

Golden GoalTM Tournament Park

HOME OF THE

**World Youth Soccer Hall of FameTM
World Youth Soccer Lacrosse Hall of FameTM**

2009 Team Forms

PLEASE COMPLETE AND EXECUTE ALL FORMS

Revised September 2008

WELCOME

Dear Coach:

Each of the coaches attending Golden Goal™ Tournament Park help contribute to the success of this unmatched youth sports experience. In order to prepare you for your role, we have prepared this Team Forms Packet and ask that you review and complete the forms contained in this document including:

- ◆ **TOURNAMENT CHECKLIST**
- ◆ **AGGREEMENT TO PARTICIPATE WITH WAIVER AND RELEASE OF LIABILITY DISCLAIMER**
- ◆ **GOLDEN GOAL – PARK HEALTH HISTORY AND EXAMINATION FORM**
- ◆ **IMMUNIZATION FORM**

The forms are designed to provide the staff at Golden Goal with the necessary information for all coaches and players allowing for more informed decisions. Every coach who will be participating at Golden Goal is responsible for reviewing all of the information in the Coach's Handbook.

It is the responsibility of the Head Coach from each team to distribute the forms for review and consent by all players along with their parents/guardians. Additional forms can be photocopied or downloaded from goldengoalsooccer.com and goldengoallacrosse.com.

We suggest that you plan a team meeting with all team members and parents to review the contents of the Coach's Handbook and to distribute and explain the forms contained in this document. It is important that you review your role, along with the roles of the parent and players, and have all forms enclosed in this file completed and returned to you by all team members/parents. All completed documents must be submitted for every player attending Golden Goal during registration in the Park upon your arrival.

All coaches will be required to complete a Safety and Supervision session as part of the registration process that will be administered by a designated Golden Goal staff member.

If you have any questions our office is available to assist your team to fully complete all Team requirements.

We look forward to meeting you.

**Golden Goal
Tournament Park Staff**

Tournament Checklist

Be sure that ALL participants bring the following:

Completed Forms

Participants

- ❑ Signed Agreement to Participate with Waiver and Release of Liability Form (*participant and parent*)
- ❑ Signed Park Health History and Examination Form. (*Copy of recent physical is acceptable*)

Coaches/Chaperones

- ❑ Signed Waiver and Release of Liability Form

Items Needed

- ❑ All protective equipment
- ❑ Sleeping bag (or sheets and blanket) and pillow/pillowcase
- ❑ For showering, bring shower shoes and swimming trunks.
- ❑ Toiletries and towels.
- ❑ Long pants and lightweight jacket.
- ❑ Rain gear and flashlight
- ❑ Combination lock for personal lockers.
- ❑ Optional Laundry Service is available for an additional charge. Laundromats are located within 15 minutes of Golden Goal™ for those coaches/managers that wish to complete their own laundry services.

AGREEMENT TO PARTICIPATE WITH WAIVER AND RELEASE OF LIABILITY DISCLAIMER

GOLDEN GOAL LLC ("Golden Goal") IS NOT RESPONSIBLE FOR ANY INJURY (OR LOSS OF PROPERTY) TO ANY PERSON SUFFERED WHILE PLAYING, PRACTICING OR IN ANY OTHER WAY INVOLVED IN GOLDEN GOAL™ ACTIVITIES FOR ANY REASON WHATSOEVER, OTHER THAN NEGLIGENCE ON THE PART OF GOLDEN GOAL OR ITS AGENTS, EMPLOYEES, SPONSORS, VOLUNTEERS AND ALL OTHERS WHO ARE INVOLVED IN THE OPERATION.

In consideration of my being allowed to participate in any way in the Golden Goal program, related events and activities, I hereby release and covenant not-to-sue Golden Goal, and/or its members, directors, employees, instructors or agents, from any and all present and future claims resulting from property damage, personal injury or wrongful death, arising out of my participation in Golden Goal activities, and activities incidental thereto, wherever, whenever or however the same may occur unless caused by negligence on the part of Golden Goal, its members, directors, employees, instructors or agents. I hereby voluntarily waive any and all claims arising out of my participation in Golden Goal activities, and activities incidental thereto, other than claims of negligence on the part of Golden Goal, its members, directors, employees, instructors or agents, both present and future, that may be made by me, my family, estate, heirs or assigns. Further, I am aware that vigorous team sports at times involve severe cardiovascular stress and violent physical contact. I understand that there involves certain risks, including but not limited to death, serious neck and spinal injuries resulting in complete or partial paralysis, brain damage and serious injury to virtually all bones, joints, muscles and internal organs, and that equipment provided for my protection may be inadequate to prevent serious injury. I further understand that there is a particularly high risk of ankle, knee, head and neck injury. In addition, I understand that participation at Golden Goal Tournament Park involves activities incidental thereto, including but not limited to, travel to and from the site activity, participation at sites that may be remote from available medical assistance, and the possible reckless conduct of other participants.

