



REGISTRAR ONLY: Med Release _____ Birth Certificate _____ Age Group _____

CITRUS UNITED RECREATIONAL SOCCER

☐ New ☐ Returning ☐ Transfer

**PLEASE CIRCLE WHERE YOU WOULD LIKE TO PLAY
INVERNESS**

Most recent registration: Where _____ When _____

T- Shirt Size: ☐ XYS ☐ YS ☐ YM ☐ YL ☐ AS ☐ AM ☐ AL ☐ AXL

Short Size: ☐ YS ☐ YM ☐ YL ☐ AS ☐ AM ☐ AL ☐ AXL

If your child has siblings playing also please list their full names below:

Name _____ M ____ F ____ Date of Birth _____

Name _____ M ____ F ____ Date of Birth _____

Name _____ M ____ F ____ Date of Birth _____

YRS OF EXP _____

Player Name (Last) _____ (First) _____ (Middle) _____

Gender M ____ F ____ Birth Date _____ Players Age _____

Parent\Guardian Name _____ Alternate Contact _____

Address _____

City _____ State _____ Zip _____

Phone Numbers (work) _____ Home _____ Cell _____

Email Address: **(Please Print clearly – we like to use email to communicate club events and activities. We will NOT SPAM you or share your email)**

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Please refer to the website for future updates and information.

www.citrusunited.com

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| Initial Here | <i>Before you complete the registration process, please be sure you read and initial the Citrus United rules regarding player placement, team formation, team practices, and uniform sizes.</i> |
| | I am <u>completely aware</u> that my child will be placed upon a team based upon age group, years of experience and coach availability. <u>Requests for coaches and/ or specific teammates will not be honored</u> outside of the normal registration process. |
| | I am <u>completely aware</u> that the requests for team placement based on car pooling may be considered if the children <u>register at the same time and neither player is protected by a coach.</u> |
| | I am <u>completely aware</u> that practice dates, times, and locations is at the discretion of the soccer coach. This is something you as a parent/guardian will need to coordinate with the soccer coach. Soccer practice information will not be available until after teams are formed. Players will not be moved to different teams due to practice schedule conflicts. |
| | I am <u>completely aware</u> that the uniform sizes I chose above WILL BE the size ordered for my child. I understand that if the size I select does not fit, I may request an additional uniform at an <u>additional cost of \$20.00.</u> Sample uniforms are available for your child to try on. We encourage you to try on the sample uniforms before making your selection. |

Insurance Notice

all injuries must be reported within 90 days of the date of injury, Benefits will be provided for eligible expenses not paid by other insurance health plans after the FYSA deductible has been satisfied

Do you have other medical Insurance ☐ YES ☐ NO

If yes, please identify name of insurance company _____ Policy # _____

Informed Consent

I, the parent/guardian of the registrant, acknowledge that I am completely aware of the inherent risks associated with soccer, and hereby waive, release, and discharge the state association (FYSA) and all of its affiliated organizations, as well as there officers, directors, employees and agents (collectively, the "Released parties"), from any and all liability and responsibility in the event that my minor child, named above, becomes injured in any way during their participation in soccer events or activities associated with the Released parties. I further state that I and/or my child takes full responsibility for any injury and may occur as a result of my child's participation, and that neither I nor my child will hold the Released Parties responsible for any aggravation of pre-existing injuries prior to or during my child's participation in any soccer events or activities associated with the Released Parties.

Player Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Club Registrar: _____ Date: _____

Office Use Only

Total Fees: _____ Payment Method _____

Team Assigned: _____ Coach Name: _____

Please refer to the website for future updates and information.
www.citrusunited.com



Citrus United Soccer Club

MEDICAL RELEASE FORM

I, _____ (Parent/Guardian's Name) hereby give permission for any and all medical attention to be administered to my child _____ (Child's Name) In the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

ADDRESS: _____

HOME PHONE: _____

INSURANCE COMP: _____ POLICY NUMBER: _____

In case I cannot be reached, any of the following persons is designated to act on my behalf.

* _____

: _____

* A league representative where my child is playing.

PHYSICIAN: _____

ADDRESS: _____

PHONE: _____

KNOWN ALLERGIES: _____

PARENT SIGNATURE _____

Other contact we can call

T- Shirt Size: ☐ XYS ☐ YS ☐ YM ☐ YL ☐ AS ☐ AM ☐ AL ☐ AXL

Short Size: ☐ XYS ☐ YS ☐ YM ☐ YL ☐ AS ☐ AM ☐ AL ☐ AXL

FYSA CODE OF ETHICS

Players

- I will encourage good sportsmanship from fellow players, coaches, officials and parents at all times.
- 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 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 of retaliation.
- I will always 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, I shall conduct myself so as to bring credit to myself and my team.
- I shall not possess, consume or distribute before, during or after any game or at any other time at the field and/or game complex alcohol, tobacco, illegal drugs or unauthorized prescription drugs.
- I will never use abusive or insulting language. I will treat everyone with dignity.

Coaches/Volunteers

- I will never place the value of winning before the safety and welfare of all players.
- I will always show respect for players, other coaches, and game officials.
- I will lead by example, demonstrating fair play and sportsmanship at all times.
- I will demonstrate knowledge of the rules of the game, and teach these rules to my players.
- I will never use abusive or insulting language. I will treat everyone with dignity.
- I will not tolerate inappropriate behavior, regardless of the situation.
- I will not allow the use of anabolic agents or stimulants, drugs, tobacco, or alcohol by any of my players.
- I will never knowingly jeopardize the eligibility and participation of a student-athlete.
- Youth have a greater need for example than criticism. I will be the primary soccer role model.
- I will at all times conduct myself in a positive manner.
- Coaching is motivating players to produce their best effort, inspiring players to learn, and encouraging players to be winners.
- My actions on sidelines during games shall be in the spirit of "good sportsmanship" at all times. Profanity, profane gestures, arguing, inciting disruptive behavior by spectators

and/or players, or any conduct not in the spirit of good sportsmanship, shall require disciplinary action from the affiliate.

- I shall not possess, consume or distribute before, during or after any game or at any other time at the field and/or game complex alcohol, tobacco, illegal drugs or unauthorized prescription drugs.
- I will refrain from any activity or conduct that may be detrimental or reflect adversely upon FYSA, its members or its programs.
- I will accurately and completely complete the coach/volunteer application form and by application attest to the accuracy of the information submitted.

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.
- I will not get into arguments with the opposing team's parents, players, or coaches.
- I will not come onto the field for any reason during the game.
- I will not criticize game officials.
- I shall not possess, consume or distribute before, during or after any game or at any other time at the field and/or game complex alcohol, tobacco, illegal drugs or unauthorized prescription drugs.
- I will refrain from any activity or conduct that may be detrimental or reflect adversely upon FYSA, its members or its programs.

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 of 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.

Parent/Player Signature