



# SYAA SANTOS SOCCER APPLICATION



[www.syaa-soccer.com](http://www.syaa-soccer.com)

2009 – 2010 Season

Age Group \_\_\_\_\_ Shorts Size \_\_\_\_\_ Shirt Size \_\_\_\_\_ Player Pass No. \_\_\_\_\_

Player Name \_\_\_\_\_  
Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Initial \_\_\_\_\_

Phones \_\_\_\_\_  
Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Gender \_\_\_\_\_ Birth Date \_\_\_\_\_ Verif. \_\_\_\_\_ HS Grad Year \_\_\_\_\_ Citizen \_\_\_\_\_  
mm/dd/yyyy

Email Address \_\_\_\_\_

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

## 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 (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.

## VOLUNTEER INFORMATION

I as a parent or guardian understand that I am obligated to volunteer for duty for each child joining the SYAA Soccer Program. Please check the boxes you may be interested in.

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coach	Assistant Coach	Team Parent	Soccer Board	Sponsor	Referee	Field Maintenance

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### FEE BREAKDOWN – to be completed by a Board Member only.

Registration \_\_\_\_\_ Family \_\_\_\_\_ Fund Raiser \_\_\_\_\_ Concession \_\_\_\_\_ Trophy \_\_\_\_\_ Total \_\_\_\_\_

Board Member Signature \_\_\_\_\_ Check Number \_\_\_\_\_ Date \_\_\_\_\_



# SYAA SANTOS MEDICAL RELEASE

2009-2010



\_\_\_\_\_  
Players Name:

\_\_\_\_\_  
Phone:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Birthdate:

\_\_\_\_\_  
Street Address:

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

\_\_\_\_\_  
Parent's Name:

\_\_\_\_\_  
Emergency Contact and Phone #:

\_\_\_\_\_  
Relationship:

\_\_\_\_\_  
Family Hospitalization Plan And Insured's Name:

\_\_\_\_\_  
Physicians Name And Phone

\_\_\_\_\_  
Care Facilities: **Preferred**

\_\_\_\_\_  
Care Facilities: **Excluded**

\_\_\_\_\_  
Treatment: **Excluded**

\_\_\_\_\_  
Dentist Name And Phone:

\_\_\_\_\_  
Allergies Or Medical Conditions That The Team Should Know Of In Case Of Emergency.

## RELEASE

In connection with the participation of my child named above with the SYAA Santos Soccer Club, this is to Authorize the team coaches or his/her designee to consent to the rendering of any medical treatment which they consider to be appropriate, in the event my child is injured or becomes ill during practices, games or other activities. This is to further authorize any hospital, physician, emergency medical technician or other health care provider to provide such medical treatment and care as may be required for the health, safety and well being of my child. I hereby release any claims which I might otherwise have against such health care provider for the rendition of medical services to my child in reliance upon this Medical Authorization. I likewise release any claims which I might otherwise have against SYAA Santos Soccer Club or Seminole Youth Athletic Association, any team coaches or their designees for the authorization of such medical care or treatment for my child as any of the team coaches believe to be warranted under the circumstances. I understand and agree that I will be financially responsible for any and all charges incurred in connection with such medical treatment.

I further acknowledge that I have been advised that participation in soccer is inherently risky, that participation in this sport involves vigorous physical activity and hard physical contact. I hereby represent that my child is physically fit to participate in this sport. I understand and agree to release and indemnify SYAA Santos Soccer Club, Seminole Youth Athletic Association, and any of the team coaches or his/her designee in the event of any injury of my child arising out of his/her participation in team activities.

\_\_\_\_\_  
Parent (Guardian) Signature / Date:

\_\_\_\_\_  
Witness:

## SECTION BELOW MUST BE COMPLETED BY A NOTARY PUBLIC

### STATE OF FLORIDA - COUNTY OF PINELLAS

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ by \_\_\_\_\_

who is personally known to me, or has produced Drivers License # \_\_\_\_\_

as identification, and who did not take an oath.

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

\_\_\_\_\_  
Printed Name Notary Public - State of Florida



# SYAA Santos Soccer



## General Information and Code of Conduct

### Informed Consent

I, \_\_\_\_\_ (name) acknowledge that I am completely aware of the inherent risks associated with soccer, and hereby waive, release and discharge, the state association (FYSA) and all of its affiliated organizations, as well as their officers, directors, employees and agents (collectively, the “Released Parties”), from any and all liability and responsibility in the event that I become injured in any way during my participation in soccer events or activities associated with the Released Parties. I further state that I take full responsibility for any injury that may occur as a result of my participation and that I will not hold the Released Parties responsible for any aggravation of preexisting injuries prior to or during my participation in any soccer events or activities associated with the Released Parties.