I am voluntarily participating in this activity with knowledge of the danger involved and hereby agree to accept any and all inherent risks of property damage, personal injury or death. I further agree to indemnify and hold harmless Golden Goal and others listed for any and all claims arising out of my participation in Golden Goal activities or any activities incidental thereto, wherever, whenever or however the same may occur.

I give Golden Goal or its designee the irrevocable right to take and use my name, picture, likeness, photograph, film, videotape, and/or verbal statement in all forms and media and in all manners for any advertising, promotional, Internet (web site) and/or publicity purposes of Golden Goal.

I waive any rights I may have in connection with any use of the material, including any right to inspect or approve the finished use, including any written copy that may be created in connection with such use. I understand that this waiver is intended to be as broad and inclusive as permitted by the laws of New York and agree that if any portion is held invalid the remainder of the waiver will continue in full legal force and effect. I further agree that the venue for any legal proceeding shall be in the Northern District of New York or in Washington County, State of New York.

I further acknowledge that I fully have reviewed and understand all of the documents in the Coach's Handbook and all forms that I have executed to qualify myself and/or my child to participate at Golden Goal.

PARTICIPANT ... READ AND SIGN

I affirm that I am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies which may be available to me.

PARTICIPANT SIGNATURE

DATE SIGNED

PRINT NAME

FOR PARENTS/GUARDIANS OF MINORITY AGE PARTICIPANT (Under Age 18 as of tournament date)

This is to certify that I, as parent/guardian with legal responsibility for this participant, have indeed read the above waiver and *Agreement to Participate* and agree to his/her release as provided of all the releases and for myself, my heirs, assigns and next of kin, I release and agree to hold harmless the liabilities incident to my minor child's involvement or participation in these outlined activities or programs as provided above, to the fullest extent permitted by the law.

I further agree to instruct my/our minor child to comply with the stated and customary terms and conditions for participation in the program or activity itself. If the minor child does not comply, I will remove my child from participation and bring such to the attention of the nearest Golden Goal official immediately.

I further agree, as parent/guardian that the above participant is adequately covered by my own personal health or athletic participant liability insurance while at Golden Goal Tournament Park.

PARENT/GUARDIAN SIGNATURE

DATE SIGNED

PRINT NAME

This section for COACHES, CHAPERONES, AND REFEREES...Read and sign here

I affirm that I am freely signing this agreement. I have read this form and fully understand that by signing this form, I am giving up legal rights and/or remedies which may be available to me.

I further agree, as parent/guardian that the above participant is adequately covered by my own personal health or athletic participant liability insurance while at Golden Goal Tournament Park.

COACH/CHAPERONE/REFEREE SIGNATURE

DATE SIGNED

PRINT NAME

GOLDEN GOAL™ – PARK HEALTH HISTORY AND EXAMINATION (pg 1 of 2)

We are delighted to welcome your children to **GOLDEN GOAL** and wish to provide you with information that will insure that your child is allowed to participate at **GOLDEN GOAL** and will be well cared for while away from home. **GOLDEN GOAL** will assure that adequate medical and nursing supervision and care, either at the Golden Goal Park, or readily available, is provided. The New York State Department of Health has issued Permit Number 57-BD32 to **GOLDEN GOAL**. It is imperative that you complete the necessary forms for your child to enroll at **GOLDEN GOAL**.

YOUR CHILD WILL NOT BE ALLOWED TO PARTICIPATE IN GOLDEN GOAL PARK ACTIVITIES IF WE DO NOT RECEIVE THE PROPER MEDICAL INFORMATION!!!!

YOUR COACH/MANAGER/CHAPERONE SHOULD BRING ALL MEDICAL INFORMATION TO GOLDEN GOAL TO PRESENT DURING TEAM REGISTRATION!!!

1. Each participant under the age of 18 must have a physical within a year of the date of play, performed by a licensed health care provider. **GOLDEN GOAL** will supply you with the form. This form is to be filled out by the parents or guardian, and *the release on the bottom of the form must be signed*. This must be done even if the parents are in town or are coaches/chaperones. This form must also be completed and signed by the health care provider. Under New York law, **IT IS MANDATORY**, that the immunization section of the form be complete with the dates of the immunization. It is **NOT** sufficient to state that all immunizations are up to date. The Coaches/chaperones of the team do not want to spend their first day at **GOLDEN GOAL** calling and faxing forms for you to complete so that your child qualifies to participate in **GOLDEN GOAL** activities.
2. All medications that are required by any participant while in the Park must be kept in the Medical Building and dispensed as directed by the health care provider. Please send the original prescription bottle, not envelopes of medication. All medications will be returned to the coach/chaperone at the conclusion of the Park program. It is required that over-the-counter drugs must also be kept in the Medical Building and dispensed only with parental direction. Please place these drugs (i.e. Advil, Tylenol, etc.) in the original container, in a baggie (with name on baggie or with a piece of paper inside the baggie with the participant's name and any pertinent instructions).
3. If you wish the medical personnel to be able to administer Tylenol or Ibuprofen to your child on any as needed basis, (for headache, muscle strain, or other minor problems), you must either send such medication with instructions (as noted above) or complete the section of the Park Health History and Examination Form giving permission for the medical personnel to administer Tylenol or Ibuprofen.

