

Pipeline Soccer Club
FORM 1 -- Parent Contract

Parents are an important part of a players' soccer development and of a team's success. Parents are an integral part of the Pipeline Soccer community. As such, parents' behavior on the sideline and support of their child is of the **utmost** importance. Towards that end, this contract outlines what is expected of parents in order to create a positive environment for all players. Parents **MUST** review the following guidelines and sign to agree.

- Display appropriate behavior on the sidelines at all times.
- Encourage players with cheers and positive comments ONLY.
- Demonstrate good sportsmanship.
- NEVER speak to the referee, opposing coach, or opposing players.
- Only speak to opposing parents in a complimentary fashion, or if you know them personally. No matter their behavior, how the other team or coach acts, you be the better and more mature person!
- Do not speak about players on the team while on the sideline. Do not speak negatively about an opposing player while on the sideline. You have no idea who is overhearing you, or who may be friends or relatives of that player's family. Do not speak about players in any negative way. Remember, they are kids!
- Do NOT coach or give instructions to players on the field. This applies to your own child as well as other players on the team.
- Have players at practice and games on time.
- Notify the coach in advance if a player cannot attend a scheduled practice or game.
- Be on time to pick up players, and stay tuned in the case of inclement weather.
- Support the coaches, especially regarding lineup choices and discipline.
- Focus on effort and development — not on winning.
- Provide a positive environment for learning and developing.
For Example: proper diet before & after games, not participating on other teams without prior approval of coach, avoid talking to your child about the game during the drive home!
- Communicate with coaches if there are questions or concern, but NOT during, before or after the games. Email them to set a time to talk.
- Schedule vacations & camps around the soccer season when reasonably possible.
- You are responsible to ensure that all family members and guests you bring to games are aware of the codes of conduct.
- Inappropriate behavior will lead to suspension of a parent from all Pipeline activities. Such decisions are made by the coach in consultation with the Director of Coaching.

Failure to comply with the above requirements may lead to you being suspended from games and practices. Any league fines incurred by the club due to your actions will be your financial responsibility.

By signing, I attest that I understand and agree to abide by the above rules and guidelines.

Parent _____ Date _____



FORM 2 --YOUTH PLAYER REGISTRATION FORM

This form must be retained by the club for at least five (5) years or until the player's 18th birthday, whichever occurs last.

Club Name: Pipeline SC (#6499) City: Baltimore State: MD

League Name leave blank

I hereby consent to the above-named club registering me with US Club Soccer. I understand that I may be registered to only one US Club Soccer member club at any time.

Player's Signature Date Parent/Guardian Signature Date

PLAYER'S MEDICAL INFORMATION

Player's Legal Name: Birth Date (mm/dd/yy): Gender (M or F):

Street Address: City:

State: Zip : Email Address:

Parent Name: Home Phone: Bus Phone:

Email Address: Cell Phone:

Parent Name: Home Phone: Bus Phone:

Email Address: Cell Phone:

In an emergency when parent/guardian cannot be reached, please contact the following:

Name: Phone 1: Phone 2:

Name: Phone 1: Phone 2:

Please list player allergies:

Please list other medical conditions:

Physician: Phone 1:

Medical/Hospital Insurance Company: Phone:

Policy Holder's Name: Policy Number:

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature: _____ Date: _____ Relation to player: Father Mother Guardian



FORM 3 -- PARENT/GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE FORM

Player's Name: _____ Date of Birth: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY INFORMATION

Parent Name: _____ Home Phone: _____ Work Phone: _____

Parent Name: _____ Home Phone: _____ Work Phone: _____

In an emergency, when parents cannot be reached, please contact:

Name: _____ Home Phone: _____ Work Phone: _____

Name: _____ Home Phone: _____ Work Phone: _____

Allergies: _____

Other Medical Conditions: _____

Player's Physician: _____ Phone: _____

Medical and/or Hospital Insurance Company: _____ Phone: _____

Policy Holder: _____ Policy #: _____

PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE

Recognizing the possibility of injury or illness, and in consideration for US Youth Soccer and members of US Youth Soccer accepting my son/daughter as a player in the soccer programs and activities of US Youth Soccer and its members (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify US Youth Soccer, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs. I hereby authorize the transportation of my son/daughter to or from the Programs.

My player son/daughter has received a physical examination by a licensed medical doctor and has been found physically capable of participating in the sport of soccer. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Programs. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

Signature of Parent/Guardian

Date



Maryland State Youth Soccer Association

FORM 4 -- MEMBERSHIP AND PLAYER REGISTRATION (06 / 2006)



PLAYER ID # [leave blank]
PRIMARY [X] MULTIPLE ROSTER [] LEAGUE ONLY []
Date of Birth

Player Name Gender Month Day Year

Mailing Address City State Zip

Residence Address (If Different) City State Zip

E-Mail Address (see note at right) E-Mail is for MSYSA Internal Use Only

1B MD leave blank PLSC A1244
Region State League Club Club #
Team (Black, Red, Gold or White?) Birth Year (Age Group) Trvl Rec Team #

Player Affiliation with Other Teams
I am not [X] rostered to any other teams, or I am [] rostered to the following other teams:
Club & Team League Age *Status State Cup Play (Yes/No)
Player signs below... note that this does NOT apply to playing on school or CYO teams!
(*Status: P: Primary; M: Multiple Roster; L: League Only)
Player Signature: Date:

Parent/Guardian Name Phone
Parent/Guardian Name Phone
In Emergency, Contact Phone
Doctor to Notify Phone
Medical Insurance: Company Policy#
OR (MUST BE COMPLETED)
No Insurance []

I, [], the parent [] /legal guardian [] of [], who is [] years old, give my permission for him / her to play soccer. I am aware of the fact that soccer is a physically demanding sport in which injuries may occur. In my opinion my son / daughter is physically able to play soccer.

I AFFIRM THAT ALL INFORMATION ABOVE REGARDING MY SON / DAUGHTER IS COMPLETE AND CORRECT.
I HAVE RECEIVED AND READ THE ACCOMPANYING PAGE TO THIS FORM WHICH DESCRIBES PLAYER RIGHTS.
I AGREE TO UPHOLD AND BE BOUND BY MSYSA AND USYSA BYLAWS, POLICIES AND PROCEDURES

Parent / Guardian Signature: Date:

THIS COPY FOR: [X] TEAM [] TEAM REGISTRAR [] MSYSA OFFICE []