



KENDALL HAMMOCKS
LIGHTNING

TRAVEL TEAM REGISTRATION CONTRACT 2017-2018

Player Name _____

| | Registration for Competitive Program | Uniform | Monthly Trainer Fee From August to May |
|----------|---|---|--|
| Fee | \$450 | Included | U8 thru U19 \$95/monthly |
| Includes | Club, State, and Regular Season Registration for the Dade or Broward League | 2 sets of Uniforms 3 sets of training jerseys, 3 shorts, and 3 socks 1 Pre-game Jersey 1 Ball ----- <i>Track Suits, Bags and additional KHL Joma gear can be purchased from our website at khlsoccer.com</i> | Monthly training fee includes 3 training sessions per week and games. Training fees are due by the 3 rd of each month. A \$25 late fee will be applied for payments made after the 10 th of each month. ----- <i>All tournaments, travel, and coaches expenses will be in addition to the monthly fee. All fees will be disclose prior to travel</i> |

Refund Policy: Due to the nature of competitive teams, expenditures and commitments are made at irregular intervals requiring a formula specific to competitive players and refund requests are subject to approval by the Program Director. Once a contract becomes fully executable as per the date approved by FYSA for the season there will be no refunds.

Credit Card/Check Payments: All credit card payments carry a 2.75 % fee. There will also be a \$25.00 fee for checks deemed not to have sufficient funds plus any additional fees incurred.

Members agree to: 1. Pay the annual membership fee as indicated above. Failure to pay club fees may result in a member being removed from practices, competition, removed from the team roster, being placed in "not in good standing" with FYSA, and having an additional fees assessed to cover the FYSA processing cost. 2. Pay a fair share of team expenses for tournaments, coaches' travel, food, and lodging, referee fees for league or tournaments and other non-league games, and travel costs associated with attending these events. 3. All KHL players are required to use only KHL issued Joma gear, and a player not abiding by club rules can be removed from training. 4. Guest playing is not allowed without express written consent from the Program Director. Requests will only be considered if all player's fees and financial obligations have been met. 5. KHL at no time can guarantee a coach, nor that the coach completes their duties for the season. KHL has the right to end a coach's employment at its discretion. In the event that the latter is to take place, KHL will make sure that a new coach is hired. For any questions or concerns please contact of Program Director at khodoc@aol.com

Player Initials _____

Parent Initials _____



Expectation for Spectators: All participants present at club activities or sites, including all Florida Youth Soccer Association (FYSA) sanctioned events, leagues games, and practices must follow the FYSA Code of Ethics. This also includes any event players and teams represent the club, use FYSA player passes for entrance and or wear the club uniforms. The code of ethics requires positive comments toward players, professional behavior toward all referees and officials. It forbids use of Tobacco, Alcohol and Foul Language. Participants as used here includes parents, guardians, siblings, friends and acquaintances attending the above listed activities. Parents and Guardians registering players agree, by registering the player, to abide by and help enforce compliance with the code of ethics.

Acknowledgement and Consent: I have read the above and understand all the conditions hereto acknowledge; registration of a child binds the player/parents and anyone present to watch or attend to the child to the rules of this organization and the state association. It is the responsibility of the parent/guardian(s) to enforce the rules with anyone present to watch their child play. I also understand that my child's likeness can be used for promotional materials, on our website khlsoccer.com, or in advertisements. By signing below I acknowledge that my child has committed to Kendall Hammocks Lightning from June 10th 2017 until May 31st, 2018. Should the player choose to be released (other than for season ending injury or a move out of the Dade County area) or ask to be transferred to another club prior to May 31st, 2018, the player/parent's will be required to pay a \$450.00 transfer/release fee to KHO, in addition to fulfilling all financial obligations noted above before a transfer/release is processed. All questions and concerns can be addressed by the Program Director at KHODOC@AOL.COM.

Signature of Parent or Guardian _____ Date _____

| | | | |
|-------------------------------|-------------------|-----------------------|-----------------|
| <u>Registration Fee:\$450</u> | <u>Amt. Paid:</u> | <u>Cash/Check/CC#</u> | <u>Balance:</u> |
| | | | |



Player Registration Form

Player Name _____
Last Name First Name Initial

Phones _____
Home Parent cells Player' cell

Address _____

Parent/
Guardian Name _____

INFORMED CONSENT/INSURANCE NOTICE
FYSA RECOMMENDS THAT PLAYERS NOT REGISTER TO A TEAM WHOSE AGE GROUP EXCEEDS THE PLAYER'S NORMAL AGE.

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 (KHL), 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 _____



Informed Consent about Concussions or Head Injuries

Effective July 1, 2012, Florida Statute 943.0438 requires the parent or guardian and the youth who is Participating in athletic competition or who is a candidate for an athletic team to sign and return an Informed consent that explains the nature and risk of concussion and head injury (including the risk of Continuing to play after a concussion or head injury) each year before participating in athletic competition Or engaging in any practice, tryout, workout, or other physical activity associated with the youth's

The facts:

- _ a concussion is a brain injury
- _ all concussions are serious
- _ Concussions can occur without loss of consciousness
- _ Concussions can occur in any sport
- _ Recognition and proper management of concussion when they first occur can help prevent further injury or even death.

What is a concussion? A concussion is an injury that changes how the cells in the brain normally work. A Concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a "ding", "getting your bell rung", or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost, even if they do not directly hit their head.

To help recognize a concussion, you should watch for the following things among your athletes:

1. A forceful blow to the head or body that results in rapid movement or the head
2. Any change in the athlete's behavior, thinking, or physical functioning
3. Signs or symptoms of concussion that may be reported by a coach or other observer:
 - a. appears dazed or stunned
 - b. Is confused about assignment or position
 - c. Forgets sports plays
 - d. Is unsure or game, score or opponent
 - e. Moves clumsily

Both parents/guardians and players are advised to take the Center for Disease Control's free online Concussion training course at FYSA.com

Under Florida law, this player who has suspected concussion or head injury must be removed from play or practice. Before the player may return to practice or competition a written medical clearance to return stating that the youth athlete no longer exhibits signs, symptoms, or behaviors consistent with a concussion or other head injury must be received from an appropriate health care professional trained in the diagnosis, evaluation, and management of concussions. In Florida, an appropriate health-care professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes), a licensed osteopathic physician (DO, as per Chapter 459, Florida Statutes), a licensed physicians assistant under the supervision of a MD/DO (as per Chapters 458.347 and 459.022, Florida Statutes) or health care professional trained in the management on concussions. More information can be found at our website at FYSA.com

I have read and understand this consent form, and I volunteer to participate.

Player Name _____

Signature _____ Date: _____

As a parent or guardian, I have read and understand this consent form and I give permission for my child, named above, to participate.

Parent/Legal Guardian Name _____

Signature _____ Date: _____