GOLDEN GOAL has a Medical Building staffed 24 hours per day while your child is at **GOLDEN GOAL**. There are refrigeration facilities for medication. The medical staff cares for all teams, family members and guests. **GOLDEN GOAL** is 12 miles from Glens Falls Hospital, which is a nationally recognized regional health care center. Any team member or guest of **GOLDEN GOAL** who requires care that cannot be given by the on-site medical staff will be referred to the Glens Falls Hospital <<http://www.glensfallshospital.org/>>.

We look forward to seeing you and your child at **GOLDEN GOAL**.

GOLDEN GOAL™ – PARK HEALTH HISTORY AND EXAMINATION (pg 2 of 2)

To be completed by parent or guardian:

CHILD: Sex: M or F DOB _____ **Team Name:** _____

Last Name _____ First Name _____ MI _____

Address _____

PARENT/GUARDIAN:

Last Name _____ First Name _____ MI _____

Home Phone _____ Work Phone _____

Address _____

SECOND PARENT/GUARDIAN OR CONTACT:

Last Name _____ First Name _____ MI _____

Address _____

Home Phone _____ Work Phone _____

If coming to Lake George area, where are parent(s)/guardian staying:

_____ Phone # _____

Health History: (complete if applicable and give approximate dates or other pertinent information)

Allergies:

Operations or serious injuries (please include dates):

Disability or chronic/recurring illness: _____

Any specific activities to be encouraged or limited by physician's advice: _____

Dietary modifications: _____

Current medication (please send with instructions): _____

Name of family physician: _____ Phone # _____

Do you carry family medical/hospital insurance? _____

Carrier: _____ Policy/Group # _____

Suggestions or health related information for Park personnel: _____

Golden Goal, through its medical staff, has permission to give my child Tylenol or Ibuprofen on an as needed basis.
TYLENOL _____ IBUPROFEN _____ Dosage _____ Comments: _____
Please state your choice of medication, dosage and special instructions. If you do not want your child to receive Tylenol or ibuprofen, please write NO next to both over the counter medications above.

IMPORTANT – THIS CONSENT MUST BE COMPLETED FOR ATTENDANCE

This health history is correct so far as I know, and the person herein described has permission to engage in all prescribed Park activities except as noted. I hereby give permission to the medical staff at the Golden Goal Tournament Park to secure appropriate medical care, which may include x-rays, routine tests and treatment for my child, in the event I cannot be reached in an emergency. I hereby give permission to the physician selected by Golden Goal to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child as named above. **This form may be photocopied for use out of the Park.**

Signature of parent/guardian _____ Date _____

Please check all that apply to the participant:

- | | | | | |
|--------------------------------|-----------------------------|-----------------------------------|----------------------------------|--------------------------|
| ___ ADD/ADHD | ___ Frequent Ear Infections | ___ Asthma | ___ German measles | ___ Chicken Pox |
| ___ Bleeding/Clotting Disorder | ___ Heart Defect/Disease | ___ Hypertension | ___ Convulsions/Seizures | ___ Measles |
| ___ Diabetes | ___ Mononucleosis | ___ Hay Fever Ivy Poisoning, etc. | ___ Insect/Bee Stings Penicillin | ___ Other (please list): |

IMMUNIZATION HISTORY

Child's Name _____ Team Name _____

Vaccine Date of basic immunization Date of last booster

DPT _____ Polio _____ MMR _____

THE FOLLOWING PORTION OF THIS FORM MUST BE COMPLETED AND SIGNED BY A PHYSICIAN, NURSE PRACTITIONER OR PHYSICIAN'S ASSISTANT:

I have examined the above applicant of the Golden Goal™ Tournament Park *WITHIN THE PAST YEAR*. (Date Examined: _____) In my opinion, the applicant's condition does ___/does not ___ preclude his/her participation in Golden Goal Tournament Park activities and programs. The applicant is under the care of a physician for the following condition(s): _____

Current treatment (include current medications):

Explanation of any reported loss of consciousness, convulsions or concussion:

Does applicant have epilepsy? Yes ___ No ___ Does applicant have diabetes? Yes ___ No ___

Recommendation and restrictions while at the Park:

Any treatment to be continued at Park: _____

Any medications to be administered at Park (state specific dosage): _____

Any medically prescribed meal plan or dietary restrictions:

Any allergies (foods, drugs, plants or insects, etc):

Any additional health information:

Licensed provider's signature _____ Date _____

Address _____ Phone # _____

If you have any questions regarding the medical form or requirements, please e-mail info@goldensooccer.com or info@goldengoallacrosse.com. If you do not have e-mail capabilities, please call the Medical Director at (518) 639-4079... Fax (518) 639-4067.