



# **SOUTHERN HOMESTEAD SOCCER CLUB**

## **Competitive Soccer Program**

### **Player/Parent/Coach Agreement**

**2019 -2020 Soccer season**

Date \_\_\_\_\_

I, \_\_\_\_\_, parent or guardian of \_\_\_\_\_, a player on the Under- \_\_\_\_ Southern Homestead Soccer Competitive (Travel) Team, have reviewed and discussed with the club and my child the Registration fees and additional fees that will be required to participate with the team, the Code of Ethics, the Parent and Player Roles and Responsibilities, the Club Standards, the 2019-2020 season fees, and the rules and regulations of the Southern Homestead competitive teams posted at the Southern Homestead web site.

I agree to accept and abide by these rules. I understand that the registration fee must be paid regardless of the circumstances and according to the payment plan option that we have chosen.

I have been made aware of the travel schedule and understand the financial and team commitment required as a parent and as a player, and will give 100%. I will be available for tournaments and will participate with the team.

\_\_\_\_\_  
**Player Signature**

\_\_\_\_\_  
**Parent or Guardian Signature**

\_\_\_\_\_  
**Coach or Club Director**



## Miami Strike Force

13450 SW 134 Ave., Unit 2B  
Miami, Florida 33186  
Phone: (305) 275-0543

Player Status:  
 New  Returning

Team Assigned: \_\_\_\_\_

### F.Y.S.A. PLAYER REGISTRATION

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

Gender:  M  F

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

Parent\Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_ Zip: \_\_\_\_\_

Phone Numbers: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email (s): (1) \_\_\_\_\_ (2) \_\_\_\_\_

**Email is the main means of contact. Make sure you write it clearly**

Uniform Size: YOUTH  YXS  YS  YM  YL ADULT  AS  AM  AL  AXL

**INSURANCE NOTICE:** All injuries must be reported within 90 days of the date of the injury.

**INFORMED CONSENT:** I, the parent/guardian of the registrant, agree that we will abide by the rules of the **MIAMI STRIKE FORCE (MSF)**, 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.

**ACKNOWLEDGEMENT AND CONSENT:** I agree/consent to the internal and external use by **MIAMI STRIKE FORCE (MSF)**, and/or its affiliates of mailing address, photographs of the named player, with no compensation.

All returned checks will be assess a \$25.00 fee.

Registration fees: \_\_\_\_\_

Parent\Guardian Signature: \_\_\_\_\_

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

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

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



# 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 retaliation.
- I will always exercise self-control.
- My 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, I shall conduct myself so as to bring credit to myself and my team.
- I shall not possess, consume or distribute before, during or after any game or at any other time at the field and/or game complex alcohol, tobacco, illegal drugs or unauthorized prescription drugs.
- I will never use abusive or insulting language. I will treat everyone with dignity.

## 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 wellbeing 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.
- I shall not possess, consume or distribute before, during or after any game or at any other time at the field and/or game complex alcohol, tobacco, illegal drugs or unauthorized prescription drugs.
- 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:

**1<sup>st</sup> offense -- suspension for a minimum of thirty (30) days to a maximum of five (5) years.**

**2<sup>nd</sup> offense -- suspension for a minimum of one (1) year to a maximum of ten (10) years.**

**3<sup>rd</sup> 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.**

**By signing below I acknowledge that I have read, understand, and will comply with the FYSA Code of Ethics.**

\_\_\_\_\_  
Member's Name

\_\_\_\_\_  
Parent's\Guardian Name

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Parent's\Guardian Signature

Member's Age Group: \_\_\_\_\_



## Informed Consent about Concussions or Head Injuries

Effective July 1, 2012, Florida Statute 943.0438 requires the parent or guardian and the youth who is participating in athletic competition or who is a candidate for an athletic team to sign and return an informed consent that explains the nature and risk of concussion and head injury (including the risk of continuing to play after a concussion or head injury) each year before participating in athletic competition or engaging in any practice, tryout, workout, or other physical activity associated with the youth's candidacy for an athletic team.

### The facts:

- ✓ A concussion is a brain injury
- ✓ All concussions are serious
- ✓ Concussions can occur without loss of consciousness
- ✓ Concussions can occur in any sport
- ✓ Recognition and proper management of concussion when they first occur can help prevent further injury or even death

What is a concussion? A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a "ding", "getting your bell rung", or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost, even if they do not directly hit their head.

