



## **CUSC Rainbow Cobras Program**

### **Participant Information and Consent Form**

**2012 Season**

**Participants are youth ages 8-14 years at the time of registration. Only participants who have been deemed ineligible to play on any other team currently offered in the City of Ottawa will be considered.**

Acceptance into the program is dependent on your child's needs and the number of volunteer coaches. You will be notified shortly as to your athlete's participation in the program.

Please return the form completed and **SIGNED liability waiver form to:**

**Cumberland United Soccer Club - 860 Taylor Creek Unite #5**

**PAYMENT:**

**The registration fee to participate in the CUSC Rainbow Cobras program is \$50 per player.**

---

**Section 1:**

**PARTICIPANT Name:**

Please register via the ONLINE registration system on the website under **registration tab**.

**Section 2:**

**MEDICAL BACKGROUND:**

Any information provided in the medical and functional sections listed below will be treated with the strictest confidentiality. Should any information be passed beyond the directors and coaches, permission will be sought from the guardian or parent prior to releasing among team officials.

We encourage all families to have a proactive health care plan, including regular physical examinations. Cumberland soccer club will not assume any financial or legal responsibility for the health care of the athlete.

1. Medical Diagnosis \_\_\_\_\_

For Players with Downs Syndrome, please include test results for Atlanto-axial dislocation:

Positive \_\_\_\_\_

Negative \_\_\_\_\_

(Please include a copy of the test results.)

2. How does the medical diagnosis affect your child?

a) Physically \_\_\_\_\_

b) Cognitively \_\_\_\_\_

c) Socially \_\_\_\_\_

3. Medical Precautions (seizures, respiratory, medications, etc.)

\_\_\_\_\_

4. Allergies:

a. Drugs \_\_\_\_\_

b. Insect Stings or Bites \_\_\_\_\_

c. Food \_\_\_\_\_

d. Other \_\_\_\_\_

5. Any recent (within the last 5 years) serious injuries or operations?:

\_\_\_\_\_

#### FUNCTIONAL OVERVIEW:

1. Does your child require any equipment to perform everyday tasks (wheelchair, braces, etc.)?

\_\_\_\_\_

2. Describe your child's behaviour in terms of activity level, attention span, and impulsiveness:

\_\_\_\_\_

3. Please identify any triggers that may initiate negative behaviour:

\_\_\_\_\_

4. Please indicate any strategies/techniques/advice that you find useful in managing your child's behaviour:

\_\_\_\_\_

Please answer the following questions on a scale of 1 to 5  
(1 being dependent or very hard and 5 being independent or very easy)

		1	2	3	4	5
Level of Independence:	In mobility					
Ability of your child to communicate with new people:	In General					
	To get the attention of others					
	To ask for help					
	To communicate basic needs (i.e. Personal care)					
Ability to Learn	A new recreational activity					

### **Section 3:**

#### **SOCCER BACKGROUND:**

1. Has your child participated in soccer before?

Yes \_\_\_\_ No \_\_\_\_

If yes, did you consider their experience successful? Yes \_\_\_\_ No \_\_\_\_

Why or why not? \_\_\_\_\_

\_\_\_\_\_

2. Do you have any concerns with your child participating in the Cumberland soccer program?

\_\_\_\_\_

\_\_\_\_\_

3. What are your expectations of the program/goals for your child? \_\_\_\_\_

\_\_\_\_\_

#### **REQUIRED SOCCER EQUIPMENT:**

Soccer shinpads

Uniform to be included in the registration fee

A smile and great attitude

### **Section 4:**

#### **VOLUNTEERING:**

Note that guardian MUST be in attendance at all activities and this is absolutely mandatory.

### **Section 5:**

#### **QUALIFIED DISCLAIMER**

**Parents or Guardians for participants are asked to carefully read and acknowledge the following information. This page must be signed prior to participation in the hockey program.**

“CUSC” refers to the organization, its directors, agents, employees, instructors and volunteers.

“You” refers to both child and parent/guardian.

- You agree that the CUSC is not responsible for any bodily injury, loss, or damage to personnel property suffered by the participant before, during or after the program.
- You (parent/guardian) agree that you will remain with your child at all times, before and after activities, assuming full responsibility for dressing and undressing your child before and after activities, and assuming full responsibility for any of your child’s personal needs (ie – bathroom trips).
- You (parent/guardian) agree that you will remain in the arena while your child is on the field.
- CUSC is dedicated to making sure that your child has **fun**. The volunteers on the field are not professionals and have no special medical training.
- You agree that in the event of emergency medical attention or emergency evacuation, you will not hold CUSC responsible for any costs arising out of any emergency situation.

- You agree that intentional participant behaviour that puts them or others at physical or emotional risk will result in immediate dismissal from the program at the discretion of the CUSC directors responsible for the safety of the team.
- You agree that expenses incurred because of dismissal from the program will be the responsibility of the participant/parent/guardian.
- You agree that if you choose to quit the program before its conclusion, there will be no registration refund.
- The safety of each individual is of the utmost importance to the CUSC and all reasonable precautions are taken prior to and during the program. CUSC reserves the right to alter a program at any time without compensation of participants, parents, or guardians.
- **YOU AGREE THAT THE MEDICAL BACKGROUND AND ALL OTHER INFORMATION ON THIS FORM IS CORRECT, AND THAT THE PARTICIPANT DESCRIBED HAS PERMISSION, FROM BOTH PARENT/GUARDIAN AND PHYSICIAN, TO ENGAGE IN ALL SOCCER RELATED ACTIVITIES.**

Player Name (Printed): \_\_\_\_\_

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

Parent/Guardian Name(s): \_\_\_\_\_

\_\_\_\_\_

Parent/Guardian Signature(s): \_\_\_\_\_ Date: \_\_\_\_\_

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

Thank you for taking the time to provide us with this information. You will be contacted shortly via email by a member of the registration team to confirm receipt of your registration package.

Sincerely,

**Keith Penny**  
**CUSC Rainbow Cobra Director**