### Code of Conduct

1. **Speed limit of 5 mph** in roadways and parking lots while attending any SYAA function. Watch for small children around parked cars.
2. **No alcohol allowed** in any parking lot, field or common areas within the SYAA complex.
3. **No smoking allowed** on field or common areas within the SYAA complex. (Parking lot allowed)
4. **No playing on and around** lawn equipment
5. **No profanity please.** Foul language will not be tolerated.
6. **Do not yell or scream at coaches, referees, players or parents.** If we eliminate negative comments, the children will have an opportunity to play without any unnecessary pressures and will learn the value of sportsmanship and fair play.
7. **No climbing** fences.
8. **No pets** are permitted at the SYAA complex. (Service animals allowed)
9. **Observe** all posted signs.
10. **After each game**, each team must clean up trash on the sidelines and around your field. Please help us keep SYAA clean for all of us to enjoy.
11. **ALL parents/guardians** are responsible for working the concession on their assigned date or they may hire a person to work their time from the SYAA Soccer approved list.
12. **No children under the age of 13** permitted in the concession stand.

Failure to comply with any of the above rules may result in expulsion from the SYAA complex.

#### New rule 210 E.

210E. Any player involved in a physical altercation (violent conduct) by the referee report will be suspended in accordance with FYSA and FSR guidelines. Also, the organization the player is associated with will be assessed a \$250.00 fine. If the same team is involved in similar situation a fine of \$500.00 for each additional infraction will be assessed. If more than one player is involved then a \$500.00 fine per player(s) and the team will be expelled from GYSA and GYSA Cup play.

I agree with the above rules and agree to follow them.

\_\_\_\_\_  
Parent Printed Name

\_\_\_\_\_  
Signature / Date

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

\_\_\_\_\_  
Signature / Date



## Florida Youth Soccer Association (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 being 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.

### 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 be demonstrate knowledgeable 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.
- Coach's 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.
- 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
- 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.
- 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.**



# SYAA Santos Soccer



## Player Refund Policy

I understand it is the policy of the Santos Soccer board, that there are no refunds at any time prior to or during the playing season. The only refunds that will be considered by the board of directors will be for medical reasons and must be accompanied by a statement signed by a medical physician. At that time the board will review each medical refund request on an individual basis. These requests will only be considered prior to Opening Day. After Opening Day, there are no refunds at any time, for any reason.

Child's Name: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

PLEASE PRINT NAME

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

## Check Policy

I agree when paying by check that all funds guaranteed by the check are in the account it is written on. If for any reason the check comes back, I agree to pay the \$50.00 check fee to SYAA Soccer and the amount of the check in cash and in full.

\*\*If I do not honor my check in full my child may be released from the soccer program until the time I do honor my contract.\*\*

Parent's Name: \_\_\_\_\_

PLEASE PRINT NAME

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# SYAA Santos Soccer



## Player Picture Policy

I hereby give my permission to the Santos Soccer program to use my child's picture and first name only, on the SYAA and / or Santos website.

Parent's Name: \_\_\_\_\_  
Please Print

Child's Name: \_\_\_\_\_  
Please Print

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

\*\*\*\*\*

I *DO NOT* give my permission to the Santos Soccer program to use my child's picture or name, on the SYAA and / or Santos website.

Parent's Name: \_\_\_\_\_  
Please Print

Child's Name: \_\_\_\_\_  
Please Print

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

\*\*\*\*\*

### **\*\*Board Use Only\*\***

Child's Name: \_\_\_\_\_

Child's Team / Color: \_\_\_\_\_

Soccer Jersey #: \_\_\_\_\_



# SYAA Santos Soccer



## Penalty Shootout Fundraiser

### Fundraiser Participation & Opt Out Notice

Name of Child: \_\_\_\_\_

Each player is asked to participate in the fundraiser offered or you may choose to opt out for each child. By signing below you are making a commitment to either raise a minimum of \$35.00 per child or pay the opt-out fee of \$35.00 per child.

Please indicate below whether you would like to participate in the fundraiser or pay the opt-out fee at the time of registration.

\_\_\_\_\_ Yes, my child WILL participate in the fundraiser.

\_\_\_\_\_ No, I would prefer to PAY \$35.00 to opt out at this time.

By, opting out, I understand my child will physically participate in the fundraiser, but will not be required to raise any additional funds for the **Penalty Shootout Fundraiser**.

**\* Prizes awarded for the most funds raised & medals for the most goals in each age group\***

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

\*\*\*\*\*



# SYAA Santos Soccer



## Parental Agreement

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell # \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home #: \_\_\_\_\_ Cell # \_\_\_\_\_

### **Other Sport info:**

\_\_\_\_ Yes, my child will play other sports during the soccer season (i.e.: baseball, basketball).

\_\_\_\_ No, my child will not play other sports during the soccer season (i.e.: baseball, basketball).

### **VOLUNTEERING:**

I understand that it is **MANDATORY** that I volunteer for a minimum of ten (10) hours per child for organizational activities, which may include the following:

Game Day Concession    Coach    Team Parent    Soccer Board    Field Maintenance

If I do not work my scheduled duties my child will not be allowed to participate in the following week's practice and/or game.

\*\*Concession may be bought out at \$20.00 per season. This must be paid either at registration or the week before duty in cash to the concession board member.\*\*

\_\_\_\_ Yes, I will take the buy out for concession.

### **Additional Costs:**

A silent auction on Opening Day will include team baskets. I will donate: money, items, and/or time to making our team basket.

I have read carefully and received a copy of this document and I understand its contents. I do hereby voluntarily sign the Parental Agreement.

Name Parent's : \_\_\_\_\_ Please Print

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