

LAKE WORTH SHARKS / GREENACRES FC

PARENT / PLAYER CONTRACT

I, _____ the parent(s) hereafter called the "Parents" of
_____, hereafter called the "Player", agree to commit
to the LAKE WORTH SHARKS / GREENACRES FC, hereafter called the "Club", for the 2019/2020 FYSA seasonal
Year (8/1/2019 - 5/31/2020).

Player Name

Mobile Phone

Player Date of Birth

Email Address

Uniform Shorts Size

Uniform Shirt Size

Preferred Uniform Number

I agree that the Player will commit to attend all training sessions, organized matches, scrimmages, friendly games and tournaments, which are arranged by the Club / Team, throughout the season. Typically, training takes place twice per week in the evenings. Additionally, organized matches, scrimmages, friendly games and tournaments are organized at various facilities, location and dates of which are subject to change. **Players are responsible to pay their share of all game / event fees whether they attend or not, with exception for severe injury / illness, subject to DOC approval.**

All Players and Parents, including guests and visitors, will abide by The FYSA code of Ethics and by the attached **NO TOLERANCE POLICY**, which is an integral element of this contract. Failure of a player or parent(s) to abide by the No Tolerance Policy will lead to disciplinary action by the Club, including suspension or expulsion of the Player and/or Parent(s) and/or Guest(s) from the Club. **No game playing time is guaranteed. Playing time is awarded based on merit, discipline and skill.**

I give my approval to the Player's participation in any and all activities arranged by the Club / Team. In consideration of the Club for allowing the Player to be registered, and in consideration of the time, effort and attention on behalf of the Club, its designated officials including coaches; managers; trainers; and volunteers, I assume on behalf of the Player as well as myself, our heirs, next of kin, etc. all risks and hazards, and hold harmless the Club and all its directors, managers, and coaches alike.

Initial _____

I, the undersigned, agree to pay to the club/coach All fees as outlined on the payment page for the 2019 / 2020 Seasonal Year. Additionally, I agree to perform All required volunteer hours and pay All game/event fees by the due date set forth by the team manager, including Training fees. Failure to pay any fees may result in additional late fees and suspension of player, up to and including the player being placed in Bad Standing with FYSA.

Initial _____

Note: If player wishes to be released from the club before the season is over there will be a release fee due in the amount of **\$350.00** in addition to the registration fee and all monthly payments must be up to date. All Club/Team issued LAKE WORTH SHARKS / GREENACRES FC Uniform Kits are the property of LAKE WORTH SHARKS / GREENACRES FC and MUST be returned at the time a Player leaves the Team if player leaves before the season is over. Release of any player is at the sole discretion of the Club.

Initial _____

Teams will participate in various tournaments and league seasons, All tournaments and league seasons will be paid directly by the team including any associated referee fees, league/team fines and fees.

Initial _____

Each player is contracted to play for the Club (LWS Greenacres FC). The club reserves the right to change the coach or team of any player throughout the season. This contract is between the Player / Parent and the Club.

Initial _____

If the player is playing up more than two or one normal age grouping it will require approval from the affiliate's director of coaching or agent of record and FYSA Director of Coaching or designee. Permission must be obtained for each event (i.e., tournaments, league play).

Initial _____

Players Must arrive to All practices and games ON TIME, arrival to games must be 1 hour before game kickoff.

Initial _____

Parents May NOT enter the field during practices or games and must stay on the opposite side of the field as the team during games. Parents May NOT interfere with coaching at any time.

Initial _____

Players MUST wear Club Practice shirts only to practices, and have SHIN GUARDS on at all times, or be removed from practice.

I, for myself, the Player, our heirs, next of kin, etc. further hereby release, absolve, indemnify and agree to hold harmless the Club, its Technical Directors, Board of Directors, coaches, trainers, managers, officials and volunteers, Club approved facilities, any and all other fields and facilities, owners or operators, administrators and trustees; and any other parent participants, including those involved in carpool transportation from any and all actions, claims, suits or damages relating to the Club and its activities, except and only to the extent of and in the amount covered by any accident or liability insurance policy owned or maintained by or for the benefit of the Club, if any.

I hereby give my consent to the Club, its Technical Directors, coaches, trainers, officials, managers and volunteers, to act as my agent to authorize medical treatment for my child to care for any and all injuries sustained while attending all Club activities. I will allow photos and/or videos of my child to be taken at all Club activities, to be used as promotional material and hereby waive all rights to compensation.

I HAVE CAREFULLY READ THE ABOVE WAIVER, CONSENT AND RELEASE, AND FULLY UNDERSTAND ITS CONTENTS.
I UNDERSTAND THIS IS A RELEASE OF LIABILITY BY ME AND MY CHILD AND THAT I SIGN IT VOLUNTARILY.

