



# Burlington Soccer Club

## Player Registration Packet

Welcome to Burlington Soccer Club. This packet contains all the information and instructions that you will need in order to complete the registration process. Please review this packet in its entirety then bring the completed forms and signed agreements with you to one of the BSC Registration Nights. If you cannot attend any of the registration nights, you may mail the packet with all completed forms, pictures, and payments to:

Burlington Soccer Club  
2303 Hanford Road  
Burlington, NC 27215

**Important: The Registration Payment of \$150, plus any outstanding previous year's dues, is due and payable within 48 hours of receipt of your acceptance letter. Any offered-players submitting payments after this time will not be guaranteed their spot on the offered team and the player's roster spot may be given to waitlisted players. The deadline for receipt of all forms included in this packet is June 4, 2013.**

Please note that registration fees can be paid via credit card on the on-line system and are part of the BSC club dues.

This packet is intended to serve as a contract between the player, player's family, and Burlington Soccer Club. **All registration requirements must be completed before a player will be accepted and registered to a BSC team.** A registration packet will be required for each player and will cover the 2013-2014 soccer playing year.

**No faxed copies of this packet will be accepted – NO EXCEPTIONS.  
Forms completed in pencil will not be accepted – NO EXCEPTIONS.**

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Please complete the following information:

**Player's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Street) (City) (State) (Zip)

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address** (required for parent/guardian): \_\_\_\_\_

**Age Group:** U- \_\_\_\_\_ **Male:** \_\_\_\_\_ **Female:** \_\_\_\_\_

**Level of Play:** Recreation \_\_\_\_\_ Challenge \_\_\_\_\_ Classic \_\_\_\_\_

## Inventory of Required Forms and Agreements

Each player who is offered a roster spot on a BSC team is **required** to provide the following information to register for a team. All forms are included in this packet and are also available on the BSC website. All signatures must be original and made in ink. No faxed or unsigned copies will be accepted.

**BSC Registration Nights are scheduled for June 3<sup>rd</sup> and 4<sup>th</sup> at Futbolfit.**

Form/Agreement/Payment	Returning BSC Player	New BSC Player	BSC Use Only
<b>\$150 Non-Refundable Deposit**</b> (Please provide receipt for online payments, check payable to BSC, or cash)	Yes	Yes	
<b>Financial Contract or Financial Aid Application</b>	Yes	Yes	
<b>NCYSA Medical Waiver</b> (Must be signed in ink)	Yes	Yes	
<b>Copy of Birth Certificate</b>	No	Yes	
<b>1" x 1" Passport Style Color Photograph</b> <ul style="list-style-type: none"> <li>• Picture must be of face only</li> <li>• Player may NOT be wearing hats or sunglasses</li> <li>• No black and white photos accepted</li> <li>• Picture must be on photo quality paper</li> <li>• Please write player name on back of picture</li> </ul> <p>If player does not have the ability to provide a picture, please let a BSC Registration Night volunteer know and BSC will take a picture of the player. If using this option, player must be in attendance at Registration Night and must meet all other picture requirements.</p>	Yes	Yes	
<b>Uniform Order Form and Payment</b>  BSC is not requiring returning players to buy new uniforms for the 2013-2014 seasons; however, returning players may purchase new uniform pieces as needed.	No	Yes	
<b>Concussion Policy Form</b>	Yes	Yes	
<b>Concussion Statement Form</b>	Yes	Yes	
<b>Model/Image Release Agreement</b>	Yes	Yes	
<b>Player Refund and Release Policy Agreement</b>	Yes	Yes	

**\*\* Players must accept their roster spot within 24 hours of invitation; registration payment of \$150 plus any previous year balances are due and payable within 48 hours of receipt of acceptance letter. Requests for alternative payment plans must be made in writing and approved by the Club Treasurer.**

## 2013 – 2014 Burlington Soccer Club Financial Contract

Player's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Please initial each statement below confirming you have read and understand each item. If you have any questions, please see the Executive Director or a member of the Board of Directors.

