

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

Congratulations on being selected to join the Plant City Area Soccer Club Inc. (PCFC) Lancers! Our Coaches, Board Members, 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: _____ **PARENT/GUARDIAN NAME:** _____

PLAYER ADDRESS: _____

PHONE NUMBER: _____ **EMAIL ADDRESS:** _____

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

Player Shirt Size (circle): Youth X-Small Youth Small Youth Medium Youth Large Youth X-Large
Adult X-Small Adult Small Adult Medium Adult Large Adult X-Large

◆ **The 2024-25 season is July 1 – May 31 and registration for each player is \$650 plus a \$50 volunteer fee unless families meet their volunteer hour requirement.**

Payments Structure:

Payment 1: \$150 non-refundable deposit to secure roster spot

Payment 2: \$250 - August 1

Payment 3: \$125 - September 1

Payment 4: \$125 - October 1

- \$50 Volunteer Fee to be paid by 3/3/2025 if volunteer hours are not fulfilled by 3/2/2025
- \$25 Early bird discount of \$25 if registration fee is paid in full by 7/2/2024
- \$25 Sibling discount for families with more than one (1) child
- \$25 Returning player discount if player is in good standing and played last season
- Credit card payments will incur an additional transaction fee

◆ We agree to make installments and deposits by the date due as set by PCFC. The player cannot practice or play games/tournaments if payments are not current and will be placed in “not good standing” with PCFC and FYSA. This 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) and PCFC’s Strawberry Classic tournament in February. 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 are at the discretion of the club. However, any fees incurred must be paid by the team(s) wanting to join those 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

FYSA COMMUNICABLE DISEASE
RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

read and understood the "Player Release" rules in effect with the Florida Youth Soccer Association (FYSA) located on the FYSA website (www.FYSA.com)

Players

- I understand PCFC's mission, vision and values and will do my best to live by them.
- I understand that swearing, fighting, bullying, and bad behavior of any kind is prohibited. 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.
- 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
- I will do the best I can each day, remembering that all players have talents and weaknesses just like me.
- 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 maintain self-control and not lose my temper and I will not retaliate.
- **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 understand and respect the club's mission, vision and values
- I will positively represent PCFC by encouraging good sportsmanship and demonstrating constructive behavior
- I will ask my child to treat other players, coaches, game officials, administrators, and fans with respect. I will place the emotional and physical well-being of all players ahead of any personal desire to win.
- I will support and respect the coaches, players, game officials, Board members and opposing teams.
- I will ensure my player attends club functions on time.
- I will remember that the game is for the players, not for the adults.
- My role during games and training sessions is to observe from a distance. Interactions during training sessions are discouraged. I will respect the coach's role and not coach from the sideline
 - I will not enter the training or match area unless the coach allows it.
 - I will not give instructions to the players during matches.
- I will observe the "48 hour rule" before talking to the coach about his/her decisions, playing time, positions etc. This is so parents and coach emotions pass and listen more carefully to one another.

Failure to comply may result in the suspension of your privilege to participate in FYSA sanctioned events, for the following periods:

The 1st offense will result in counseling from the coach or a Board of Directors member. Depending on the severity of the offense, it could result in a maximum of five (2) years suspension from PCFC. The 2nd offense suspension is a minimum of one (1) year to a maximum of Ten (5) years. A 3rd offense could result in a lifetime ban from PCFC activities.

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: _____

**FYSA COMMUNICABLE DISEASE
RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT**

In consideration of being allowed to participate in any way in any Florida Youth Soccer Association, Inc. ("FYSA") related events and activities I, the undersigned participant, parent, or legal guardian, acknowledge, appreciate, and agree that:

By participating in FYSA related events and activities, there are certain risks to me arising from or related to possible exposure to communicable diseases including, but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for the Coronavirus Disease (also known as COVID-19) and/or any mutation or variation thereof (collectively referred to as "Communicable Diseases"). I am fully aware of the hazards associated with such Communicable Diseases and knowingly and voluntarily assume full responsibility for any and all risk of personal injury or other loss that I may sustain in connection with such Communicable Diseases.

I, for myself or for my minor child(ren) or ward(s), and on behalf of my/our heirs, assigns, beneficiaries, executors, administrators, personal representatives, and next of kin, **HEREBY EXPRESSLY RELEASE, HOLD HARMLESS, AND FOREVER DISCHARGE FLORIDA YOUTH SOCCER ASSOCIATION, INC.** and its officers, officials, agents, representatives, employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises upon which FYSA related events and activities take place (the "Released Parties"), from any and all claims, demands, suits, causes of action, losses, and liability of any kind whatsoever, whether in law or equity, arising out of or related to any **ILLNESS, INJURY, DISABILITY, DEATH, OR OTHER DAMAGES** incurred due to or in connection with any Communicable Diseases, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASED PARTIES OR OTHERWISE**, to the fullest extent permitted by law.

I agree that this Agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Florida, and if any portion hereof is held invalid, it is agreed that the remainder shall continue in full legal force and effect.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____

Participant's Signature/Name

Age

Date

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

I certify that I am the legal parent/guardian with responsibility for this participant, and that I have read the foregoing Agreement and do consent and agree to his/her release of all the Released Parties as provided above. I further agree that, for myself, my heirs, assigns, beneficiaries, executors, administrators, personal representatives, and next of kin, I expressly release and agree to indemnify and hold harmless the Released Parties from any and all liability incident to the above Participant's involvement or participation in FYSA related events or activities as provided herein, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

X _____

Parent/Guardian Signature

Date

Emergency Phone Number(s)

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.

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

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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
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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 - Signature	Date
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