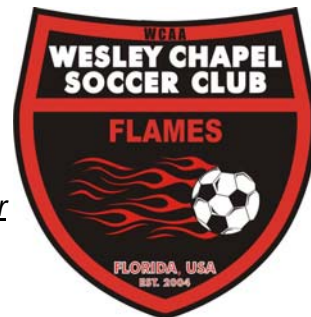


WESLEY CHAPEL SOCCER CLUB COMPETITIVE SOCCER REGISTRATION



Bring **ORIGINAL Birth Certificate** for age verification and a copy.
If you have more than 1 player to sign up, fill out a separate form for each player

**this form needs to be filled out along with the on-line registration.

TWO Copies of the Medical Release form is required and are included.

2011/2012 WCSC Competitive Registration Fee: \$250.00

Training costs, travel costs, tournament fees will be on a per team basis

No refunds will be given after uniforms are ordered.

PLAYER INFORMATION:

Name (last, first): _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Birth date: _____

Age on July 31st: _____

Sex (male or female): _____

PRIOR PLAYING EXPERIENCE:

Where did you play last season? _____

What team: _____

What position: _____

PARENT / GUARDIAN INFORMATION:

Name (last, first): _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Alternate Phone: _____

E-mail: _____

Alternate Email: _____

Place of Employment: _____

EMERGENCY MEDICAL INFORMATION:

Emergency Contact: _____

Phone: _____

Doctor Name: _____

Doctor Phone: _____

Medical Problem(s) Player has: _____

Health Insurance Carrier _____

Policy Number _____

Registration Fee Paid: ___Y___N
 Paid by: ___Cash; ___Check #___; ___Online
 Fundraiser fee paid: ___Y___N
 Service hours paid: ___Y___N
 Turned in Birth Certificate?: ___Y___N___ on file
 Initial here if Original Birth Certificated Presented ___

I, the parent/guardian of the registrant, a minor, agree that I will abide by the rules of the Wesley Chapel Soccer Club, the WCAA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury with sports and in consideration for the WCAA and Wesley Chapel Soccer Club accepting the registrant for its sports programs and activities, I hereby release, discharge and/or otherwise indemnify the WCAA, The Wesley Chapel Soccer Club, its affiliated organizations and sponsors, their employees, and associated personnel, including the OWNERS OF THE FIELDS and facilities used for the programs, against any claim by or on behalf of the registrant as a result of registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. I hereby give my consent for emergency medical care prescribed by a duly 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 understand fundraisers are sometimes needed to keep the cost of the program down and will support these events when asked. I also agree to help out with concessions duty when asked. I understand that in signing this application, I affirm that the information given above is true and correct.

Name of Parent or Legal Guardian: _____

Signature _____

Date: _____



Congratulations on being selected to join the **Wesley Chapel Soccer Club** for the 2011-2012 **Seasonal Year!** Your skills and hard work have earned you a spot in one of the up and coming soccer clubs in the United States. 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 the **Wesley Chapel Soccer Club** make to you, and what our expectations and obligations from you as a result of your accepting of the position offered to you. Please initial the points below acknowledging your understanding of the mutual expectations between you and the **Wesley Chapel Soccer Club**, then sign and date below.

► We understand that the **Wesley Chapel Soccer Club** will provide training and coaching: opportunities to participate in league, tournament and cup games; and a uniform package consisting of:

• **New Players** will receive: 2 Lotto Game Jerseys, 1 Lotto Game Short, 2 pairs of Lotto socks
2 practice shirts

• **Returning Players** will receive: 2 Lotto practice shirts (additional items available for purchase)

Player's Initials

Parent's Initials

► We understand that since this is a premier competitive environment, there is **NO** guarantee of minimum playing time. We also understand and agree to abide by the **Wesley Chapel Soccer Club** policy of not allowing players to guest play with other teams or members of other teams to guest play with **Wesley Chapel Soccer Club** teams, except with the express written approval of the DOC. These exceptions will only be considered if all player's fees and financial obligations have been fulfilled, and will generally be limited to college showcase opportunities that the player would not otherwise be able to participate in, or in unusual circumstances.

Player's Initials

Parent's Initials

► Should the player wish to be released (other than for season ending injury or a move out of state) or to transfer to another club prior to the end of the seasonal year, the player/parents will be required to reimburse the fee charged by the FYSA for the transfer/release, in addition to fulfilling all financial obligations noted below before the Change of Status is processed.

Player's Initials

Parent's Initials

► We understand that each player will participate in a mandatory WCSC fundraiser. This is a pre-paid fundraiser. Each player will pay \$50, by a separate check, **at registration** and will receive (6) six discount cards, which are then yours to keep, give away, or sell for \$10 each. Pre-Academy & Developmental Academy will pay \$25 and receive (5) cards.

Player's Initials

Parent's Initials



► Additionally, we understand that we will share in team expenses above and beyond the club registration/training fees (noted below), to cover entry fees to league end of season tournaments and tournaments that the team decides to participate in, referees fees (not to include regular season referee fees), and our travel costs associated with attending these events. Teams as a whole may seek and receive donations or fund-raise to defray these expenses as well.

