
ENGLEWOOD YOUTH SOCCER ASSOCIATION

COMPETITIVE SEASON 2014/2015

PLAYER PASS # _____ AGE: _____ DATE OF BIRTH: _____

SEX: M F YEARS PLAYED/WHERE _____

PLAYER'S LAST NAME: _____ FIRST NAME: _____ MI: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: (H) _____ EMAIL: _____

FATHER'S NAME: _____ PHONE #: _____

MOTHER'S NAME: _____ PHONE #: _____

EMERGENCY (NAME & PHONE #S): _____

DOCTOR (NAME & PHONE #): _____

KNOWN ALLERGIES: _____ HOSPITAL: _____

INSURANCE CO. & POLICY #: _____

INFORMED CONSENT/INSURANCE NOTICE

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.

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 (FYSA), 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. PLAYERS ARE NOT PERMITTED TO BE REGISTERED WITH MORE THAN ONE AFFILIATE AT THE SAME TIME.

PARENT/GUARDIAN SIGNATURE: _____ DATE: _____



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

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- 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 physicians 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: _____

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

ENGLEWOOD YOUTH SOCCER ASSOCIATION OPPORTUNITIES TO EARN \$25.00 VOLUNTEER FEE REIMBURSEMENT

EYSA CURRENTLY SUPPORTS APPROXIMATELY 400 PLAYERS IN THE SARASOTA/CHARLOTTE COUNTY AREA. EYSA IS GOVERNED BY A VOLUNTEER BOARD OF DIRECTORS, AND SOLELY SUPPORTED BY VOLUNTEER EFFORTS. EYSA DEPENDS ON THE HELP OF VOLUNTEERS FOR VISION, PLANNING SCHEDULING, FUND RAISING, MARKETING, COMMUNICATIONS AND MUCH MORE. YOUR HELP IS NEEDED TO IMPROVE AND GROW THE SOCCER PROGRAM AT EYSA. THE BOARD HAS MADE A DECISION TO MAKE IT MANDATORY FOR THE PARENTS OF COMPETITIVE PLAYERS TO VOLUNTEER FOR 4 DOCUMENTED HOURS. THE \$25.00 VOLUNTEER PAYMENT IS DUE AT TIME OF REGISTRATION AND WILL BE RETURNED TO YOU ONCE THE 4 HOURS HAVE BEEN COMPLETED. PLEASE CHECK BELOW AREAS THAT YOU ARE INTERESTED IN EYSA CONTACT YOU ABOUT.

Parent Name: _____

Player Name: _____

HOME # _____ MOBILE# _____

EMAIL: _____

☐ Communications

☐ Concessions

☐ Field Maintenance

☐ Fundraising

☐ Marketing

☐ Merchandising

☐ Uniform Committee

☐ Recreational Soccer

☐ Volunteer

☐ Website/Technology

☐ Events

☐ Field Scheduling

☐ Administrative

☐ Finance/Budget

☐ Corporate Sponsors

☐ 5k Run

☐ Golf Tournament

☐ Equipment Inventory

PARENTS
SIGNATURE _____ DATE _____

ENGLEWOOD YOUTH SOCCER
ASSOCIATION

PLAYER AND PARENT CONTRACT

PLAYER _____ TEAM _____

CONGRATULATIONS ON BEING SELECTED TO JOIN THE ENGLEWOOD RAY'S COMPETITIVE TEAM! THE SEASONAL YEAR STARTS AUGUST 1, 2014 AND ENDS JULY 1, 2015. OUR COACHES AND BOARD OF DIRECTORS, HOPE THAT THIS WILL BE AN ENJOYABLE YEAR FOR YOU AND YOUR FAMILY. AS PART OF THE REGISTRATION PROCESS, WE WANT TO INSURE THAT YOU ARE FULLY AWARE AND UNDERSTAND THE COMMITMENTS EYSA WILL MAKE TO YOU, AND WHAT OUR EXPECTATIONS AND OBLIGATIONS FROM YOU AS A RESULT OF YOU ACCEPTING THE POSITION OFFERED TO YOU. PLEASE INITIAL THE POINTS BELOW ACKNOWLEDGING YOUR UNDERSTANDING OF THE MUTUAL EXPECTATIONS BETWEEN YOU AND EYSA, THEN SIGN AND DATE BELOW.

WE UNDERSTAND AND AGREE TO ABIDE BY THE EYSA POLICY OF NOT ALLOWING PLAYERS TO GUEST PLAY WITHIN EYSA TEAMS AND/OR OTHER CLUB TEAMS, EXCEPT WITH THE EXPRESS WRITTEN APPROVAL OF BOTH TEAMS HEAD COACHES, REGISTRAR AND THE DIRECTOR OF COACHING. ALSO, WE UNDERSTAND AND AGREE TO ABIDE BY THE EYSA POLICY OF NOT ALLOWING A PLAYER FROM OTHER CLUB TEAMS TO GUEST PLAY WITH EYSA TEAM, EXCEPT WITH THE EXPRESS WRITTEN APPROVAL OF THE HEAD COACH, REGISTRAR AND THE DIRECTOR OF COACHING. THESE EXCEPTIONS WILL ONLY BE GRANTED IF ALL PLAYERS FEES AND FINANCIAL OBLIGATIONS HAVE BEEN FULFILLED.

PARENT _____ PLAYER _____

SHOULD THE PLAYER WISH TO BE RELEASED OR TO TRANSFER TO ANOTHER CLUB PRIOR TO THE END OF THE SEASONAL YEAR, THE PLAYER/PARENTS WILL BE REQUIRED TO PAY A \$50.00 TRANSFER/RELEASE FEE TO EYSA, IN ADDITION TO FULFILLING ALL FINANCIAL OBLIGATIONS BEFORE THE CHANGE OF STATUS IS PROCESSED.

