

Hatchie River Area Youth Soccer (HRAYS) Registration Form

Children who are or will turn between the ages of four (4) to seventeen (17) years of age (or who are under age 19 and a 2025/2026 HS senior) during the 2025 calendar year are eligible to play. Eligibility is immediately forfeited should a registered school aged player be expelled or not officially enrolled in either a public, private, or home school.

Payment Information:

Registration fee is \$55 per player (**early registration before Fun Day on August 8th receives \$5 off, for a total of \$50**). Payment must be received by August 13th, 2025. NO EXCEPTIONS!

Registration Fee itemization (estimate): \$55.00 = Uniform: (includes jersey, shorts, and socks with the HRAYS logo and player number) \$35; Insurance: \$11.00; Award: \$5.00; League expenses: \$19 (balls, nets, field paint and supplies, referees and supplies, and equipment rental expenses).

Payment Options:

1. Fun Night August 8th (cash or check)
2. Cash App: \$HRAYSoccer- You **MUST** include in the description the name or names of the players you are paying for.
3. Dropped off at Centennial Bank- Middleton, Bolivar Main & West Branch Offices - *Night Depository may be used*
4. Simmons Bank- Middleton Branch Only (cash or check)

For Bank options: put completed form and payment in an envelope and seal it, clearly marking the envelope "HRAYS"!

APPLICANT INFORMATION:

First Name: _____ Middle Initial: _____ Last Name: _____

Date of Birth: ____/____/____

Circle One: Male / Female

UNIFORM INFORMATION: (Please Circle to indicate size)

Jersey: YXS YS YM YL AS AM AL AXL AXL2

Shorts: YXS YS YM YL AS AM AL AXL AXL2

If your child previously played with the HRAYS, mark age bracket: U-6 U-8 U-10 U-14 U-18

Coach's Name: _____

Are there any team considerations that need to be noted? _____

PARENT/LEGAL GUARDIAN INFORMATION:

First Name: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____ Telephone Number: (____) _____ - _____

I WILL SUPPORT HRAYS ON A VOLUNTEER BASIS AS FOLLOWS: (check any that apply)

____ Coach ____ Assistant Coach ____ Referee ____ Assistant Referee ____ Field Nurse ____ Board Member
____ Team Parent (provide refreshments at practices/games) ____ Field/Equipment Management

SIGNATURE OF PARENT VOLUNTEER: _____

Hatchie River Area Youth Soccer (HRAYS) Registration Form

PARENT/LEGAL GUARDIAN ACCEPTANCE:

I have read both sides of this form and understand my child is enrolled in a recreational soccer program. I agree he/she will attend practices and games when scheduled unless I properly notify the coach. I will show proper respect to the referees and league volunteers. I realize misconduct at games and/or practices may result in removal from the playing fields and forfeiture of my privilege of attending HRAYS events. All the above information is complete and correct, and I give permission for my child to participate.

SIGNATURE OF PARENT/LEGAL GUARDIAN:

(Parent/Legal Guardian Signature)

DATE: _____

STATEMENT OF MEDICAL/LIABILITY RELEASE

As the parent/legal guardian of _____, I request that in my absence, the above-named applicant be transported to a hospital or medical facility and admitted for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine, Doctors of Dentistry, or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures, and x-ray treatment of the applicant. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named applicant. I also agree to be financially responsible for the cost of such assistance and/or treatment. I understand my personal insurance will provide primary coverage for such expenses and the insurance provided through HRAYS and TSSA only provides secondary accident/medical coverage for players registered through the program.

Date of Last Tetanus Booster ____/____/____

Known allergies of this player, including any allergies to medicine: _____

Any other medical conditions that should be noted: _____

SIGNATURE OF PARENT/LEGAL GUARDIAN:

(Parent/Legal Guardian Signature)

DATE: _____

LIABILITY RELEASE AGREEMENT

I, the parent/legal guardian of the named applicant on this registration form, give my approval for his/her participation in any team activities of HRAYS, during the current season including travel to and from these activities. I also agree to abide with and be bound by the bylaws and rules of the HRAYS as a condition for the privilege of participation by the applicant in this program and do hereby agree to waive any legal claim against the City of Middleton officials and employees, the league organizers, sponsors, referees, and youth coaches for any claim arising out of injury to my child during practice sessions, games, or other activities of the HRAYS.

SIGNATURE OF PARENT/LEGAL GUARDIAN:

(Parent/Legal Guardian Signature)

DATE: _____

Hatchie River Area Youth Soccer (HRAYS) Registration Form

Cardiac Arrest And Concussion Acknowledgment Form:

Player Name(s): _____

(One form per household)

By signing your name below, you are acknowledging you have read and understand the Sudden Cardiac Arrest Information Sheet.

SCA happens unexpectedly, some people may have signs or symptoms, such as:

- fainting or seizures during exercise;
- unexplained shortness of breath;
- dizziness;
- extreme fatigue;
- chest pains; or
- racing heart.

