

Schwaben AC

Youth Soccer Program - Registration Packet

2011-2012 Youth Soccer Season

HIGH SCHOOL



www.schwabensoccer.com

SCHWABEN ATHLETIC CLUB COMPETITIVE SOCCER PROGRAM COMMITMENT AGREEMENT

I, _____ (player), accept the offer to join Schwaben AC's competitive soccer program for the 2011-12 season. I understand that by committing to this team and club I will be expected to participate in regularly scheduled practices, league games, tournaments and all team obligations _____ (initial).

In the case of an emergency, illness, or conflict with an important family or school event, I will notify the team manager in advance of the scheduled practice, game, tournament or team obligation. I understand that my teammates rely on my commitment and that I am promising to myself as well as my teammates to live up to this commitment by joining the team. Unexcused or frequent absences from practices will affect playing time during games _____ (initial).

Player Commitments:

- Spring league games (approx. 8 games)
- A minimum of two practices a week for spring season
- 2 indoor league session and one or two indoor practices per week
- National teams **may** also participate in the Midwest Regional League
- Teams participate in the State Cup
- Individual teams may play in additional tournaments throughout the year which will be determined by the coach. Any additional tournaments are the financial responsibility of the team. The tournament cost and all of the coach's travel expenses (gas, food and lodging) are the responsibility of the entire team.

Fee: \$1,950.00

This fee includes coaching/training fees, outdoor league costs, field usage (min) 2 times per week for outdoor practices (practices in April at fields to be determined), indoor league and practice costs, field maintenance, referee and linesmen fees, player profiles, administrative costs, State Cup tournament costs (if applicable). Please note that additional tournaments are not included in these fees. All fees are non-refundable.

The following payment options are available:

Payment in full at time of registration:

A 5% discount on fees will be applied if paid in full at registration. Fees are non-refundable.

<u>Installment plan:</u>	1/2 due at registration	\$975.00
	1/3 due January 1, 2012	\$487.50
	1/3 due March 15, 2012	\$487.50

Please make checks payable to Schwaben A.C. and submit them to your team manager by the dates specified. Failure to pay your dues on time will result in the player's card being pulled until payment is received. Players will not be released from the club/team until all financial obligations are met _____ (initial).

Uniform Fee: \$125.00 Uniform consists of two jerseys, two pair shorts, two practice t-shirts and two pair socks.

Volunteering:

Schwaben A.C. requires a minimum of 10 parent volunteer hours per family of help at various events. A family with two or more players requires a minimum of 15 parent volunteer hours per family. A \$225.00 deposit for the volunteer commitment and administrative fee is collected at registration. Once you have completed your commitment, you will be reimbursed \$200.00. The \$25.00 administrative fee is non-refundable. This minimum is set to ensure that the necessary participation is provided at club events. The club and team manager will provide information separately regarding the events or activities. These events raise funds which defray the cost of field and facility maintenance.

Acceptance:

I understand the commitments as outlined in this agreement. My signature below indicates that I am accepting my selection to the Schwaben AC and agree to all commitments, both financial and non-financial.

Player Signature: _____ Date: _____
Parent Signature: _____ Date: _____



Schwaben Athletic Club

Organized in the City of Chicago, State of Illinois 1926

Schwaben Athletic Club - Code of Conduct

OBSERVE THE LAWS OF THE GAME

All games need rules to guide them. Make an effort to learn the rules of soccer so you understand the game better. This will make you a better player and/or spectator.

RESPECT COACHES, TEAMMATES, OPPONENTS, REFEREES AND SPECTATORS

Fair play means respect. Without opponents there would be no game. Your teammates are your colleagues. You form a team in which all members contribute to the game. Referees are present to maintain discipline and fair play. Always accept their decisions without arguing and help them to help you enjoy the game.

PLAY FAIR

Winning is without value if victory has been achieved unfairly or dishonestly. Cheating is easy, but brings no satisfaction – reject corruption. Playing fairly in the spirit of the game requires courage and character. Fair play always has its reward, even when the game is lost. Playing fair earns you respect. Remember – Soccer is a game and games are pointless unless played fairly.

PLAY TO WIN

Winning is the objective of playing the game. Never set out to lose. Never give up against stronger opponents and never relent against weaker ones.

ACCEPT DEFEAT WITH DIGNITY

No team wins all the time. Learn to lose graciously. Congratulate the winners with good grace and do not blame the referee or anyone else for your loss. Determine to do better next time. Good losers earn more respect than bad winners.

PROMOTE RESPECTFUL BEHAVIOR AND REJECT DRUGS AND VIOLENCE

Create a safe, healthy and positive environment for the players, their opponents and the spectators. Do not use foul language or conduct which is construed as offensive on the field or as a spectator on the sidelines. Take an active role in the prevention of drug, alcohol and tobacco abuse especially when involved or attending a soccer event. Respect the facilities where matches are played by leaving the grounds clean after practices and games.

Signature of Player

Signature of Parent



Emergency Medical Release & Liability Waiver

Participant's Name _____ Birthdate _____

Street Address _____ City _____ Zip _____

EMERGENCY INFORMATION

Father's Name _____ Home Phone (_____) _____ Cell/Bus Phone (_____) _____

Mother's Name _____ Home Phone (_____) _____ Cell/Bus Phone (_____) _____

In an emergency when parent/guardian cannot be reached or is not applicable, please contact the following:

Name _____ Home Phone (_____) _____ Cell/Bus Phone (_____) _____

Name _____ Home Phone (_____) _____ Cell/Bus Phone (_____) _____

Allergies _____

Other Medical Conditions _____

Physician _____ Cell Phone (_____) _____ Bus Phone (_____) _____

Medical/Hospital Insurance Company _____ Phone (_____) _____

Policy Holder's Name _____ Policy Number _____

THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT (PLAYER/COACH/REFEREE) CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.

I the undersigned participant and parent/guardian of the above listed minor (if participant is under the age of 18) acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Illinois Youth Soccer Association, its directors, officers, employees, coaches, managers, agents, sponsors and associated personnel including those of its affiliated organizations, and the owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant 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, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasees from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasees because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasees. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alteration without the express written consent from the Illinois Youth Soccer Association will cause the participant to be removed from the Program. (revised 7/14/06)

Parents/Guardians Signature _____ Date _____
(Parents/Guardians' Signature is required if participant is under the age of 18)

Participant's Signature _____ Date _____
(Participant's Signature is required)

NOTE: ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT.



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 Website: www.usclubsoccer.org



YOUTH CLUB REGISTRATION CONFIRMATION

Club Name _____ **City** _____ **State** _____

I hereby consent to the above-named club registering me with US Club Soccer. I understand that I may be registered to only one US Club Soccer member club at any time. [Note: it will not be necessary to complete this form again as long as the player is with this club; which will hold this form unless requested by US Club Soccer.]

Player's Signature **Date** **Parent/Guardian Signature** **Date**

PLAYER'S MEDICAL INFORMATION

Player's Name _____ Birth Date _____
 Street Address _____ City _____ State _____ Zip _____
 Email Address _____

Father's Name _____ Home Phone () _____ Bus Phone () _____
 Mother's Name _____ Home Phone () _____ Bus Phone () _____

In an emergency when parent/guardian cannot be reached, please contact the following:
 Name _____ Home Phone () _____ Bus Phone () _____
 Name _____ Home Phone () _____ Bus Phone () _____

Allergies _____
 Other Medical Conditions _____

Physician _____ Home Phone () _____ Bus Phone () _____
 Medical/Hospital Insurance Company _____ Phone () _____
 Policy Holder's Name _____ Policy Number _____

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. *I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.*

Signature _____ **Date** _____

(Relation to player: father, mother, guardian)