

**Minnesota  
TWINSTARS**



# Minnesota TwinStars Academy

2014 -2015

Registration Packet





# Minnesota TwinStars Academy

## Required Forms and Agreements



Each player who is offered a roster spot on a TwinStars Academy Team is **required** to provide the following information to register for a team. All forms are included in this packet and are also available on the TSA website. All signatures must be original and made in ink. No faxed or unsigned copies will be accepted.

Form/Agreement/Payment	Returning TSA Student	New TSA Student	TSA Use Only
<i>Minnesota TwinStars Academy Player Registration Form (Included)</i>	Yes	Yes	
<i>Copy of Birth Certificate or other Legal Proof of Age Document</i>	Yes	Yes	
<i>MYSA Medical Consent / Waiver of Liability and Release (Included--Must be signed in ink)</i>	Yes	Yes	
<i>TSA Liability Waiver (Included)</i>	Yes	Yes	
<i>Champions Hall Player Waiver (Included)</i>	Yes	Yes	
<i>Financial Contract (Included)</i>	Yes	Yes	
<i>TSA Refund and Player Release Policy (Included)</i>	Yes	Yes	
<i>TSA Concussion Policy (Included)</i>	Yes	Yes	
<i>TSA Concussion Statement (Included)</i>	Yes	Yes	
<i>TSA Model and Image Release Form (Included)</i>	Yes	Yes	
<i>Parent/Legal Guardian Code of Conduct Agreement (Included)</i>	Yes	Yes	
<i>TSA Player Code of Conduct (Included)</i>	Yes	Yes	
<i>TSA Academy Rules (See Website)</i>	Yes	Yes	
<i>Competitive Uniform Policy and Dress Code (See Website)</i>	Yes	Yes	

**\*\* Players must accept their roster spot within 24 hours of invitation; The Registration payment plus any previous year balances are due and payable within 48 hours of receipt of acceptance letter. Requests for alternative payment plans must be made in writing and approved by the Club Treasurer.**



# Minnesota TwinStars Academy

## REGISTRATION FORM



### IMPORTANT

#### Registration Instructions:

This form must be filled out completely and legibly with all signatures to participate with a Minnesota TwinStars Academy program. Each applicant will be registered with the MYSA under Minnesota TwinStars Academy (TSA). A copy of player's Birth Certificate or other Legal Age Document is required at time of registration. This form is required for player participation in any Arsenal FC - TSA program or tournament.

This form must be available at all Tryouts for administration and Insurance purposes.

No formal contract or written commitment may be signed by or on behalf of the player to commit a player to an academy team. Players may participate with any academy program regardless of their home address. Player participation in academy competitions does not guarantee playing time and players may be move to other academy teams at anytime. Academy players must practice weekly with their assigned academy team. U-5 thru U-9 players may participate with an Academy Practice but may not compete in any MYSA Sanctioned games. TSA will arrange for other Games/Tournaments for these groups

### OFFICIAL USE ONLY

Date: \_\_\_\_\_

Previous Club: \_\_\_\_\_

Registrar's Phone #: \_\_\_\_\_

Registrar's Email: \_\_\_\_\_

Registrar's Signature: \_\_\_\_\_

Team- Academy

U \_\_\_\_ Boys

Practice Only - Academy

U \_\_\_\_ Boys

U \_\_\_\_ Girls

U \_\_\_\_ Girls

Player Registration #:

Player's Last Name:

Player's First Name:

Street:

City:

St:

MN

Zip Code:

Contact #:

DOB:

Age:

Sex:

Players Email Address:

Father:

Work Phone #:

Cell Phone #:

Mother:

Work Phone #:

Cell Phone #:

E-Mail Address:

Emergency Contact:

Phone #:

Doctor to Notify:

Phone #:

List any Medical Problems:

### IMPORTANT

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the TSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the TSA accepting the registrant for its soccer programs and activities (Programs). I hereby release, discharge and/or otherwise indemnify the TSA, its affiliated organizations and sponsors, their employees and associated personnel, including the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. I further grant the TSA Parties the right to use the player's name, pictures and /or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs.