To help recognize a concussion, you should watch for the following things among your athletes:

1. A forceful blow to the head or body that results in rapid movement of the head
2. Any change in the athlete's behavior, thinking, or physical functioning
3. Signs or symptoms of concussion that may be reported by a coach or other observer:
  - a. Appears dazed or stunned
  - b. Is confused about assignment or position
  - c. Forgets sports plays
  - d. Is unsure of game, score or opponent
  - e. Moves clumsily
  - f. Answers questions slowly
  - g. Loses consciousness (even briefly)
  - h. Can't recall events prior to hit or fall
4. Signs and symptoms that may be reported by the player:
  - a. Headache or pressure in the head
  - b. Nausea or vomiting
  - c. Balance problems or dizziness
  - d. Double or blurry vision
  - e. Sensitivity to light
  - f. Sensitivity to noise
  - g. Feeling sluggish, hazy, foggy, or groggy
  - h. Concentration or memory problems
  - i. Confusion
  - j. Does not feel right

Both parents/guardians and players are advised to take the Center for Disease Control's free online concussion training [HERE](#).

Under Florida law, this player who has suspected concussion or head injury must be removed from play or practice. Before the player may return to practice or competition a written medical clearance to return stating that the youth athlete no longer exhibits signs, symptoms, or behaviors consistent with a concussion or other head injury must be received from an appropriate health care professional trained in the diagnosis, evaluation, and management of concussions. In Florida, an appropriate health-care professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes), a licensed osteopathic physician (DO, as per Chapter 459, Florida Statutes), a licensed physician's assistant under the supervision of a MD/DO (as per Chapters 458.347 and 459.022, Florida Statutes) or health care professional trained in the management on concussions.

I have read and understand this consent form, and I volunteer to participate.

Player Name \_\_\_\_\_

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

As a parent or guardian, I have read and understand this consent form and I give permission for my child, named above, to participate.

Parent/Legal Guardian Name \_\_\_\_\_

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



**PARENT OR LEGAL GUARDIAN AUTHORIZATION AND WAIVER OF LIABILITY**

**INSURANCE NOTICE:** All injuries must be reported within 90 days of the date of injury.

**INFORMED CONCENT:** I, the parent/guardian of the registrant, agree that we will abide by the rules of the **MIAMI STRIKE FORCE (MSF)**, 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.

FYSA recommends that players not register to a team whose age group exceeds the player's normal age. It is FYSA's policy that all players compete at a level they are capable of both physically and developmentally. For a player to move up more than one normal age grouping will require approval from the affiliate's director of coaching or agent of record, and the FYSA Director of Coaching.

**ACKNOWLEDGEMENT AND CONSENT:** I agree/consent to the internal and external use by **MIAMI STRIKE FORCE (MSF)**, and/or its affiliates of mailing address, photographs of the named player, with no compensation.

**UNIFORMS:** Every participant must come to practice with the Miami Strike Force uniform provided at registration (Adidas grey jersey, Adidas black shorts and Adidas plain black socks). Failure to bring the complete uniform will result on the player not been able to practice.

**FEES:** A late fee of \$20.00 will be assessed upon failure to pay by the 10<sup>th</sup> of each month. In addition, any player whose account is not current by the 10<sup>th</sup> of any month will not be allowed to practice or play games until his\hers account is brought up to date.

**All returned checks will be assessed a \$25.00 fee.**

**NOTE:** Should the player wish to transfer to another club prior to the end of the seasonal year, or be released from the club, the player/parents will be required to pay a \$300.00 transfer/release fee to MSF, in addition to fulfilling all financial obligations (registration fees for the season) before the transfer/release is processed.

A player must fulfill all their financial obligations with the club regardless of the registration payment plan option taken or if the player stops playing before the end of the season.

A player may be placed in "not in good standing" with the state association (FYSA) for failure to fulfill all their financial obligations with the club.

As a parent or guardian, I have read and understand this Parent or Legal Guardian Authorization and Waiver of Liability and I give permission for my child, to participate.

Parent/Legal Guardian Name \_\_\_\_\_

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



## Player Medical Release Form

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### EMERGENCY INFORMATION

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

In an emergency, when parents cannot be reached, please contact:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Player's Physician: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Medical and/or Hospital Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

### PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and in consideration for the USSF/US Youth Soccer and its affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USSF/US Youth Soccer, its affiliated organizations and sponsors, their employees and associated personnel, including the owner 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 Programs and/or being transported to or from the same, which transportation I hereby authorize.

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

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

\_\_\_\_\_  
Date