PARENT _____ PLAYER _____

WE UNDERSTAND THAT IF THE PLAYER RECEIVES A SEASON ENDING INJURY PAYMENT REIMBURSEMENTS WILL NOT BE RECEIVED AND A CREDIT FOR THE NEXT SEASON WILL BE GRANTED IN A PRORATED AMOUNT VOTED UPON BY THE EYSA BOARD OF DIRECTORS.

PARENT _____ PLAYER _____

WE UNDERSTAND THAT FAILURE TO FULFILL OUR FINANCIAL OBLIGATIONS TO ENGLEWOOD RAY'S COMPETITIVE TEAM MAY RESULT IN THE PLAYER BEING PLACED "NOT IN GOOD STANDING" WITH EYSA AND FYSA, WHICH WILL RESULT IN THE PLAYERS PLAYING PRIVILEGES BEING SUSPENDED UNTIL THE OBLIGATIONS ARE FULFILLED. THIS WILL ALSO IMPACT THE PLAYER'S ABILITY TO REGISTER WITH EYSA AND FYSA OR ANY OTHER AFFILIATE NEXT YEAR.

PARENT _____ PLAYER _____

WE HAVE RECEIVED AND READ THE FYSA CODE OF ETHICS AS PRINTED BELOW, AND AGREE TO ABIDE BY THE REQUIREMENTS. WE WILL ACT IN A MANNER OF RESPECT AT ALL PRACTICES, GAMES, TRAVEL, ETC., AND SERVE AS ROLE MODELS TO OTHERS TO MAINTAIN THE INTEGRITY OF OURSELVES, OUR TEAM, AND ALL OF EYSA. PLAYERS WILL CONDUCT THEMSELVES IN ACCORDANCE WITH EYSA, FYSA, USYSA, USSF, AND FIFA RULES AT ALL TIMES, OR WILL BE SUBJECT TO DISCIPLINARY ACTION.

PARENT _____ PLAYER _____

FYSA CODE OF ETHICS

PLAYERS:

I WILL ENCOURAGE GOOD SPORTSMANSHIP FROM FELLOW PLAYERS, COACHES, OFFICIALS AND PARENTS AT ALL TIMES.

I WILL ALWAYS 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 TRAINING AND 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 TO RETALIATE. 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 WILL CONDUCT MYSELF SO AS TO BE A CREDIT TO MYSELF, AND MY TEAM.

A PLAYER CANNOT BE CUT FROM A TEAM AFTER HE/SHE IS REGISTERED TO THAT TEAM, UNLESS HE/SHE HAS EXHIBITED CONDUCT REQUIRING DISMISSAL, WITHOUT PRIOR CONSENT FROM THE BOD. IF REQUESTED BY THE PLAYER AND/OR PARENT, A HEARING MUST BE HELD FOR ANY INVOLUNTARY PLAYER RELEASE.

ALCOHOL, ILLEGAL DRUGS, TOBACCO PRODUCTS AND UNAUTHORIZED PRESCRIPTION DRUGS SHALL NOT BE POSSESSED, CONSUMED OR DISTRIBUTED BEFORE, DURING OR AFTER ANY GAME OR AT ANY TIME AT THE FIELD AND/OR GAME COMPLEX.

PARENTS/SPECTATORS

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, BY REFRAINING FROM COACHING FROM THE SIDELINES.

I WILL NOT ENTER INTO ARGUMENTS WITH THE OTHER TEAM'S PARENTS, PLAYERS, OR COACHES.

I WILL NOT ENTER THE FIELD OF PLAY FOR ANY REASON DURING THE GAME.

I WILL NOT CRITICIZE GAME OFFICIALS.

ALCOHOL, ILLEGAL DRUGS, TOBACCO PRODUCTS AND UNAUTHORIZED PRESCRIPTION DRUGS SHALL NOT BE POSSESSED, CONSUMED OR DISTRIBUTED BEFORE, DURING, AFTER THE GAME OR AT ANY OTHER TIME AT THE FIELD AND/OR GAME COMPLEX.

FAILURE TO COMPLY MAY RESULT IN THE SUSPENSION OF YOUR PRIVILEGE TO PARTICIPATE IN FYSA SANCTIONED EVENTS.

FYSA RECOMMENDS ALL PLAYERS NOT REGISTER TO A TEAM WHOSE AGE GROUP EXCEEDS THE PLAYERS NORMAL AGE.

INSURANCE NOTICE: ALL INJURIES MUST BE REPORTED WITHIN 90 DAYS OF THE DATE OF THE INJURY. BENEFITS SATISFIED.

INFORMED CONSENT: I, THE PARENT/GUARDIAN OF THE REGISTRANT, AGREE THAT WE WILL ABIDE BY THE RULES OF EYSA, 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.

YOU COULD BE SUSPENDED IF THIS AGREEMENT IS NOT FOLLOWED.

PARENT SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____

PLAYER SIGNATURE _____ DATE _____

2014/2015 ENGLEWOOD YOUTH SOCCER VOLUNTEER REFUND FORM

PLAYER NAME	APPROVAL DATE
TEAM	CHECK NUMBER#

DATE	LOCATION/EVENT	IN	OUT	HOURS	SIGNATURE

THIS FORM MUST BE SIGNED BY A BOARD MEMBER. WITH FOUR HOURS COMPLETED TO RECEIVE \$25.00 REIMBURSEMENT!

WHEN FORM HAS BEEN COMPLETED PLEASE SUBMIT TO YOUR TEAMS REGISTRAR... THE BOARD WILL REVIEW DURING THAT MONTH'S MEETING WITH PAYMENT BEING MAILED AFTER APPROVAL...

CHECK PAYABLE TO	ADDRESS SUBMITTED TO