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

Parent/Legal Guardian (please print)

Signature: X \_\_\_\_\_

Date: \_\_\_\_\_

### OFFICIAL USE ONLY

Birth Date Verified Yes No

Registration Fees \$ \_\_\_\_\_

Cash \_\_\_\_\_

Check # \_\_\_\_\_

Date \_\_\_\_\_

### CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Signature of Parent or Guardian X \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ MN Zip code: \_\_\_\_\_

Phone: Home \_\_\_\_\_ Bus.: \_\_\_\_\_

### Required To Complete Registration

Sworn to and subscribed before me on the \_\_\_\_\_

day of \_\_\_\_\_, Yr \_\_\_\_\_

Notary Public \_\_\_\_\_

My Commission expires \_\_\_\_\_



IMPORTANT: Please send the completed form to the club you are registering with, not MYSA. Only players participating in the US Youth Soccer Minnesota State Cup or an out-of-state tournament need to have this form notarized, unless required by your club.

LIABILITY/MEDICAL RELEASE

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

EMERGENCY INFORMATION

Parent/Guardian Name: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_
Parent/Guardian Name: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_
Allergies: \_\_\_\_\_
Other Medical Conditions: \_\_\_\_\_
Medical Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_
Policy Holder: \_\_\_\_\_ Policy Number: \_\_\_\_\_
Player's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_
Name: \_\_\_\_\_ Home Ph: \_\_\_\_\_ Work Ph: \_\_\_\_\_

PLAYER OR PARENT/GUARDIAN AGREEMENT

I, as the adult-age player or the parent/guardian of the registered, minor player, agree to abide by the rules of the Minnesota Youth Soccer Association (MYSA), US Youth Soccer and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the MYSA and US Youth Soccer accepting the player for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify the MYSA, US Youth Soccer and its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

Adult Player or Parent/Legal Guardian of Minor Player (Print): \_\_\_\_\_
Date: \_\_\_\_\_ Signature: \_\_\_\_\_

CONSENT FOR MEDICAL TREATMENT

As the adult player or parent/legal guardian of a minor participant in MYSA/US Youth Soccer programs, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the player.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Signed or acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public: \_\_\_\_\_

My commission expires: \_\_\_\_\_



# Minnesota TwinStars Academy

## Liability Waiver Form



<b>Player's Last Name:</b>		«Students_Last_Name»			<b>Player's First Name:</b>		«Students_First_Name»		
<b>Street:</b>				<b>City:</b>		«City»		<b>St:</b>	MN
<b>Zip Code:</b>		<b>Contact #:</b>		<b>DOB:</b>		<b>Age:</b>		<b>Sex:</b>	
<b>Players Email Address:</b>									
<b>Father:</b>			<b>Work Phone #:</b>			<b>Cell Phone #:</b>			
<b>Mother:</b>			<b>Work Phone #:</b>			<b>Cell Phone #:</b>			
<b>E-Mail Address:</b>									
<b>Emergency Contact:</b>						<b>Phone #:</b>			
<b>Doctor to Notify:</b>						<b>Phone #:</b>			
<b>List any Medical Problems:</b>									

