



**WEST PASCO F.C.
U9 – U10 PLAYER AND PARENT CONTRACT**

Congratulations on being selected to join **WEST PASCO F.C.** for the 2009-2010 **Seasonal Year!** Your skills and hard work have earned you a spot in one of the elite soccer clubs in the United States. Our Coaches and Board of Directors hope this will be an enjoyable year for you and your family. Your initials and signatures on this contract indicate your awareness of and agreement to the numerous commitments, obligations and expectations existing between the player, the parent and **WEST PASCO F.C.**

▶ Although it is our intent to honor the commitment to play with **WEST PASCO F.C.** for the entire seasonal year, we understand that accepting the position offered and completing the registration documents obligates me to pay the full registration fees of \$340.00, regardless of whether we later decide to leave **WEST PASCO F.C.** prior to the end of the seasonal year.

Player's Initials

Parent's Initials

We agree to make all installments toward fulfilling our financial obligation before or by the dates as follows, unless we apply to the BOD for and receive written approval for a modified payment structure:

- Registration Fee payable by Cash, Check or Visa/Mastercard within 14 (fourteen) days of acceptance to team following Tryouts;
- Monthly Coaches/Team Fees by the 1st of each month of activity;
- Club Fundraiser in the amount of \$500.00 per age group (i.e. U9 Boys are considered one age group) will be deducted from team account on December 1st of the seasonal year;

Player's Initials

Parent's Initials

▶ There will be a monthly coaches/team fee of \$____ applied to each player, due at the beginning of each month.

Player's Initials

Parent's Initials

► We understand that the **WEST PASCO F.C.** will provide Affiliation with USYSA, FYSA and opportunities to participate in league, tournament and cup games; a uniform allowance of \$55.00 is also included in the Registration Fees. Additional West Pasco F.C. gear, such as Game Jerseys, Shorts, Socks, Warm Up Suit and Practice Shirts are available at an additional cost.

Player's Initials

Parent's Initials

► We understand that since this is a premier academy environment, the emphasis will be on the age appropriate development of each player and therefore, proper skill development and understanding of the game will take priority over winning games. We also understand and agree to abide by the **WEST PASCO F.C.** policy of not allowing players to guest play with other teams or members of other teams to guest play with **WEST PASCO F.C.** teams, except with the express written approval of the DOC. These exceptions will only be granted if all player's fees and financial obligations have been fulfilled.

Player's Initials

Parent's Initials

► Additionally, we understand that we will share in team expenses above and beyond the club registration fees noted above, to cover entry fees to league play and tournaments that the team decides to participate in, referees fees, and our travel costs associated with attending these events. The team may seek and receive donations or fund-raise to defray these expenses as well. I understand that all funds collected will be credited to my child's team account to be used for such team expenses. These funds remain with the **WEST PASCO F.C.** should the player decide to leave the club.

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 pay a \$200.00 transfer/release fee to **WEST PASCO F.C.** , in addition to fulfilling all financial obligations noted above, including coaches/team fees for the remainder of the season before the Change of Status is processed.

Player's Initials

Parent's Initials

► We understand that failure to fulfill our financial obligations to **WEST PASCO F.C.** may result in the player being placed "Not in Good Standing" with the **WEST PASCO F.C.** and FYSA, which will result in the player's playing privileges being suspended until the obligations are fulfilled. This will also impact the player's ability to register with the **WEST PASCO F.C.** or any other affiliate next year.

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 **WEST PASCO F.C.** Players will conduct themselves in accordance with **WEST PASCO F.C.**, 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.
- 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.

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 **WEST PASCO F.C.**, 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

Date

PARENT NAME (PRINT)

PARENT SIGNATURE

Date

(CLUB REPRESENTATIVE)

(TEAM COACH)

Date