

**Ashland Soccer Association
Emergency Medical Authorization**

The ASA Coaches, Referees, and Board Members have not received First Aid Training through the ASA. In the case of an injury, the parent or guardian of the child shall be solely responsible for medical care and treatment.

Soccer Team

Player's Name

Address

Telephone

School Attended

Purpose: To enable parents and guardians to authorize the provision of emergency treatment for children who become ill or injured while under a coach's authority when parents or guardians cannot be reached.

**PART I OR PART II MUST BE COMPLETED
PART I - TO GRANT CONSENT**

In the event reasonable attempts to contact me at home _____ (phone number) or work (phone number) or _____ (other parent) at home _____ (phone number) or work _____ (phone number) have been unsuccessful, I hereby give my consent for: (1) the administration of any treatment deemed necessary by Dr. _____ (preferred physician) or Dr. _____ (preferred dentist), or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and (2) the transfer of the child to _____ (preferred hospital) or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery.

Facts concerning the child's medical history including allergies, medications being taken, and any physical impairments to which a physician should be alerted: _____

Date

Signature of Parent or Guardian

Address

**DO NOT COMPLETE PART II IF YOU HAVE COMPLETED PART I
PART II - REFUSAL TO CONSENT**

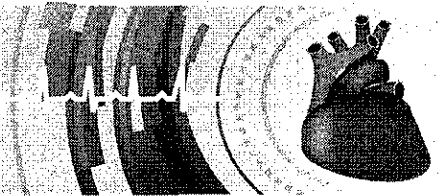
I do not give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the soccer authorities to take no action or to: _____

Date

Signature of Parent or Guardian

Address

Sudden Cardiac Arrest and Lindsay's Law Parent/Athlete Signature Form



What is Lindsay's Law? Lindsay's Law is about Sudden Cardiac Arrest (SCA) in youth athletes. It covers all athletes 19 years or younger who practice for or compete in athletic activities. Activities may be organized by a school or youth sports organization.

Which youth athletic activities are included in Lindsay's law?

- Athletics at all schools in Ohio (public and non-public)
- Any athletic contest or competition sponsored by or associated with a school
- All interscholastic athletics, including all practices, interschool practices and scrimmages
- All youth sports organizations
- All cheerleading and club sports, including noncompetitive cheerleading

What is SCA? SCA is when the heart stops beating suddenly and unexpectedly. This cuts off blood flow to the brain and other vital organs. People with SCA will die if not treated immediately. SCA can be caused by 1) a structural issue with the heart, OR 2) an heart electrical problem which controls the heartbeat, OR 3) a situation such as a person who is hit in the chest or a gets a heart infection.

What is a warning sign for SCA? If a family member died suddenly before age 50, or a family member has cardiomyopathy, long QT syndrome, Marfan syndrome or other rhythm problems of the heart.

What symptoms are a warning sign of SCA? A young athlete may have these things with exercise:

- Chest pain/discomfort
- Unexplained fainting/near fainting or dizziness
- Unexplained tiredness, shortness of breath or difficulty breathing
- Unusually fast or racing heart beats

What happens if an athlete experiences syncope or fainting before, during or after a practice, scrimmage, or competitive play? The coach MUST remove the youth athlete from activity immediately. The youth athlete MUST be seen and cleared by a health care provider before returning to activity. This written clearance must be shared with a school or sports official.

What happens if an athlete experiences any other warning signs of SCA? The youth athlete should be seen by a health care professional.

Who can evaluate and clear youth athletes? A physician (MD or DO), a certified nurse practitioner, a clinical nurse specialist, certified nurse midwife. For school athletes, a physician assistant or licensed athletic trainer may also clear a student. That person may refer the youth to another health care provider for further evaluation.

What is needed for the youth athlete to return to the activity? There must be clearance from the health care provider in writing. This must be given to the coach and school or sports official before return to activity.

All youth athletes and their parents/guardians must review information about Sudden Cardiac Arrest, then sign and return this form.

Parent/Guardian Signature

Student Signature

Parent/Guardian Name (Print)

Student Name (Print)

Date

Date

INFECTIOUS DISEASE WAIVER
ASHLAND SOCCER ASSOCIATION

INFECTIOUS DISEASE WAIVER

In consideration of being permitted to participate in any ASA event or activity or any ASA Member event or activity, including, but not limited to, practices, games, programs and related events and activities, the undersigned understands, acknowledges and agrees that:

1. Participation in such events or activities by my child and myself involves the possible exposure to and illness from infectious and/or communicable diseases including, but not limited to, COVID-19, MRSA, influenza, and other infectious or communicable diseases. While adherence to particular rules and requirements may reduce the risk of possible exposure, the risk of serious illness and death remains; and
2. On behalf of my child and myself, 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
3. On behalf of my child and myself, I agree to comply with all rules, regulations or conditions established by ASA and the State of Ohio for participation in such events or activities. If, however, I observe any violation of the rules, regulation or conditions established by ASA or the State of Ohio during my presence or participation, I shall remove myself from participation and immediately bring such matter to the attention of ASA; and
4. On behalf of my child and myself, I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS ASA, its officers, officials, agents, employees, Members, Leagues and Associations, clubs, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event or activity in which I participate ("RELEASEES"), from and against any and all claims of whatever type or kind including any illness, disability, death, or other loss or damage to person or property, whether arising from the negligence of Releasees or otherwise to the fullest extent permitted by law. Further, I expressly agree that this release is intended to be as broad and inclusive as permitted by the laws of the State of Ohio or any other state in which my/our child may participate in any event or activity described herein, and that if any portion of this release is determined to be invalid, it is agreed that the remaining provisions of this release shall continue in full force and effect. Finally, I further state that I have fully and carefully read the above release, understand the contents of the same and sign this release voluntarily and as my own free act and deed.

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

*Name _____ *Signature of Parent/Guardian X _____ *Date _____