**IMPORTANT**  
**Please Read Before Signing:**

This is to certify that I, as a parent/guardian, with the legal responsibility for the above minor participant, do knowingly and fully assume all risks of the minor's injury as a result of minor's participation in the Minnesota TwinStars Academy (TSA), even if arising from the negligence of TSA or its coaches, team managers and other coaches and volunteers, and assume full responsibility for the minor's participation. I understand that the game of soccer includes risks of injury from the physical demands of the game, collisions, fields, goals, balls, and opponents. I release and agree to indemnify and hold harmless TSA and its officers, directors, coaches, managers and all volunteers from any and all liabilities incident to my minor's involvement or participation in the TSA, including all soccer-related activities, practices, games, tournaments, educational programs, clinics, seminars, and travel to and from TSA functions and/or events. I further agree to release and indemnify Prairie Seeds Academy in Brooklyn Park, MN, from all liability as a result of my minor's participation in TSA and all of the facilities utilized for the TSA programs. For and in consideration of the benefits accruing to me as a result of my child's participation in TSA the adequacy and sufficiency of which considerations is hereby acknowledged, I do hereby waive and release any and all rights and claims for damages which may accrue in my favor against TSA and its respective officers, directors, coaches and volunteers in any manner whatsoever arising out of or in any way connected to TSA and its contracted parties.

**IMPORTANT**

I, the parent/guardian of the registrant, a minor, agree that the registrant and I Consent to the above defined Waiver of Liability. Recognizing the possibility of physical injury associated with soccer and in consideration for the TSA accepting the registrant for its soccer programs and activities (Programs). I hereby release, discharge and/or otherwise indemnify the TSA, its affiliated organizations and sponsors, their employees and associated personnel, including the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. I further grant the TSA Parties the right to use the player's name, pictures and /or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs.

Name: \_\_\_\_\_  
Parent/Legal Guardian (please print)

Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICIAL USE ONLY**

**Birth Date Verified**    Yes    No

**Date** \_\_\_\_\_

## Champions Hall Player Waiver, Release and Indemnity Agreement

The participant named below (hereafter, the "Participant") requests to be part of an activity to be conducted at Champions Hall (hereafter referred to as CH). The undersigned Participant and or their parents or legal guardian acknowledge that:

- There are risks of personal injury associated with participation in athletic training programs, events, and activities, which can result in temporary or permanent disabilities, severe injury, death and/or property loss.
- CH provides no pre-enrollment medical examination and takes no responsibility for monitoring and assessing the health and physical condition of the Participant.

In consideration of CH permitting Participant to use its facilities and equipment, and with the knowledge of the associated risks to the Participant, I/We agree to the following:

- I/We consent to the Participant participating in programs, events, and activities at CH.
- I/We will instruct the Participant to review and carefully follow all CH Rules of Conduct and conduct myself/himself/herself in a safe manner while on CH premises, whether or not the Participant is engaged in training events or activities at the time.
- I/We accept and assume full responsibility for consulting with a doctor about the training program required to participate in any event at CH, and hereby warrant, represent, and state that the Participant named below is in good physical condition and that the Participant has no disability, impairment, or ailment that would prevent me/him/her from safely participating in the training program, activities or events at CH. In case of an emergency, I/we grant permission for medical treatment to be given at a local hospital or medical treatment facility and will be responsible for payment for treatment rendered, including ambulance service. I/we acknowledge that neither CH nor its staff has responsibility to provide first aid to or seek medical treatment for Participant.
- I/We accept and assume all risk and responsibility for accidents, illness, injury, death and /or damages which may result from the Participant traveling to or from or participating in any of the training programs, events or activities at CH, and hereby waive, release and discharge High Goals, LLC (doing business as Champions Hall) and Pro-T, LLC (building owner), together their members, officers, directors, employees, and agents or anyone or any entity associated with CH (Released Parties) from any and all liability therefore. I/we are giving up all my/our rights to bring legal action or assert a claim against Released Parties for their negligence or for any defective product or condition encountered at CH.
- I/We agree to indemnify, hold harmless, and defend Released Parties from any and all claims, lawsuits, demands, damages, liabilities, losses and expenses, including attorney's fees and administrative expenses, of every kind, known and unknown, present and future, in any way related to Participant's participation in the training programs, activities and events at CH. I/we further expressly agree that this Waiver, Release and Indemnity Agreement is intended to be as broad and inclusive as permitted by law in the State of Minnesota and that if any portion hereof is held invalid, it is agreed that the balance shall notwithstanding, continue in full legal force and effect.
- I/We agree that this Agreement extends forever into the future and applies to all visits by Participant to CH.
- CH may take pictures, videos or voice recordings of participants or spectators and I/We grant permission for CH to use my and/or my minor child/ward's name, image and quote.