### Player's Club Dues:

1. A player's Club dues are determined by team assignment and level of play. Club dues cover the costs of BSC administrative expenses including, but not limited to:
  - a. Player registration and insurance fees
  - b. Referee fees
  - c. Coaching fees
  - d. Field usage fees
  - e. Player's participation in BSC's Team Camp Initial: \_\_\_\_\_
  
2. All Club dues amounts, payments, and conditions, including satisfactory payment of any previously outstanding balances are defined on, and are to be made in accordance with, the terms on the Club Dues and Payment Schedule. Initial: \_\_\_\_\_
  
3. **Any Club dues payment received 30 days after its due date will be past due and may result in the player's registration card being pulled.** Any player on a pulled registration card will NOT be permitted to participate in training sessions or play in games until the payments are current and the card is reinstated. Initial: \_\_\_\_\_

### Player's Team Fees:

1. Player's team fees are separate from, and in addition to, the Club dues. Initial: \_\_\_\_\_
  
2. Team fees are used to cover team specific costs including, but not limited to:
  - a. Tournament registration fees
  - b. Reasonable coaches reimbursements, including travel (as defined by BSC)
  - c. Indoor practice sessions
  - d. Other team expenses (e.g., first aid kits, team bench, etc) Initial: \_\_\_\_\_
  
3. Team fees and payment schedules for tournaments and travel are determined by the Head Coach and Team Manager, according to BSC guidelines. Initial: \_\_\_\_\_

4. Optional team purchases such as canopies or benches are not required and must have approval from every rostered player family before purchase. Initial: \_\_\_\_\_
  
5. **Any player reported to BSC by the team manager as being 30 days or more delinquent on team fees may be subject to the player's registration card being pulled.** Any player on a pulled registration card will NOT be permitted to participate in training sessions or play in games until the payments are current and the card is reinstated. Initial: \_\_\_\_\_

**Parent/Guardian Responsibility:**

In accordance with the established policies of Burlington Soccer Club and its Board of Directors, the signing parent or legal guardian of the player named on this contract agrees to the following:

1. By signing below, you acknowledge that you have read and understand the player's Club dues, player's team fees, payment schedule, and player eligibility standards related to payments and that you are assuming financial responsibility for the Club dues and team fees for the entire playing year. Initial: \_\_\_\_\_
  
2. Refunds will only be considered for extraordinary events defined as relocation of more than 50 miles or the complete folding of a BSC team. Initial: \_\_\_\_\_
  
3. All payment schedules for Club dues and team fees must be met unless the club treasurer has approved, in writing, an alternative payment plan or awarded a financial aid scholarship. Initial: \_\_\_\_\_
  
4. Limited financial aid is available for families who meet BSC's approved guidelines and aid is awarded on a first-come, first-served basis until approved funds are exhausted. Any player wishing to apply for financial aid must return a completed Financial Aid Application and all required documentation by June 4, 2013. Please be aware that copies of tax statements, pay stubs or other evidence of financial need will be required with your application – NO EXCEPTIONS. Initial: \_\_\_\_\_
  
5. All additional travel expenses not included in the team fees are the sole responsibility of the player and player's family. Expenses may include, but are not limited to: lodging, meals, fuel and other vehicle related expenses, entertainment, etc. Initial: \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian Name

# Burlington Soccer Club

## Club Dues and Payment Schedule

2013 - 2014

In addition to the fees listed below, all returning players wishing to register for a BSC team must be current and in good standing on all previous year Club dues payments. If you have concerns about a previous year outstanding balance, please see the Executive Director, Treasurer, or a member of the Board of Directors.

Level of Play	1 <sup>st</sup> Payment* (Upon Offer)	2 <sup>nd</sup> Payment (July 1 <sup>st</sup> )	3 <sup>rd</sup> Payment (August 1 <sup>st</sup> )	4 <sup>th</sup> Payment (Sept 1 <sup>st</sup> )	Total
U-10 Academy	\$150	\$125	\$125	\$125	\$525
Challenge (U11-U14)	\$150	\$110	\$110	\$105	\$475
Challenge (U15-U18)	\$150	\$75	\$75	\$75	\$375
Classic (U11-U14)	\$150	\$185	\$185	\$175	\$695
Classic (U15-U18)	\$150	\$140	\$140	\$130	\$560
Premier (U11-U14)	\$150	\$210	\$210	\$205	\$775

\* **Players must accept their roster spot within 24 hours of invitation; registration payment of \$150 plus any previous year balances are due and payable within 48 hours of receipt of acceptance letter and are non-refundable.**

BSC accepts Visa, MasterCard, American Express, Discover Card, Personal and Business Checks, and Cash. BSC recommends enrolling in the credit card automated payment option.

