



**Kendall Soccer Coalition  
2010-2011 Season Player Registration Package (Competitive Teams Ages U9-U12)**

Did you play for Kendall SC last year?      Yes \_\_\_\_\_      No \_\_\_\_\_

Player's Last Name:		Player's First Name:		Gender: Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Birth Date:
Home Telephone:	Player's Cell Phone:		Player's Email:		
Parent/Guardian Name:					
Parent/Guardian Cell Phone:			Parent/Guardian Work Phone:		
Parent/Guardian Email:					
Home Address:			City:	Zip Code:	
HS Grad Year:	Verif:	FYSA Player Pass No.		Citizen: Yes <input type="checkbox"/> No <input type="checkbox"/>	

**INFORMED CONSENT/INSURANCE NOTICE**

**Fysa recommends that players not register to a team whose age group exceeds the player's 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 normal age grouping will require approval from the affiliate's director of coaching or agent of record, and the FYSA Director of Coaching.

**INSURANCE NOTICE:** All injuries must be reported within 90 days of the date of the injury.

**INFORMED CONSENT:** I, the parent/guardian of the registrant, agree that we will abide by the rules of **(Kendall Soccer Coalition)**, 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.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Complete this section ONLY if this form will be sent to the FYSA office to register the player:					
District	<u>A1</u>	Club	<u>KDL</u>	Team Code	_____
				League	_____
Registrar Signature					Date

## Kendall SC Player Information Form: 2010 – 2011 Season

Player's Last Name:			Player's First Name:			Player Status (please check one) New <input type="checkbox"/> Returning <input type="checkbox"/> Transfer <input type="checkbox"/>		
Home Telephone:		Player's Cell Phone:		Player's Email:				
Father/Guardian Name:				Mother/Guardian Name:				
Father/Guardian				Mother/Guardian				
Cell Phone:		Work Phone:		Cell Phone:		Work Phone:		
Email:				Email:				
Home Address:					City:		Zip Code:	
Gender: Boy <input type="checkbox"/> Girl <input type="checkbox"/>	Birth Date:	DOB Verif: Yes <input type="checkbox"/> No <input type="checkbox"/>		Age Group:	FYSA Player Pass No.			
Shirt Size: (please circle)				Short Size: (please circle)				
YS YM YL YXL AS AM AL AXL				YS YM YL YXL AS AM AL AXL				
<b>Photograph / Image &amp; Biographical Data Release Form</b> I, _____ (parent/guardian) of the registrant, hereby give Kendall Soccer Coalition (Kendall SC), legal representatives, and assigns the right and permission to publish my child's name, likeness, photographic image and biographical data for the specific purpose of publicity and promotion of the player, team, and/or Kendall SC. I hereby release and hold harmless Kendall SC, their employees, agents, and designees from any and all responsibility or liability. I understand that I will receive no compensation, should any of the photographs or biographical data of my child be used. I understand Kendall SC has the full authority as to which pictures may be used on their website and promotional materials. Kendall SC will not publicly release my child's or my e-mail or telephone contact information without our prior consent, unless I am an official member of the club's staff or board of directors.								
Player Signature: _____					Date: _____			
Parent\Guardian Signature: _____					Date: _____			
<b>Team Assignment Information (To be completed by club official)</b>								
2010-2011 Team Assignment:			Signature of Head Coach or Program Director:					

## KENDALL SC 2010-2011 FYSA PLAYER AGREEMENT

Season membership fees by age group are detailed below. All members pay a \$150 deposit due at enrollment. The balance of the season membership fees can be:

- a) paid in full at time of enrollment (a 5% discount will be applied);
- b) billed automatically to a credit card in equal monthly installments until May 2011; or
- c) invoiced in 6 equal monthly installments starting the first of the month after enrollment is completed, for members who register before October 1, 2010. Members who register after October 1 would be billed the balance in equal monthly installments until March 2011.
- Younger brothers or sisters receive a 5% discount on their annual membership fee.

<b>2010-2011 Fees and Payment Schedule</b>	<b>U9 – U10</b>	<b>U11 – U12</b>
<b>Total Season Membership Fees for 10-month seasonal program</b>	<b>\$900</b>	<b>\$950</b>
Deposit due at time of enrollment	\$150	\$150
Individual installment payment amount <b>based on 6 monthly installments. NOTE: THIS IS NOT A MONTHLY FEE CHARGE.</b>	\$125.00	\$133.33
<b>The club may charge a \$20.00 dollar late fee for payment that is 15 days past the date due.</b>		
Members who register after December 1 will pay an adjusted membership fee based on the date of enrollment. Please consult the club’s financial manager if registering after that date.		

**Seasonal Membership Fees include:**

- Team training, game coaching provided by club-contracted coaches, with a minimum of two training sessions per week, weather-permitting, from August 2010 through May 2011. In the event that a team advances to regional or national competitions past May, members will be charged a monthly training fee to cover coaches compensation for training and coaching that month.
- FYSA player registration and secondary insurance, and team registration in SFUYSA, FLUGSA or equivalent league. Does not include team registration in Super Y-League, Tri-County league, US Club Soccer or outside tournaments.
- Miami-Dade County parks fees.
- Two game uniforms and training kits. Members are responsible for other items, such as warm-ups or player bags.
- Club raffle tickets valued at \$100 that members can sell and use the proceeds to cover their club expenses. Additional raffle tickets are available for purchase by members at 20% of their face value.

**Financial Aid:**

- The club offers a limited number of scholarships based solely on demonstrated financial need.
- To obtain a financial aid application, contact the club’s financial manager, treasurer, your age group team manager, or visit [www.kendallsoccer.com](http://www.kendallsoccer.com).
- Financial aid applications are due by July 15, 2010. Applications submitted later run the risk of not being considered.
- To be evaluated for financial aid, a prospective member must register with the club. If within 5 days of being notified of the financial aid award, the prospective member requests a club official to withdraw his/her membership, the player will be granted a release and the \$150 deposit will be refunded.

