

Fee

Includes

TRAVEL TEAM REGISTRATION CONTRACT

Player Name

Registration for Competitive	Uniform	Monthly Trainer Fee From August
Program		to May
\$300 Registration	Included	U8 thru U19 \$105/monthly
\$200 Uniform (Online)		
Club, State, and Regular	2 sets of Uniforms	Monthly training fee includes 3
Season Registration for the	3 sets of training jerseys,	training sessions per week and
Dade or Broward League	3 shorts, and 3 socks	games. Training fees are due by
	1 Pre-game Jersey	the 1st of each month. A \$25 late
	1 Ball	fee will apply for late payments.
	Track Suits, Bags and	All tournaments, travel, and

coaches expenses will be in

addition to the monthly fee. All

fees will be disclose prior to travel

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, if a refund is due, it will be processed within 7 business days.

additional KHL gear can

be purchased at

capellisport.com

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 fee 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 uniform provider 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 terminate any 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
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Expectatition 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 <u>Tobacco</u>, Alcohol and Foul <u>Language</u>. Participants as used here includes parents, guardians, siblings, friends and acquaintances attending the above listed activites. 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 10^{th,} 2020 until May 31st, 2021. 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, 2021, 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
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Registration Fee:	Cash	Check/CC#	Balance:
<u>\$500</u>			



Player Registration Form

Player Name			
Name	Last Name	First Name	Initial
Date of Birth	/		
Phones	Home	Parent cells	Player' cell
Address			
Parent/ Guardian	Name		
FYSA REC	ED CONSENT/INSURANC COMMENDS THAT PLAY S THE PLAYER'S NORMA	YERS NOT REGISTER TO A T	TEAM WHOSE AGE GROUP
INSURAN	CE NOTICE: All injuries r	must be reported within 90 days o	f the date of the injury.
(KHL), the in soccer do participation severe, and	e state association (FYSA) an uring the season of this regist on. I/we understand that the r	t/guardian of the registrant, agree d all its affiliated organizations. I ration. I/we realize risks are invoisk to my/our child includes full ralysis, or other serious, permaneration.	My/our child wishes to participat lved in my/our child's ange of injuries from minor to
Parent/Gua Signature	rdian		Date



<u>Informed Consent about Concussions or Head Injuries</u>

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 healthcare

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

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 consen	it form, and I volunteer to participate.
Player Name	
Signature	Date:
As a parent or guardian, I have read an for my child, named above, to participate.	nd understand this consent form and I give permission
Parent/Legal Guardian Name	
Signature	Date: