

**PLANT CITY AREA SOCCER CLUB, INC. (PCFC) LANCERS
PLAYER /PARENT CONTRACT**



Congratulations on being selected to join the Plant City Area Soccer Club, Inc. (PCFC) Lancers! Our Board Members, coaches and staff look forward to a successful season. Please read the following, initial, and sign to confirm your willingness and awareness of the mutual commitments and obligations between PCFC, player and parent.

PLAYER NAME: _____

PLAYER ADDRESS: _____

PLAYER PHONE NUMBER: _____

EMAIL ADDRESS (must provide valid email): _____

PLAYER SEX (male or female): _____

PLAYER DATE OF BIRTH: _____ **PLAYER AGE GROUP:** _____

PARENT/GUARDIAN NAME: _____

◆The 2023-24 season is July 1 – May 31 and registration for each player is \$575. Standard payment due dates are:

Initial Payment: \$275.00

**8/1/23: \$100
9/1/23: \$100
10/1/23: \$100**

There is a \$25.00 per month late fee for non-payment. There is a \$25.00 registration discount for each additional player for families with more than one (1) child playing at the club for the season. Credit card payments will incur an additional transaction fee. Players with overdue accounts are not permitted to practice or play.

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◆ We agree to make all installments and deposits by the date due as set by PCFC. The player’s pass will be pulled, and he/she will not be eligible to play games/tournaments if payments are not current. Unpaid fees will result in the player being placed in “not good standing” with PCFC and FYSA and will impact the player’s ability to register with any FYSA affiliated club in the future.

◆ Club registration covers FYSA/US Club passes, one league registration fee and all referee fees usually in the Fall. We understand that team expenses such as tournaments, additional leagues fee, referee fees in an additional league or additional schedule and personal expenses are all separate from the club registration fees and are the responsibility of the team. The team may seek sponsorship to cover some of those expenses. However, they belong to the club and/or team in the event a player leaves the club.

◆ We understand that PCFC will provide affiliation with FYSA or US Club Soccer. Teams will play in either the Florida State Premier League (FSPL), Florida Club League (FCL), United Soccer Association (USA), Greater Central Florida League (GCFYSL), or other state sanctioned league based on their level of play. Other affiliations can be provided at the discretion of the club. However, any fees incurred must be paid by the team/teams wanting to play in those specific leagues.

◆ We understand that club registration fees must be paid in full before the player is released from PCFC during the season. Additionally, there is a \$200.00 Player Release fee to allow the player to sign with another club. We have read and understood the “Player Release” rules in effect with the Florida Youth Soccer Association (FYSA) located on the FYSA website (www.FYSA.com)

◆ We understand that this is a competitive environment and there is NO guarantee of minimum playing time for senior teams and 50% minimum for junior teams. We also understand that PCFC players cannot guest play with other clubs without PCFC written approval.

◆ We understand that each player and his/her family is required to volunteer for a minimum of five (5) hours during the season. Volunteer hours consist of, but not limited to, working the concession stand, setting up for our tournament, or acting as field marshal at any club event. A schedule may be posted in order of teams or individual basis. If volunteer hours are not met, there will be a \$50.00 fee added to the player’s balance. The \$50.00 fee will be added to the players balance on March 1, 2023 if the volunteer hours have not been met. If you choose to opt out of volunteer hours and want the \$50 fee added to the balance, please check the box.

I choose to opt out of
volunteer hours and pay
the \$50 fee

Parent’s Initials: _____

Player’s Initials: _____

**PLANT CITY AREA SOCCER CLUB, INC. (PCFC) LANCERS
PLAYER /PARENT CODE OF ETHICS**

Players

- I will encourage good sportsmanship from fellow players, coaches, officials and parents.
- 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; regardless of race, sex, creed, or abilities, and I expect to be treated accordingly.
- I will concentrate on playing soccer and give my best effort.
- I will play by the rules.
- I will control my temper and not retaliate.
- I will 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, shall conduct myself to being credit to my family and 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.**

Parents/Spectators

- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, game officials, club members and opposing team's players and parents.
- 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, 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 respect the coach's role and not coach from the sideline.
- I will not come onto the field for any reason during the game.
- 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

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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.

We have reviewed and read the FYSA Code of Ethics and agree to abide by these Ethics as they are part of PCFC. and apply to practices, games, tournaments, any club affiliation, league or function. Players must conduct themselves accordingly or they will be subject to disciplinary action.

Parent's Initials: _____ Player's Initials: _____

FYSA ACKNOWLEDGEMENT 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 age grouping will require approval from the affiliate's Director and Agent of Record and FYSA'S Director of Coaching.

INSURANCE NOTICE:

All injuries must be reported within 90 days of the date of injury.

INFORMED CONSENT:

I, the parent/guardian of the registrant, agree that we will abide by the Rules of PCFC., 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: _____

PLAYER SIGNATURE: _____ DATE: _____

PARENT NAME: _____

PARENT SIGNATURE: _____ DATE: _____

FLORIDA YOUTH SOCCER ASSOCIATION CONCUSSION INFORMED CONSENT

Pursuant to Florida Statute 943.0438, this form must be signed by all youth participants and parent/legal guardians 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.

Concussion Information

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head.

Concussions can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a "ding" or a "bump" on the head can be serious. You cannot see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Signs and Symptoms Observed by Parents or Coaches

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (even briefly).
- Shows mood, behavior, or personality changes.
- Can't recall events prior to or after a hit or fall.

Symptoms Reported by Youth Participants

- Headache or "pressure" in head.
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

What can happen if my child keeps on playing with a concussion or returns too soon?

Youth participants with the signs and symptoms of concussion must be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the youth participant especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the youth participant suffers another concussion before completely recovering from the first one (second impact syndrome). This can lead to prolonged recovery, or even to severe brain swelling with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries, and concussions are no different. As a result, education of administrators, coaches, parents and players are the key for youth participant's safety.

**FLORIDA YOUTH SOCCER ASSOCIATION
CONCUSSION INFORMED CONSENT**

If you think your child has suffered a concussion

No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO) who is familiar with the Close observation of the youth participant should continue for several hours. Parent/Legal guardian should also inform their child's coach if they suspect their child may have a concussion. Remember it is better to miss one game than miss the whole season. When in doubt, the youth participant sits out!

Return to Practice and Competition

The Florida Youth Soccer Association follows *Florida Statute 943.0438*, provides that if an athlete suffers, or is suspected of having suffered, a concussion or head injury during a competition or practice, the youth participant must be immediately removed from the competition or practice and cannot return to practice or competition until a Health Care Professional has evaluated the youth participant and provided a written authorization to return to practice and competition. FYSA recommends that a youth participant not return to practice or competition the same day the athlete suffers or is suspected of suffering a concussion. FYSA also recommends that a youth participant's return to practice and competition should follow a graduated protocol under the supervision of the health care provider (MD or DO).

For more information from the CDC on concussions you can go to:
<https://www.cdc.gov/headsup/youthsports/index.html>

By signing this agreement, the youth player acknowledges the information on pages 1 and 2 have been read and understood.

Youth Participant Name- Printed

Youth Participant - Signature

Date

By signing this agreement, I acknowledge I have read and understand that explains the nature and risk of concussion and head injury, including the risk of continuing to play after concussion or head injury, each year before participating.

Parent/Legal Guardian - Printed

Parent/Legal Guardian - Signature

Date