Please refer to the BSC Financial Contract for terms and conditions of play governed by payment status.

Players wishing to apply for need-based financial aid may do so by completing the Financial Aid application. The application can be found on BSC's website at [www.bsoccer.net](http://www.bsoccer.net) or by contacting the Executive Director or Treasurer.

## Instructions for Completing NCYSA Medical Waiver Form

The North Carolina Youth Soccer Association (NCYSA) requires each player to have a completed medical waiver. The medical waiver must be completed each soccer season. It is imperative that the waiver be completed correctly and is returned to BSC. Please do not leave any areas blank unless instructed below.

**Players who have submitted incomplete or unsigned waivers will not be registered and carded for play.**

**Two copies of the form must be returned to BSC.**

Only ONE parent/guardian needs to sign the form.

Instructions:

- **Do NOT fill in the team name or jersey number – this will be completed by BSC.**
- Enter player's given name as it appears on the birth certificate. Include middle initial, if appropriate. Please refrain from using nicknames or other names that do not match the birth certificate.
- Enter birth date.
- Select level of play, if known. If unsure, leave blank and BSC will complete.
- Select gender.
- Enter complete, current address of player.
- Enter full name of the signing parent or legal guardian.
- Enter at least one phone number for the signing parent or legal guardian.
- Enter the name, address and at least one phone number for an emergency contact. *This person will be contacted in event of a serious injury or emergency if the parent/guardian is not available.*
- Enter date of last tetanus shot, if known, or indicate "Current" if not known but up to date. If not up to date, enter "Not Current."
- List appropriate comment for medications now being taken. If none, write "None."
- List any allergies to medicines or other substances. If no allergies, write "None."
- Comment, as appropriate, on any unusual health information that would need to be known in the event of injury or emergency. (e.g., asthma, epilepsy, etc.)
- Enter the county and state where the signing parent/guardian is currently residing.
- Enter the appropriate insurance policy information as requested. If no insurance, enter "None."
- **The parent or guardian listed on the form MUST sign the form in ink and date it. The form is not valid and will not be accepted if not signed.**

**North Carolina Youth Soccer Association  
Medical Consent / Waiver of Liability and Release**

(to be given to local Association)

20\_\_\_\_ - 20\_\_\_\_

**NCYSA**

PO Box 29308  
Greensboro, NC 27429  
336.856.7529

NCYSA Policy # \_\_\_\_\_

Excess policy to any valid and collectible insurance. If there is no primary insurance on a player, this policy is primary after the deductible.

Player First Name    M Initial    Last Name    Full Association Name (no acronym)    Jersey #  
( AS APPEARS ON BIRTH CERTIFICATE)

Academy     Challenge     HS Challenge     Classic     Recreation     Male     Female

Birth Date    Level    Gender

Address of Player    City    State    Zip

Parent/Legal Guardian Full Name    Home Phone    Work Phone    Cell Phone

Additional Person to Contact in an Emergency    Address    Home Phone    Cell Phone

Date of Last Tetanus Shot    Medications now being taken

Player is Allergic to these Medications and Substances

List any Unusual Health Information

I (we), the undersigned, residing in the county of \_\_\_\_\_, state of \_\_\_\_\_, the parents/legal guardian of the above Registrant, a minor, who resides with us, do hereby declare our intent to allow that child to practice, train, play and participate in all soccer-related activities with the above mentioned soccer team affiliated with the North Carolina Youth Soccer Association and the United States Youth Soccer Association.

I (we) agree that we and the Registrant will abide by the rules of the USYS, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS and NCYSA accepting the Registrant for their soccer programs and activities (the " Programs"), we hereby jointly and severally release, discharge and/or otherwise indemnify the USYS, NCYSA, their affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized by the Programs, against any claim by or on behalf of the Registrant as a result of the Registrant's participation in the Programs and/or being transported to or from the same, which transportation we hereby authorize.