I/WE HAVE READ THE FOREGOING AND UNDERSTAND ITS TERMS. I/WE SIGN IT VOLUNTARILY WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE.

PRINT PARTICIPANT'S FULL NAME: \_\_\_\_\_

ASSOCIATION/GROUP NAME: \_\_\_\_\_

PARTICIPANT'S HOME ADDRESS: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_

PARTICIPANT'S SIGNATURE: \_\_\_\_\_

IF UNDER 18/ PRINT PARENT OR LEGAL GUARDIAN'S NAME: \_\_\_\_\_

PARENT OR LEGAL GUARDIAN'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_





# Minnesota TwinStars Academy

## Financial Contract



The following Information is intended to provide an understanding of the TSA Financial Process. Please initial each statement below confirming you have read and understood each section. If you have any questions, please see the Executive Director or a designated member of the Finance Committee.

### Player Tuition:

1. Student Tuition is determined by team assignment and level of play. The Tuition covers the following TSA expenses:
 

<ul style="list-style-type: none"> <li>✓ Coaching</li> <li>✓ Winter Training Facilities</li> <li>✓ Referees</li> <li>✓ MYSA Player Passes</li> <li>✓ MYSA Field and Referee Fees</li> </ul>	<ul style="list-style-type: none"> <li>✓ State Cup Registration Fees</li> <li>✓ Academy Field Training Fees</li> <li>✓ Marketing</li> <li>✓ Coaching Education</li> <li>✓ Website Administration</li> </ul>
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**Initial:** \_\_\_\_\_

2. All Tuition payments, and conditions, including satisfactory payment of any previously outstanding balance are defined by, and are to be made in accordance with, the terms on the Tuition and Fee Payment Schedule.

**Initial:** \_\_\_\_\_

3. **Any Tuition payment received 30 days after its due date will be past due and may result in the player's registration card being pulled.** Any player on a pulled registration card will NOT be permitted to participate in training sessions or play in games until the payments are current and the card is reinstated.

**Initial:** \_\_\_\_\_

### Player Fees:

4. Academy Kit Fees are *separate* from the Player Tuition outlined above.

**Initial:** \_\_\_\_\_

5. Team fees for tournaments and associated travel are determined by the Head Coach and Team Manager, according to TSA guidelines.

**Initial:** \_\_\_\_\_

6. Team purchases of items not required by TSA must have approval from every rostered player/family before the purchase can be made.



# Minnesota TwinStars Academy

## Financial Contract



**Initial:** \_\_\_\_\_

7. Initial Deposit **MUST** be Paid in Full during the Initial Registration Process or the Student will not be registered with their Team

**Initial:** \_\_\_\_\_

**Parent and/or Guardian Responsibility:**

In accordance with the established policies of Minnesota TwinStars Academy and its Board of Directors, the signing parent or legal guardian of the player named on this contract agrees to the following:

8. By signing below, you acknowledge that you have read and understand the Player Tuition and Fees, payment schedule, and player eligibility standards related to payments and that you are assuming financial responsibility for the Student Tuition and Fees for the entire playing year.

**Initial:** \_\_\_\_\_

9. Refunds will only be considered for extraordinary events defined as relocation of more than 50 miles or the complete folding of a TSA team.

**Initial:** \_\_\_\_\_

10. All payment schedules for Student Tuition and Fees must be met unless the Academy Treasurer has approved, in writing, an alternative payment plan or awarded a financial aid scholarship.

