

St. Cloud Soccer

PO Box 701835
St. Cloud, FL 34771
407-932-9799

www.stcloudsoccer.com



For Office Use:

Coach: _____

<input type="checkbox"/> NEW PLAYER <input type="checkbox"/> RETURNING PLAYER	Team Number B1-SCS- _____ - _____	Player Pass Number _____
	Comments: _____	
		Age Group U- _____

PLAYER INFORMATION

<u>Last Name</u>	<u>First Name</u>	<u>MI</u>	<u>Birth Date</u>	<u>Age on July 31</u>	<u>Home Phone</u>
<u>Mailing Address</u>				<u>City, Zip</u>	
SEX: <input type="checkbox"/> M <input type="checkbox"/> F	<u>School</u>	<u>Years of Experience</u>	<u>Where?</u>	<u>Medical Conditions</u>	

UNIFORM SIZES (Sizes are not guaranteed, your selection will be used as a guide only)

JERSEY:	YS	YM	YL	AS	AM	AL	SHORTS:	YS	YM	YL	AS	AM	AL
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PARENTS INFORMATION

<u>Mother's Name</u>	<u>Father's Name</u>
<u>Phone</u> Cell: _____ Work: _____	<u>Phone</u> Cell: _____ Work: _____
<u>Email Address (Please print clearly)</u>	<u>Emergency Contact: (Name and Phone)</u>

PARENTAL AGREEMENT / REFUND POLICY / INSURANCE INFO/ INFORMED CONSENT

St. Cloud Soccer Club (SCSC) cannot guarantee the placement of player's with a specific coach or team. Competitive teams are formed based on try-outs. Practice dates, times, and sites are chosen by the coach at his/her convenience. **FYSA recommends that players not register to a team whose age group exceeds the player's normal age.**

As the parent or legal guardian of the above named player, I hereby authorize the officer, coach, or agent(s) of the state youth association to transport as required the above named minor to and from scheduled team, club and league events. I also hereby give my consent for emergency medical care prescribed by a duty 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.

I agree to conduct myself in a sporting manner and understand that any unsporting behavior on the part of my child and/or myself can result in suspension or banishment from the club as determined by the Disciplinary Board.

Since we are a volunteer organization that requires parent participation, parents/guardians are **encouraged to volunteer a minimum of two (2) hours** in various duties. Please indicate how you would like to help by selecting from the choices below:

Coach Team Parent Uniform Committee Registration Committee Referee Other
 Assistant Coach Concession Sponsor Tournament Committee Sponsorship Committee How? _____

Refunds

- Refunds will not be allowed after the player is assigned to a team and the registration forms are turned into FYSA.
- Refunds requested must be in writing and received before team assignment. Refunds will be less a \$10.00 processing fee. The refund check will not be sent out until after your check clears our bank.
- Hardship cases will be decided on a case-by-case basis with a full board vote.

Insurance Notice

All injuries must be reported within 90 days of the date of injury. Benefits will be provided for eligible expenses not paid by other insurance health plans after the FYSA deductible has been satisfied. Do you have other medical/dental insurance? Yes No

Informed Consent

I, the parent/guardian of the registrant, agree that we will abide by the rules of (CLUB NAME), the state association (FYSA) and all its affiliated organizations. My/our child wishes to participate in soccer during the season of this registration. I/we realize risks are involved in my/our child's participation. I/we understand that the risk to my/our child includes full range of injuries from minor to severe, and the result could be death, paralysis, or other serious, permanent disability. I/we accept this risk as a condition of my/our child's participation.

Parent Signature: _____

Date: _____

For Office Use _____ Birth Certificate _____ Int. Clearance Form _____ \$10 fee to USSF

Amount Due: _____ **Discount:** _____ **Amount Paid:** _____ **Cash or Check#:** _____

FYSA CODE OF ETHICS

Players

- *I will encourage good sportsmanship from fellow players, coaches, officials and parents at all times.*
- *I will remember that soccer is an opportunity to learn and have fun.*
- *I deserve to play in an environment that is free of drugs, tobacco, and alcohol; and expect everyone to refrain from their use at all soccer games.*
- *I will do the best I can each day, remembering that all players have talents and weaknesses the same as I do.*
- *I will treat my coaches, other players and coaches, game officials, other administrators, and fans with respect at all times; regardless of race, sex, creed, or abilities, and I will expect to be treated accordingly.*
- *I will concentrate on playing soccer. Always giving my best effort.*
- *I will play by the rules at all times.*
- *I will at all times control my temper, resisting the temptation of retaliate.*
- *I will always exercise self control.*
- *Conduct during competition towards play of the game and all officials shall be in accordance with appropriate behavior and in accordance with FIFA's "Laws of the Game", and in adherence to FYSA rules.*
- *While traveling, shall conduct themselves so as to bring credit to themselves and their team.*
- *Alcohol, illegal drugs and unauthorized prescription drugs shall not be possessed, consumed or distributed before, during or after any game or at any other time at the field and/or game complex.*

Player's name: _____

Player's signature: _____

Parents/Spectators

- *I will encourage good sportsmanship by demonstrating positive support for all players, coaches, game officials, and administrators. at all times.*
- *I will place the emotional and physical well being of all players ahead of any personal desire to win.*
- *I will support the coaches, officials, and administrators working with my child, in order to encourage a positive and enjoyable experience for all.*
- *I will remember that the game is for the players, not for the adults.*
- *I will ask my child to treat other players, coaches, game officials, administrators, and fans with respect.*
- *I will always be positive.*
- *I will always allow the coach to be the only coach.*
- *I will not get into arguments with the opposing team's parents, players, or coaches.*
- *I will not come onto the field for any reason during the game.*
- *I will not criticize game officials.*
- *Alcohol, illegal drugs and unauthorized prescription drugs shall not be possessed, consumed or distributed before, during or after any game or at any other time at the field and/or game complex.*
- *I will refrain from any activity or conduct that may be detrimental or reflect adversely upon FYSA, its members or its programs*

Failure to comply may result in the suspension of your privilege to participate in FYSA sanctioned events, for the following periods:

1st offense suspension minimum thirty (30) days to a maximum of five (5) years

2nd offense suspension for a minimum of one (1) year to a maximum of Ten (10) years

3rd offense suspension for a minimum of five (5) years to a maximum of fifty (50) years.

NOTE: Any individual charged with a violation of this Code of Ethics shall be afforded due process as defined in FYSA's rule section 600 before the implementation of any suspension.

Parent's signature: _____