Player's Initials

Parent's Initials

2011-12 WCSC Player Costs			
Plan Type	Registration Cost	Training Cost (10 months of training)	Reg/Train Total Cost
U6 Pre-Academy	\$125	\$40	\$165
U8 Dev. Academy	\$125	\$175	\$300
U9 & U10 boys/girls	\$250	\$300	\$550
U11 boys - Red	\$250	\$500	\$750
U11 boys - White	\$250	\$400	\$650
U11 girls - Red	\$250	\$500	\$750
U11 girls - White	\$250	\$400	\$650
U12 boys - Red	\$250	\$550	\$800
U12 boys - White	\$250	\$400	\$650
U12 girls - Red	\$250	\$550	\$800
U12 girls - White	\$250	\$400	\$650
U13 boys - Red	\$250	\$400	\$650
U13 girls - Red	\$250	\$400	\$650
U14 boys - Red	\$250	\$900	\$1150
U14 boys - White	\$250	\$400	\$650
U14 girls - Red	\$250	\$400	\$650
U15 boys - Red	\$250	\$900	\$1150
U15 boys - White	\$250	\$400	\$650
U15 girls - Red	\$250	\$400	\$650
U16/17 boys - Red	\$250	\$400	\$650
U16/17 girls - Red	\$250	\$400	\$650

► **Wesley Chapel Soccer Club** is a non-profit, volunteer organization, for the 2011-2012 soccer season, each family is required to pledge at least **four (4) service hours of time per player** to the **Wesley Chapel Soccer Club**, by end of regular playing season. You will be contacted by the WCSC organization with various service opportunities. There is an option to “buy-out” these hours at \$10 per hour - payable to WCAA at registration or anytime during the regular season.

Player's Initials

Parent's Initials



► 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 the **Wesley Chapel Soccer Club** Players will conduct themselves in accordance with the **WCAA, Wesley Chapel Soccer Club, FYSA, U.S Club Soccer, USYSA, USSF, and FIFA** rules at all times, or will be subject to disciplinary action.

Player's Initials

Parent's Initials

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 encourage good sportsmanship by demonstrating positive support for all players, coaches, game officials, and administrators at all times.
- Coaches are not to be addressed by parents about game issues until at least 24 hours following any one game. This will act as a "cooling off" period for both the parent and the coach.
- 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, for the following periods:

1st Offense: Suspension for a minimum thirty (30) days to a maximum of (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.



FYSA ACKNOWLEDGMENT OF REGISTRATION

FYSA RECOMMENDS THAT PLAYERS NOT REGISTER TO A TEAM WHOSE AGE GROUP EXCEEDS THE PLAYERS 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. Benefits satisfied.

INFORMED CONSENT: I, the parent/guardian of the registrant, agree that we will abide by the rules of the **WCAA, Wesley Chapel Soccer Club**, 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.

PLAYER NAME (PRINT)

PLAYER SIGNATURE (PRINT) Date

PARENT/GUARDIAN NAME (SIGN)

PARENT/GUARDIAN (SIGN) Date

CLUB REPRESENTATIVE

TEAM COACH

Date

Wesley Chapel Soccer Club
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 COMP: _____
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 _____

Subscribed and sworn before me,
this _____ day of _____, 20__

Notary Public

Wesley Chapel Soccer Club
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 COMP: _____
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 _____

Subscribed and sworn before me,
this _____ day of _____, 20__

Notary Public



**Wesley Chapel Soccer Club
PARENT FINANCIAL RESPONSIBILITY AGREEMENT
2011-12 Competitive Season**

Date: _____ Player Name: _____

FOR VALUE RECEIVED, the undersigned jointly and severally promise to pay to the order of **Wesley Chapel Soccer Club**, the sum of _____ (\$ _____) Dollars. Any unpaid balance must be satisfied in order to register with any other FYSA club or for any sport within WCAA. Said sum shall be payable in the manner following:

Cash, Check payable to WCAA, Automatic Debit (set up during on-line registration)

SCHEDULE: (4 equal payments based on team training fees below)

\$ _____ : Due on 08/01/2011

\$ _____ : Due on 09/01/2011

\$ _____ : Due on 10/01/2011

\$ _____ : Due on 11/01/2011

Team	Training Fee (10 months)	4 Equal Payments Of;	Team	Training Fee (10 months)	4 Equal Payments Of;
U6 Pre-Academy	\$40	\$10.00	U13 boys - Red	\$400	\$100.00
U8 Dev. Academy	\$175	\$43.75	U13 girls - Red	\$400	\$100.00
U9 & U10 boys/girls	\$300	\$75.00	U14 boys - Red	\$900	\$225.00
U11 boys - Red	\$500	\$125.00	U14 boys - White	\$400	\$100.00
U11 boys- White	\$400	\$100.00	U14 girls - Red	\$400	\$100.00
U11 girls - Red	\$500	\$125.00	U15 boys - Red	\$900	\$225.00
U11 girls - White	\$400	\$100.00	U15 boys - White	\$400	\$100.00
U12 boys - Red	\$550	\$137.50	U15 girls - Red	\$400	\$100.00
U12 boys - White	\$400	\$100.00	U16/17 boys - Red	\$400	\$100.00
U12 girls - Red	\$550	\$137.50	U16/17 girls - Red	\$400	\$100.00
U12 girls - White	\$400	\$100.00			

Parent Signature: _____



**Wesley Chapel Soccer Club
PARENT FINANCIAL RESPONSIBILITY AGREEMENT**

The undersigned shall have the right to prepay without penalty. In the event any payment due hereunder is not made when due, the entire balance shall be immediately due at the option of **Wesley Chapel Soccer Club**. In the event of default, the undersigned agree to pay all reasonable attorney fees and cost of collection. Each maker, surety, guarantor or endorser of this note waives presentation of payment, notice of non-payment, protest and notice of protest and agrees to all extensions, renewals, or release, discharge or exchange of any other party or collateral without notice.

GUARANTY

FOR VALUE RECEIVED, the undersigned do hereby guaranty payment of the above note and agree to remain fully bound until fully paid.

Guarantor: _____

Guarantor: _____

Witness: _____