**Initial:** \_\_\_\_\_

11. Limited financial aid is available for families who meet TSA’s approved guidelines. Aid is awarded on a first-come, first-served basis until approved funds are exhausted. Any player wishing to apply for financial aid must return a completed Financial Aid Application and provide all required documentation by August 15, 2013. Please be aware that copies of tax statements, pay stubs or other evidence of financial need will be required with your application – NO EXCEPTIONS.

**Initial:** \_\_\_\_\_

12. All additional travel expenses not included in the team fees are the sole responsibility of the player and player’s family. Expenses may include, but are not limited to lodging, meals, coaches travel expenses fuel and other vehicle- related expenses, entertainment, etc.

**Initial:** \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian Name





# Minnesota TwinStars Academy

## Refund and Player Release Policy



Minnesota TwinStars Academy (TSA) strives to provide a value-based soccer experience for our members and players. As such, our ability to offer quality services and to operate as a going concern is dependent upon our members' full commitment to the Academy and their team and on members paying all Academy Tuition and fees in a timely manner. Our budgets are based on the number of registered players and projected/estimated operating costs based on level of competition, age group, and individual team needs.

Once a player has committed to a TSA team and has met all requirements for registration, it is expected that the player will remain with TSA for the duration of the playing year and that the player and player's family will be responsible for all TSA Tuition and fees.

TSA recognizes that many situations and circumstances can develop during a soccer playing year that impact a player's ability to participate fully with a TSA team and that for many circumstances a player or player's family may wish to have a full or partial refund of dues or fees returned for lost playing time or other extended absences of participation. Due to the budgetary structure of TSA, we will only provide refunds and/or relief of Academy Tuition and fees under the following circumstances:

1. Player relocates his/her primary residence more than 50 miles during the playing season

Or

2. Player's original team has officially folded and all player passes have been collected and returned to MYSA

In these circumstances, TSA will refund, or provide relief for, prorated Tuition and fees based on the number of practices/games the team was scheduled to participate/play (league and tournament) minus any non-refundable amounts.

Concerning a player's release from the Academy during the playing season, the requesting player/family must submit a written request for release stating the basis for such request to the TSA Board of Directors. The decision of the Board will be final in all cases.

<p><b>IMPORTANT</b></p> <p>Please be aware of the Refund and Player Release Policy.</p> <p>Name: _____ Parent/Legal Guardian (please print)</p> <p>Signature: X _____ Date: _____</p>	<p><b>OFFICIAL USE ONLY</b></p> <p>Birth Date Verified    Yes    No</p> <p>Date _____</p>
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# Minnesota TwinStars Academy

## Concussion Policy



The game of soccer, like many other sports, is a contact sport and can, at times, be played in a very physical manner. The inherent risks and dangers of playing soccer include the risk of injury, including concussions, from contact with other players, the ball, field equipment, goal posts, and/or the playing surface. All players and families who participate with TSA programs need to be aware of these risks and are encouraged to seek information on recognizing the signs and symptoms of a concussion.

While TSA coaches and staff are instructed to use good judgment and common sense in identifying and managing players who may be concussed, players and parents/guardians are hereby notified, and need to understand, that TSA coaches and staff members are not medical doctors and cannot be expected to provide a medically based diagnosis of a concussion, or any other injury, to players, nor provide treatment advice for any such concussion or injury.

As such, it is imperative that players and parents/guardians educate themselves in the area of concussions and take a personal responsibility for being proactive in managing the health and well-being of their players and themselves. Players who believe they may have a concussion, whether sustained during TSA activities or not, should communicate their concerns to their coach and should seek appropriate medical attention.

If a player is diagnosed as having a concussion, regardless of its severity, the affected player will not be allowed to participate in training or games until a written letter of release is obtained from a physician.

TSA and its coaches reserve the right to withhold any player from participating in training or games when either deems there is a reasonable possibility that a player is suffering from a concussion or concussion-like symptoms.