**Members agree to:**

- Pay the annual membership fee as indicated above. Failure to pay club fees may result in a member being removed from the team roster, being placed in “not in good standing” with FYSA, and having an additional fee assessed to cover the FYSA processing cost
- Pay a fair share of team expenses for outside tournament fees, coaches travel reimbursement, referee fees for league or tournaments and other non-league games, and travel costs associated with attending these events

**Player Initials** \_\_\_\_\_

**Parent Initials** \_\_\_\_\_

## KENDALL SC 2010-2011 FYSA PLAYER AGREEMENT (cont.)

**Player Injuries:** If a player suffers an injury that sidelines him/her for more than one month and provides medical backup he/she will be credited for the time that he/she is unable to perform activities with the club due to the injury. Credits do not apply to the registration portion of the membership fees - \$300 for ages U9-U12.

**Player Releases:** If a player requests a release prior to the completion of the soccer seasonal year, the player agrees to pay Kendall SC any previously invoiced fees as indicated above, plus a \$200 processing fee if the release is requested prior to December 1 and \$100 if requested after that date, prior to the release being processed. A member who requests a release will forfeit his/her deposit, and any installment payments made as of the date of the release. Releases or transfers must be requested in writing (paper or electronic) to the club's Registrar. **Unless a formal player release is requested of the FYSA, invoicing will continue unless a financial release form is handed in to the club's financial manager with the signature of the team's coach and manager.**

**Team Fundraising:** Teams may seek donations or raise funds to defray team expenses. Funds deposited and credited to a team's account may be used to pay for team expenses. Kendall SC reserves the right to retain 10% of team funds raised through club-sponsored activities to support the club's financial aid program.

**Code of Conduct**

Kendall SC members are expected to:

- abide by the decisions of team coaches and discuss differences of opinion constructively and with respect;
- refrain from consuming alcohol or illegal drugs;
- abide by the FYSA code of ethics (see attached) and the code of conduct outlined in the roles and responsibilities section located online at [www.kendallsoccer.com](http://www.kendallsoccer.com).

A violation of these expectations may result in the revocation of membership.

**Print Player's Name** \_\_\_\_\_ **Print Parent's Name** \_\_\_\_\_

**Player's Signature** \_\_\_\_\_ **Parent's Signature** \_\_\_\_\_

**Date** \_\_\_\_\_ **Age Group U** \_\_\_\_\_ **Gender** M / F **Player Pass #** \_\_\_\_\_

Payment Information (To be completed by club official)			
<b>Annual Membership Fees:</b>	<b>Amount Paid with Application:</b>	<b>Balance Due:</b>	
<b>Discount Applied:</b> Sibling <input type="checkbox"/> Paid in Full <input type="checkbox"/>	<b>Applied for Financial Aid:</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		
<b>Payment Method for Membership Fee Balance (check one):</b>		<b>Billing Email:</b>	
Credit Card paid in full <input type="checkbox"/> Credit Card paid in automatic monthly installments <input type="checkbox"/>		Father <input type="checkbox"/> Mother <input type="checkbox"/>	
Check paid in full <input type="checkbox"/> Bill in ___ equal monthly installments <input type="checkbox"/>		<b>Installment Amount:</b>	<b>Date of First Invoice:</b>



### 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:

- 1<sup>st</sup> offense: Suspension for a minimum thirty (30) days to a maximum of (5) years.
- 2<sup>nd</sup> offense: Suspension for a minimum of one (1) year to a maximum of ten (10) years.
- 3<sup>rd</sup> offense: Suspension for a minimum of five (5) years to a maximum of fifty (50) years.

**By signing below I acknowledge that I have read, understand, and will comply with the FYSA Code of Ethics.**

\_\_\_\_\_  
Member's name

\_\_\_\_\_  
Parent's name

\_\_\_\_\_  
Member's signature

\_\_\_\_\_  
Parent's signature

Member's Age Group \_\_\_\_\_



## Credit Card Billing Authorization Form

If you would like to enjoy the convenience of credit card billing, simply complete the Credit Card information section below and sign the form. All requested information is required. Upon approval, we will bill your credit card for the amount indicated in full or in monthly installments as indicated below and your total charges will appear on your credit card statement. You may cancel the automatic billing authorization at any time by contacting Marcela Peralta Ramos at 786-344-7212, but may be asked to settle your annual fee balance immediately if after February 1, 2011.

### Member Information

Member Name: \_\_\_\_\_ Team: \_\_\_\_\_

### Payment Information

I authorize Kendall SC to bill the credit card listed below the balance of my annual fees totaling \$ \_\_\_\_\_

**Choose one option:**

- Equal monthly installments until May 2011, starting the 1st of the month following the completion of this application.
- One total payment (a 5% discount will be applied)

**Check if appropriate:**

- Please also charge the \$150 enrollment deposit to my credit card in one payment
- Provide written cancellation

### Credit Card Information

Kendall SC accepts the following Credit Cards: **VISA, MASTER CARD & DISCOVERY**

**Credit Card:** \_\_\_\_\_ **Credit card Number:** \_\_\_\_\_

VISA **Expiration:** \_\_\_\_/\_\_\_\_

MASTER CARD

DISCOVERY

**Cardholder Name:** \_\_\_\_\_

**Cardholder Zip Code:** \_\_\_\_\_

**Cardholder Signature:** \_\_\_\_\_ **Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

Monthly installment amount \_\_\_\_\_ Financial Administrator or Treasurer Initials \_\_\_\_\_