Parent Signature

Date

Print Name

Phone

Relationship (Mom / Dad / Guardian)

Email

Lake Worth Sharks / Greenacres FC Club Official

Date

LAKE WORTH SHARKS / GREENACRES FC

CODE OF CONDUCT

The TEAM/CLUB has issued the following guidelines in addition to the Club's No Tolerance Policy for parents, players and guests, regarding behavior at all Team/Club events:

PLAYERS:

- ✓ Are expected to attend all training sessions, games, scrimmages and tournaments as scheduled. Families must notify coaches and/or managers ahead of time when players cannot attend an above-listed event.
- ✓ Must wear the Club approved training or uniform kits to all practices and games.
- ✓ Are expected to show proper respect towards coaches, trainers, managers and officials of the Team/Club at all times.
- ✓ Are to afford the same courtesy to opposing players and parents, as well as to referees and their assistants.
- ✓ Are to refrain from using foul or derogatory language to their teammates or opponents.
- ✓ Are required to place bags, water bottles, etc. at designated areas prior to the start of training or games. This is a player, not a parent responsibility!!
- ✓ Are required to be with the team exclusively from the start of warm-up to the end of cool-down. No interaction with parents until training or games have finished.
- ✓ Are subjected to all the rules and guidelines listed under our NO TOLERANCE POLICY.
- ✓ If a team has entered into a tournament or league, it is mandatory that players attend all games.
- ✓ Teams that do not clean up **ALL** trash following a game or practice will be assessed a **\$50 Fee**
- ✓ Players must bring **ALL** uniforms to games. Uniform change may occur at games.

PARENTS:

- ✓ Are expected to set a good example for their children by being positive towards them, opponents, as well as officials at all training sessions and games.
- ✓ Are not to engage in coaching from the sidelines, berate or call instructions to players during contests or practices.
- ✓ Are to refrain from addressing referees and their assistants, before, during or after games.
- ✓ Are expected to leave the coaching of the team to the coaches.
- ✓ Are expected to refrain from bothering the coaches during or after games or practices.
- ✓ Parents may request to set a time with the Coach, Technical Director(s), and/or Team Representatives to discuss personal issues. Discussions of this nature WILL take place away from the immediate vicinity of game venues and training locations.
- ✓ Are expected to get their child/children to training, to games and to Team/Club events on or before the designated arrival time. Repeated tardiness and absences will result in reduced playing time. A
- ✓ Are subjected to all the rules and guidelines listed under our NO TOLERANCE POLICY.
- ✓ PARENTS WILL BE REQUIRED TO ASSIST IN SETTING UP AND BREAKING DOWN OF FIELDS during home games, also to assist with making sure the field is left clean.

I HAVE CAREFULLY READ THE PARENT AND PLAYER CODE OF CONDUCT AND AGREE WITH ITS CONTENTS:

Parent Signature

Date

Print Name

Relationship (Mom / Dad / Guardian)

Club Representative

Date

Printed Club Rep Name

Witness



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 at <http://www.cdc.gov/concussion/HeadsUp/Training/HeadsUpConcussion.html>.

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

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.

Coaches/Volunteers

I will never place the value of winning before the safety and welfare of all players.

I will always show respect for players, other coaches, and game officials.

I will lead by example, demonstrating fair play and sportsmanship at all times.

I will demonstrate knowledge of the rules of the game, and teach these rules to my players.

I will never use abusive or insulting language.

I will treat everyone with dignity.

I will not tolerate inappropriate behavior, regardless of the situation.

I will not allow the use of anabolic agents or stimulants, drugs, tobacco, or alcohol by any of my players.

I will never knowingly jeopardize the eligibility and participation of a student-athlete.

Youth have a greater need for example than criticism. I will be the primary soccer role model.

I will at all times conduct myself in a positive manner.

Coaching is motivating players to produce their best effort, inspiring players to learn, and encouraging players to be winners.

My actions on sidelines during games shall be in the spirit of "good sportsmanship" at all times. Profanity, profane gestures, arguing, inciting disruptive behavior by spectators and/or players, or any conduct not in the spirit of good sportsmanship, shall require disciplinary action from the affiliate.

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.

I will accurately and completely complete the coach/volunteer application form and by application attest to the accuracy of the information submitted.

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. 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;

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.

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

Team Age Group: _____

Team Name: _____

Coaches:

MEDICAL RELEASE FORM

I, _____ (Parent/Guardian's Name) hereby give permission for any and all medical attention to be administered to my child, _____ (Child's Name) In the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

Address: _____

Home Phone: _____

Insurance Company: _____

Policy Number: _____

In case I cannot be reached, any of the following persons is designated to act on my behalf.

* Coach: _____

* Asst Coach: _____

* Manager: _____

* A league representative where my child is playing.

* Any tournament representative where my child is participating in a tournament

Physician: _____

Address: _____

Phone: _____

Known Allergies:

Signature (Parent / Guardian)

Date