<b>IMPORTANT</b>	<b>OFFICIAL USE ONLY</b>
<p style="text-align: center; font-size: small;">Please be aware of Concussion of the symptoms of a concussion.</p> <p>Name: _____  <span style="margin-left: 40px;">Parent/Legal Guardian (please print)</span></p> <p>Signature: X _____ Date: _____</p>	<p>Birth Date Verified    Yes    No</p>  <p>Date _____</p>



# Minnesota TwinStars Academy

## Concussion Statement



**What is a concussion?** A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should, it may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

**How do I know if I have a concussion?** There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here are some things to look for:

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability – things bother you more easily	Sleeping more than usual
Taking longer to figure things out	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Feeling sick to your stomach/queasy	Being more moody	Trouble falling asleep
Difficulty remembering new information	Vomiting/Throwing up	Feeling nervous or worried	Feeling tired
	Dizziness	Crying more	
	Balance problems		
	Sensitivity to noise or light		

Table is adapted from the Centers for Disease Control and Prevention (<http://www.cdc.gov/concussion/>)

**What should I do if I think I have a concussion?** If you are having any of the signs or symptoms listed above, you should tell your parents, coach, or other responsible adult so they can get you the help you need. If a parent notices these symptoms, they should inform the coach or executive director.

**When should I be particularly concerned?** If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slurred, you should let an adult like your parent or coach know right away, so they can get you the help you need before things get any worse.

**What are some of the problems that may affect me after a concussion?** You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur. Once you have a concussion, you are more likely to have another concussion.

**How do I know when it's ok to return to physical activity and my sport after a concussion?** After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your coach and parents can help decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. You should not return to play or practice on the same day as your suspected concussion.



# Minnesota TwinStars Academy

## Concussion Statement



*Please read each statement below and confirm your understanding by initialing the appropriate box. One parent or guardian is required to sign the form. U-12 and older players are encouraged to read and sign the form.*

Player	Concussion Information	Parent / Guardian
	A concussion is a brain injury which should be reported to my parents, coach (es), or a medical professional, if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and concentrate.	
	A concussion cannot be “seen.” Some symptoms might be present right away; other symptoms can show up hours or days after an injury.	
	I will tell my parents/guardian, coach and/or a medical professional about my injuries and illnesses.	N/A
	If I think a teammate has a concussion, I should tell my coach(es), parents, or medical professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion.	
	Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away right away. I realize that resolution from this injury is a process and may require more than one medical evaluation.	
	I realize that ER/Urgent Care physicians will not provide clearance if seen right away after the injury.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read and understand the Concussion Information sheet.	

<p><b>IMPORTANT</b></p> <p>Please be aware of Concussion of the symptoms of a concussion.</p> <p>Name: _____ Parent/Legal Guardian (please print)</p> <p>Signature: X _____ Date: _____</p>	<p><b>OFFICIAL USE ONLY</b></p> <p>Birth Date Verified    Yes    No</p> <p>Date _____</p>
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# Minnesota TwinStars Academy

## Parental/Legal Guardian Code of Conduct Agreement



As a parent/legal guardian of a child involved with the Minnesota TwinStars Academy (TSA), I/we agree to abide by and follow these rules and guidelines:

1. I/we will promote the emotional and physical well-being of the athletes ahead of my personal desire to win
2. I/we will remember that my child plays soccer for his/her enjoyment, not mine.
3. I/we will encourage good sportsmanship through my actions by demonstrating positive support for all players.
4. I/we will provide support for coaches and officials working with the athletes to provide a positive experience for all. I/we will not taunt or berate any player, coach, or official at any time.
5. I/we will demand that my athlete treat all players, coaches, officials, parents, and spectators with respect regardless of race, creed, color, sex, or ability.
6. I/we will treat all players, coaches, officials, parents, and spectators with dignity. I will not use improper language, poor attitude, behavior or mannerisms.
7. I/we will cheer for my child and his/her team and allow the coach to do his/her job of coaching. I/we will not interfere with or contradict any instructions given by the coach during training sessions or games.
8. I/we understand that making physical contact with any coach, player, or official could result in expulsion from the Club.
9. I/we will not enter the field of play at any time during a game. I/we will not enter the field prior to or after a game or training, without the express approval of the TVSC Head Coach.
10. I/we to honor all financial obligations to both the Club and team as outlined in the Club's policies, regardless if we voluntary or involuntary leave the Club during the 2014/2015 season.