I (we) further, jointly and severally, as parents and legal guardians of the Registrant, release, discharge, and agree to hold harmless and indemnify the above-named individuals or any of the designated coaches of the above Team from any and all liability, claims or demands arising from the Registrant participating in the Programs with the above Team specifically to include any and all claims for personal injuries sustained while present or participating in the Programs or traveling to or from events in the Programs or while on trips sponsored by or in conjunction with the Programs.

In addition, I (we) do hereby authorize any one of the designated adults of the Team, if after a reasonable attempt has been made to reach a parent or guardian to obtain consent or if sound medical practice decrees that there is not time to make such an attempt, to consent to any x-ray examination, anesthetic, medical or surgical procedure, treatment, and/or hospital care, to be rendered to the Registrant under the general or special supervision of and/or on the advise of any physician, surgeon or dentist duly licensed to practice.

The undersigned have read and fully understand and agree to the foregoing.

Insurance Information:  
Name of Insurance Company: \_\_\_\_\_

ID Number: \_\_\_\_\_

Confirmation Number: \_\_\_\_\_

\_\_\_\_\_ \*\*\*\*\* Parent/Legal Guardian Signature

\_\_\_\_\_ Date

\*\*\*\*\*An electronic signature will NOT be accepted

Original (Team)

Copy (Association)

Updated April 25, 2011

**North Carolina Youth Soccer Association  
Medical Consent / Waiver of Liability and Release**

(to be given to local Association)

20\_\_\_\_ - 20\_\_\_\_

**NCYSA**

PO Box 29308  
Greensboro, NC 27429  
336.856.7529

NCYSA Policy # \_\_\_\_\_

Excess policy to any valid and collectible insurance. If there is no primary insurance on a player, this policy is primary after the deductible.

Player First Name    M Initial    Last Name    Full Association Name (no acronym)    Jersey #  
( AS APPEARS ON BIRTH CERTIFICATE)

Academy     Challenge     HS Challenge     Classic     Recreation     Male     Female

Birth Date    Level    Gender

Address of Player    City    State    Zip

Parent/Legal Guardian Full Name    Home Phone    Work Phone    Cell Phone

Additional Person to Contact in an Emergency    Address    Home Phone    Cell Phone

Date of Last Tetanus Shot    Medications now being taken

Player is Allergic to these Medications and Substances

List any Unusual Health Information

I (we), the undersigned, residing in the county of \_\_\_\_\_, state of \_\_\_\_\_, the parents/legal guardian of the above Registrant, a minor, who resides with us, do hereby declare our intent to allow that child to practice, train, play and participate in all soccer-related activities with the above mentioned soccer team affiliated with the North Carolina Youth Soccer Association and the United States Youth Soccer Association.

I (we) agree that we and the Registrant will abide by the rules of the USYS, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS and NCYSA accepting the Registrant for their soccer programs and activities (the " Programs"), we hereby jointly and severally release, discharge and/or otherwise indemnify the USYS, NCYSA, their affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized by the Programs, against any claim by or on behalf of the Registrant as a result of the Registrant's participation in the Programs and/or being transported to or from the same, which transportation we hereby authorize.

I (we) further, jointly and severally, as parents and legal guardians of the Registrant, release, discharge, and agree to hold harmless and indemnify the above-named individuals or any of the designated coaches of the above Team from any and all liability, claims or demands arising from the Registrant participating in the Programs with the above Team specifically to include any and all claims for personal injuries sustained while present or participating in the Programs or traveling to or from events in the Programs or while on trips sponsored by or in conjunction with the Programs.

In addition, I (we) do hereby authorize any one of the designated adults of the Team, if after a reasonable attempt has been made to reach a parent or guardian to obtain consent or if sound medical practice decrees that there is not time to make such an attempt, to consent to any x-ray examination, anesthetic, medical or surgical procedure, treatment, and/or hospital care, to be rendered to the Registrant under the general or special supervision of and/or on the advise of any physician, surgeon or dentist duly licensed to practice.

The undersigned have read and fully understand and agree to the foregoing.

