion symptoms to reappear or get worse. After a concussion, returning to sports and school is a gradual process that should be carefully managed and monitored by a health care professional.

It's better to miss one game than the whole season. For more information on concussions, visit: [www.cdc.gov/Concussion](http://www.cdc.gov/Concussion).

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Student-Athlete Name Printed

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Student-Athlete Signature

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Date

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Parent or Legal Guardian Printed

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Parent or Legal Guardian Signature

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Date