



## ACADEMY REGISTRATION 2018-2019

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

|                  |                                  |                             |   |
|------------------|----------------------------------|-----------------------------|---|
| Age Group        | Academy Program                  | Uniform                     | Monthly training fee is from September to May and due the 1 <sup>st</sup> of each month   |
| Registration Fee | \$300 includes first month       | Training Fee                | \$70 /monthly   |
| Includes         | Club, State, League Registration | 3 Sets of Training Uniforms | Any Games and Referee fees are separate and will be disclosed prior to games if necessary |

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.

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.

Refund Policy: Once uniforms are ordered there will not be any refunds.

Monthly Fees: All monthly trainer fees are due on the 1<sup>st</sup> of each month. A late fee of \$25.00 will be assessed for any payments made after the 1st of each month. Monthly fees are due regardless of attendance.

Cancellations: WE ARE NOT RESPONSIBLE FOR CANCELLATIONS DUE TO BAD WEATHER, HOLIDAYS or FIELD CLOSURES

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 today's date until June 1<sup>st</sup>, 2019. 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 transfer to another club prior to June 1<sup>st</sup>, 2019, the player/parent's will be required to pay a 200.00 transfer/release fee to KHO, in addition to fulfilling all financial obligations noted above before a transfer/release is processed.

PARENT INITIALS \_\_\_\_\_

PARENT INITIALS \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

|                   |            |                    |           |
|-------------------|------------|--------------------|-----------|
| Registration Fee: | Amt. Paid: | Cash / CC#/Check # | Amt. Due: |
|                   |            |                    |           |



## INFORMED CONSENT/INSURANCE NOTICE

FYSA/KHL 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/tryouts. 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  A1  Club  KHL  Team Code \_\_\_\_\_ League \_\_\_\_\_

Registrar  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Player Name: \_\_\_\_\_ Male: \_\_\_ Female: \_\_\_

Date of birth \_\_\_\_\_ Current age \_\_\_\_\_

Contact information:

Home \_\_\_\_\_

Cell \_\_\_\_\_

Email: \_\_\_\_\_



## 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 of 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 of 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](http://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 physician's 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](http://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: \_\_\_\_\_