Insurance Information:  
Name of Insurance Company: \_\_\_\_\_

ID Number: \_\_\_\_\_

Confirmation Number: \_\_\_\_\_

\_\_\_\_\_  
\*\*\*\* Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\*\*\*\*An electronic signature will NOT be accepted

Original (Team)

Copy (Association)

Updated April 25, 2011





# Burlington Soccer Club

## Uniform Order Form

Player Name: \_\_\_\_\_

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

Gender (circle one): M F Age Group: U-\_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Number: \_\_\_\_\_

### Jersey Number Information

- Is player returning to the SAME team as last season? Yes No
- If not returning, please enter jersey number preference below\*\*:

1st Choice: \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_ 3<sup>rd</sup> Choice: \_\_\_\_\_

\*\* While all efforts will be made to provide players with their desired jersey numbers, no guarantees are made by BSC and final jersey number assignments will be determined by the Club registrar(s). Initial: \_\_\_\_\_

### Uniform Sizing Information

Please note that sizes may vary from year to year. If you are unsure of your player's sizing needs, please bring the player to Registration Night for a fitting. Any wrong sizes that are printed (logos, numbers, etc) are non-refundable. Initial: \_\_\_\_\_

- Jersey Size (please circle): YS YM YL YXL AS AM AL AXL
- Shorts Size (please circle): YS YM YL YXL AS AM AL AXL
- Sock Size (please circle) (B/G): Juniors (1-4/3-5.5) Youth (4.5-8/5.5-10.5) Adult (8.5+/11+)
- Training Tee Size (please circle): YS YM YL YXL AS AM AL AXL

### Uniform Payment Information

Full uniform kits are priced at \$100 for adult sizes and \$95 for youth sizes for the 2013-2014 playing year. If ordering a partial uniform kit, please see the Executive Director or attend a Registration Night for pricing information.

# Burlington Soccer Club

## Concussion Policy

The game of soccer, like many other sports, is a contact sport and can, at times, be played in a very physical manner. The inherent risks and dangers of playing soccer include the risk of injury, including concussions, from contact with other players, the ball, field equipment, goal posts, and/or the playing surface. All players and families who participate with BSC's soccer programs need to be aware of these risks and are encouraged to seek information on recognizing the signs and symptoms of a concussion.

While BSC coaches and staff are instructed to use good judgment and common sense in identifying and managing players who may be concussed, players and parents/guardians are hereby notified, and need to understand, that BSC coaches and staff members are not medical doctors and cannot be expected to provide a medically based diagnosis of a concussion, or any other injury, to players, nor provide treatment advice for any such concussion or injury.

As such, it is imperative that players and parents/guardians educate themselves in the area of concussions and take a personal responsibility for being proactive in managing the health and well-being of their players and themselves. Players who believe they may have a concussion, whether sustained during BSC activities or not, should communicate their concerns to their coach and should seek appropriate medical attention.

If a player is diagnosed as having a concussion, regardless of its severity, the affected player will not be allowed to participate in training or games until a written letter of release is obtained from a physician.

BSC and its coaches reserve the right to withhold any player from participating in training or games when either deems there is a reasonable possibility that a player is suffering from a concussion or concussion-like symptoms.

**I have read and understand BSC's policy regarding concussions.**

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(Signature of parent/guardian)

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(Date)

The following information is provided for the education of our members and should not be interpreted as medical advice. If you have a concern about a concussion, please see a physician immediately.

# Concussion Information

## For Players and Parents/Guardians

**What is a concussion?** A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should, it may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

**How do I know if I have a concussion?** There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here are some things to look for:

Thinking/Remembering	Physical	Emotional/Mood	Sleep
Difficulty thinking clearly	Headache	Irritability – things bother you more easily	Sleeping more than usual
Taking longer to figure things out	Fuzzy or blurry vision	Sadness	Sleeping less than usual
Difficulty concentrating	Feeling sick to your stomach/queasy	Being more moody	Trouble falling asleep
Difficulty remembering new information	Vomiting/Throwing up	Feeling nervous or worried	Feeling tired
	Dizziness	Crying more	
	Balance problems		
	Sensitivity to noise or light		

Table is adapted from the Centers for Disease Control and Prevention (<http://www.cdc.gov/concussion/>)

**What should I do if I think I have a concussion?** If you are having any of the signs or symptoms listed above, you should tell your parents, coach, or other responsible adult so they can get you the help you need. If a parent notices these symptoms, they should inform the coach or executive director.

**When should I be particularly concerned?** If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slurred, you should let an adult like your parent or coach know right away, so they can get you the help you need before things get any worse.

