

**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.** Registration for each practice-only player is \$325 and prorated for the length of season remaining starting the month of the player’s first practice. Payment is due upon the coaches’ acceptance of the player.

◆ **Club registration allows the player to practice with the assigned PCFC team. The PCFC Club will not register the player with FYSA and cannot play in games or tournaments with the team.**

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

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

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 represent PCFC in a positive way by encouraging good sportsmanship and demonstrating positive support for all players, coaches, game officials, club members and opposing team players/parents.
- 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, 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:

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