Our coaching staff's primary responsibility on game day is to provide coaching guidance and instruction and to insure the player's safety on the field. Please respect the coach's responsibilities and the game.

**I understand that by signing this document, our family is agreeing to support and abide by this parent/legal guardian code of conduct agreement. Further, failure to comply with this agreement and the terms outlined above, may result in disciplinary action, up to and including, suspension or expulsion from TSA.**

<p><b>IMPORTANT</b> Please be aware of The Code of Conduct.</p> <p>Name: _____ Parent/Legal Guardian (please print)</p> <p>Signature: X _____ Date: _____</p>	<p><b>OFFICIAL USE ONLY</b></p> <p>Birth Date Verified    Yes    No</p> <p>Date _____</p>
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# Minnesota TwinStars Academy

## Player Code of Conduct Agreement



As a parent/legal guardian of a child involved with the Minnesota TwinStars Academy (TSA), I/we agree to abide by and follow these rules and guidelines:

- ✓ I will respect and adhere to all TSA policies at all times.
- ✓ I will play by the rules exercise self-control at all times.
- ✓ I will never question the referee on the calls or decisions made.
- ✓ I will show respect to the opponent at all times.
- ✓ I will never use inappropriate language at any TSA function.
- ✓ I will treat players, coaches, and officials as I would like to be treated.
- ✓ I will attend all team educational functions to the best of my ability.
- ✓ I will not condone or participate in any hazing activity at any time.
- ✓ I will respect our coaches and the decisions they make at all times. I will not question coach's instructions or decisions during training or competition.
- ✓ When traveling, I will always represent my Academy and team in a very positive manner and adhere to all Academy travel policies.
- ✓ When training or playing games, I will try to affect the outcome of the activity with my work ethic and skill.
- ✓ I will strive to achieve the Academies developmental goals.

Our coaching staff's primary responsibility on game day is to provide coaching guidance and instruction and to insure the player's safety on the field. Please respect the coach's responsibilities and the game.

**I understand that by signing this document, I am agreeing to support and abide by the code of conduct agreement. Further, failure to comply with this agreement and the terms outlined above, may result in disciplinary action, up to and including, suspension or expulsion from TSA.**

<p><b>IMPORTANT</b> Please be aware of The Code of Conduct.</p> <p>Name: _____ Player (please print)</p> <p>Signature: X _____ Date: _____</p>	<p><b>OFFICIAL USE ONLY</b></p> <p>Birth Date Verified    Yes    No</p> <p>Date _____</p>
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# Minnesota TwinStars Academy

## Model and Image Release Form



As a member of Minnesota TwinStars Academy (TSA), I hereby give permission to TSA and/or its teams/representatives/agents to use my name and photographic likeness in all forms and media for advertising, trade, and any other lawful purposes.

<p><b>IMPORTANT</b> Please be aware of the Release.</p> <p>Name: _____ Parent/Legal Guardian (please print)</p> <p>Signature: X _____ Date: _____</p>	<p><b>OFFICIAL USE ONLY</b></p> <p>Birth Date Verified    Yes    No</p> <p>Date _____</p>
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**Note:**

TSA and its teams may use your child’s photographic likeness on Club or team websites and/or for marketing or advertising purposes. Authorization of release is not required for membership or participation on a TSA team. If you have concerns with this release, please see the Executive Director or a member of the Board of Directors.