**What are some of the problems that may affect me after a concussion?** You may have trouble in some of your classes at school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur. Once you have a concussion, you are more likely to have another concussion.

**How do I know when it's ok to return to physical activity and my sport after a concussion?** After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your coach and parents can help decide who is best to treat you and help to make the decision on when you should return to activity/play or practice. You should not return to play or practice on the same day as your suspected concussion.

**You should not have any symptoms at rest or during/after activity when you return to play, as this is a sign your brain has not recovered from the injury.**

This information is provided by the UNC Matthew Gfeller Sport-Related TBI Research Center, NC Medical Society, NC Athletic Trainers' Association, Brain Injury Assoc. of NC, NC Neuropsychological Society, NCHSAA

## BSC Player & Parent/Guardian Concussion Statement

**Player Name:** \_\_\_\_\_

**Parent/Legal Guardian Name(s):** \_\_\_\_\_

*Please read each statement below and confirm your understanding by initialing the appropriate box. One parent or guardian is required to sign the form. U-12 and older players are encouraged to read and sign the form.*

Player	Concussion Information	Parent/ Guardian
	A concussion is a brain injury which should be reported to my parents, coach(es), or a medical professional, if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and concentrate.	
	A concussion cannot be “seen.” Some symptoms might be present right away; other symptoms can show up hours or days after an injury.	
	I will tell my parents/guardian, coach and/or a medical professional about my injuries and illnesses.	N/A
	If I think a teammate has a concussion, I should tell my coach(es), parents, or medical professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion.	
	Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away right away. I realize that resolution from this injury is a process and may require more than one medical evaluation.	
	I realize that ER/Urgent Care physicians will not provide clearance if seen right away after the injury.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read and understand the Concussion Information sheet.	

\_\_\_\_\_  
(Signature of Player)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Date)

## **BSC Model and Image Release From**

As a member of Burlington Soccer Club (BSC), I hereby give permission to BSC and/or its teams/representatives/agents to use my name and photographic likeness in all forms and media for advertising, trade, and any other lawful purposes.

**Player Name:** \_\_\_\_\_ **Team Name:** \_\_\_\_\_

I, \_\_\_\_\_, am the parent/legal guardian of the individual named above; I have read this release and approve of its terms.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: BSC and its teams may use your child(ren)'s photographic likeness on Club or team websites and/or for marketing or advertising purposes. Authorization of release is not required for membership or participation on a BSC team. If you have concerns with this release, please see the Executive Director or a member of the Board of Directors.

# **Burlington Soccer Club**

## **Refund and Player Release Policy**

Burlington Soccer Club (BSC) strives to provide a value-based soccer experience for our members and players. As such, our ability to offer quality services and to operate as a going concern is dependent upon our members' full commitment to the Club and their team and on members paying all Club dues and team fees in a timely manner. As a non-profit organization, our budgets are based on the number of registered players and projected/estimated operating costs based on level of competition, age group, and individual team needs.

Once a player has committed to a BSC team and has met all requirements for registration, it is expected that the player will remain with BSC for the duration of the playing year and that the player and player's family will be responsible for all BSC Club dues and team fees.

BSC recognizes that many situations and circumstances can develop during a soccer playing year that impact a player's ability to participate fully with a BSC team and that for many circumstances a player or player's family may wish to have a full or partial refund of dues or fees returned for lost playing time or other extended absences of participation.

Due to the budgetary structure of BSC, the Club will only provide refunds and/or relief of Club dues and team fees under the following circumstances:

- Player relocates his/her primary residence more than 50 miles during the playing season
- Player's original team has officially folded and all player passes have been collected and returned to NCYSA

In these circumstances, BSC will refund, or provide relief for, prorated dues and fees based on the number of games the team was scheduled to play (league and tournament) and the number of games the player was unable to participate in, minus non-refundable amounts.

Concerning a player's release from the Club during the playing season, the requesting player/family must submit a written request for release stating the basis for such request to the BSC Board of Directors. The decision of the Board will be final in all cases.

**I have read and understand BSC's refund and release policy.**

**Player Name:** \_\_\_\_\_ **Team Name:** \_\_\_\_\_

**Parent/Legal Guardian Name:** \_\_\_\_\_

\_\_\_\_\_  
(Signature of parent/guardian)

\_\_\_\_\_  
(Date)