These symptoms can be unclear in athletes, since people often confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated

SIGNATURE OF PARENT/LEGAL GUARDIAN:

(Parent/Legal Guardian Signature)

DATE: _____

By signing your name below, you are acknowledging you have read and understand the concussion information and protocol:

1. A concussion is a brain injury which should be reported to one's parents/legal guardian, coaches, or a medical professional if one is available.
2. A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up many hours or days following an injury.
3. I understand and will tell my parents/legal guardian, coach, and/or medical professional about my injuries and illnesses.
4. I understand and will not return to play in a practice or competition if a hit to my head or body causes me any concussion related symptoms.
5. I understand that written permission is needed from a health care provider* to return to play or compete following a concussion.
6. Most concussions take days or weeks to improve. A more serious concussion can last for months or longer.
7. Following a bump, blow, or jolt to the head or body an athlete should receive medical attention if there are any danger signs such as loss of consciousness, repeated vomiting, or a headache that continues or grows in severity.
8. Following a concussion, the brain needs time to heal. I understand that a concussed athlete is more likely to suffer another concussion or more serious brain injury if return to play or competition occurs before concussion symptoms go away completely.

SIGNATURE OF PARENT/LEGAL GUARDIAN:

(Parent/Legal Guardian Signature)

DATE: _____

Hatchie River Area Youth Soccer (HRAYS) Registration Form

Cardiac Arrest Information Sheet

What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA doesn't just happen to adults; it takes the lives of students, too. However, the causes of sudden cardiac arrest in students and adults can be different. A youth athlete's SCA will likely result from an inherited condition, while an adult's SCA may be caused by either inherited or lifestyle issues. SCA is NOT a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

How common is sudden cardiac arrest in the United States?

SCA is the #1 cause of death for adults in this country. There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under 25 die of SCA each year. It is the #1 cause of death for student athletes.

Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- | | |
|--|---------------------|
| 1. fainting or seizures during exercise; | 4. extreme fatigue; |
| 2. unexplained shortness of breath; | 5. chest pains; or |
| 3. dizziness; | 6. racing heart. |

These symptoms can be unclear in athletes, since people often confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

What are the risks of practicing or playing after experiencing these symptoms?

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it.

Public Chapter 325 – the Sudden Cardiac Arrest Prevention Act

The act is intended to keep youth athletes safe while practicing or playing. The requirements of the act are:

- All youth athletes and their parents or guardians must read and sign this form. It must be returned to the recreational or competitive club/association before participation in any athletic activity. A new form must be signed and returned each recreational or competitive soccer year (August 1- July 31).
- Adapted from PA Department of Health: Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form. 7/2013
- The immediate removal of any youth athlete who passes out or faints while participating in an athletic activity, or who exhibits any of the following symptoms:
 - (i) Unexplained shortness of breath;
 - (ii) Chest pains;
 - (iii) Dizziness
 - (iv) Racing heart rate; or
 - (v) Extreme fatigue; and
- Establish a policy that a youth athlete who has been removed from play shall not return to the practice or competition during which the youth athlete experienced symptoms consistent with sudden cardiac arrest.
- Before returning to practice or play in an athletic activity, the athlete must be evaluated by a Tennessee licensed medical doctor or an osteopathic physician. Clearance to full or graduated return to practice or play must be in writing.

Hatchie River Area Youth Soccer (HRAYS) Registration Form

Concussion Signs and Symptoms Information Sheet

What is a Concussion?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a 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.

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.

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks following the injury. If an athlete reports one or more symptoms of concussion listed below after a bump, blow, or jolt to the head or body, the athlete should be kept out of play the day of the injury and until an approved health care provider* says the athlete is symptom-free and it is safe to return to play.

What are the 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 after a bump, blow, or jolt to the head or body if the athlete exhibits any of the following danger signs:

- Has one pupil larger than the other;
- Is drowsy or cannot be awakened;
- Has a headache that does not diminish or go away;
- Has weakness, numbness, or decreased coordination;
- Has repeated vomiting or nausea;
- Has slurred speech;
- Has convulsions or seizures;
- Unable to recognize people or places;
- Becomes increasingly confused, restless, or agitated;
- Demonstrates unusual behavior;
- Loses consciousness (even though brief it is serious)

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

SIGNS OBSERVED BY COACHING STAFF

- 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 mood, behavior, or personality changes
- Can't recall events prior to hit or fall
- Can't recall events after hit or fall

SYMPTOMS REPORTED BY ATHLETES

- Headache or “pressure” in head
- Nausea or vomiting
- Balanced problems or dizziness
- Double or blurry vision
- Sensitivity to light
- Sensitivity to noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right,” or “feeling down”

Why should an Athlete Report Symptoms?

If an athlete has a concussion, their brain needs time to heal. While an athlete's brain is healing, they are 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 one's brain. They (concussions) can even be fatal.

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 provider* says the athlete is symptom-free and is safe to return to play.

Rest is a key component 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 grow worse. Following a concussion, returning to sports and school should be a gradual process that is carefully managed and monitored by a health care professional.

**NOTE: Health Care Provider means a Tennessee licensed medical doctor, osteopathic physician, or clinical neuropsychologist with concussion training.*