

PLANT CITY AREA SOCCER CLUB, INC. PLAYER /PARENT CONTRACT

Congratulations on being selected to join the Plant City Futbol Club (PCFC), aka Lancers! Our Coaches, Board Members, and staff look forward to a successful season. Please read the following, initial, and sign to confirm your willingness and awareness of the mutual commitments and obligations between PCFC, player, and parent.

PLAYER NAME: _____ PARENT/GUARDIAN NAME: _____

PLAYER ADDRESS: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

PLAYER DATE OF BIRTH: _____ PLAYER SEX: _____ PLAYER AGE GROUP: _____

DID YOU PLAY WITH PCFC IN 24/25? _____ NAME OF LANCER SIBLINGS _____

Player Shirt Size (circle):	Youth X-Small	Youth Small	Youth Medium	Youth Large	Youth X-Large
	Adult X-Small	Adult Small	Adult Medium	Adult Large	Adult X-Large

1. The 2025-26 season is June 10, 2025– May 1, 2026 and registration for each player is \$350. Your child is permitted to practice with their **assigned PCFC team. The PCFC Club will not register the player with FYSA and cannot play in games or tournaments with the team unless the Coach determines the player has earned a spot on the roster and the family agrees to accept a position on the team.**
2. The club will provide coaching and training throughout the program. We agree to attend training sessions and other team events as scheduled. Additional training session may be added for some age groups at the discretion of the coaching staff. We agree to arrive on time for all training sessions We agree that it is the player's responsibility to contact the club coaching staff PRIOR to missing a practice or event.
3. We understand that the PCFC will provide a competitive training/playing environment that will challenge each player to be the best that they can be both on and off the field. We also understand that the club's coaching staff has the sole authority and responsibility for all player evaluations and decisions including which age group they will train and/or play with, who will play in games, what position they will play, and for how long.

Player Development:

The primary objective for the club coaching staff is to improve player skill and understanding of the game one practice and game at a time. Winning games is the outcome of our training sessions and player/team development. We focus on developing individual high-level players in a competitive environment. Sometimes mistakes are the best lesson to learn from. We allow players to make mistakes even if we lose games in the process. Coaches will analyze those mistakes, help our players understand why the mistake happened and ask them to try hard not to repeat the mistake next time. So, it is important that parents not shout corrections from the sideline. We want players to solve soccer problems with skill, intelligence and effort. We expect mistakes and allow them to fail as part of their growth and development. Winning every game is not how we measure success.

However, there are times when winning certain games may be beneficial for a particular age group/team or the club in general. The club coaching staff will determine this importance and may, at their discretion, play the most effective team in certain games (league playoffs, certain tournament games, etc.) where a positive result could help push the entire age group/team or the club to another level of play. Every effort will be made to balance the good of the individual player versus the good of the entire age group/team and the club in general

- I understand PCFC's mission, vision and values and will do my best to live by them.

PLANT CITY AREA SOCCER CLUB, INC. PLAYER /PARENT CONTRACT

- I understand that I only get better by giving maximum effort and concentration at practice, in games and training on my own; the majority of my improvement will come from practicing on my own.
- I will not swear, fight, bully and or have other bad behavior.
- I will act in accordance with accordance with FIFA's "Laws of the Game" and follow **FYSA** rules.
- I will encourage good sportsmanship from fellow players, coaches, officials and parents.
- I will remember that soccer is an opportunity to learn and have fun.
- I will do the best I can each day, remembering that all players have talents and weaknesses just like me.
- I will treat my coaches, other players and coaches, game officials, other administrators, and fans with respect
- I will play soccer with my best effort and attitude, and play by the rules.
- I will maintain self-control, not lose my temper and or retaliate
- **Alcohol, illegal drugs and unauthorized prescription drugs shall not be possessed, consumed or distributed before, during or after any game or at any other time at the field and/or game complex.**

Parents/Spectators

- I understand and respect the club's mission, vision and values
- I will positively represent PCFC by encouraging good sportsmanship and demonstrating constructive behavior
- I will ask my child to treat other players, coaches, game officials, administrators, and fans with respect.
- I will support and respect the coaches, players, game officials, Board members and opposing teams.
- I will ensure my player attends club functions on time.
- I will remember that the game is for the players, not for the adults.
- I will observe and support games and training from a distance, not engage with players, coaches or referees.
- I will respect the coach's role and not coach from the sideline and not enter the training or match field.

I will observe the "48 hour rule" before talking to the coach about his/her decisions, playing time, positions etc. This is so parents and coach emotions pass and listen more carefully to one another.

Failure to comply may result in the suspension of your privilege to participate in FYSA sanctioned events. The 1st offense will result in counseling from the coach or a Board of Directors member. Depending on the severity of the offense, it could result in a maximum of two (2) years suspension from PCFC. The 2nd offense suspension is a minimum of one (1) year to a maximum of Ten (5) years. A 3rd offense could result in a lifetime ban from PCFC activities.

NOTE: Any individual charged with a violation of this Code of Ethics shall be afforded due process as defined in FYSA's rule section 600 before the implementation of any suspension.

Refund Policy: It is the policy of PCFC to refund registration fees only if your player moves more than 70 miles from his/her primary residence prior to the start of the season or if the player is unable to participate due to a season ending injury or illness as documented by a physician. No refund, credits or fee transfers will be allowed for any other reasons.

We have reviewed and read the FYSA Code of Ethics and agree to abide by these Ethics as they are part of PCFC. and apply to practices, games, tournaments, any club affiliation, league or function. Players must conduct themselves accordingly or they will be subject to disciplinary action.

Parent's Initials: _____

Player's Initials: _____

FYSA ACKNOWLEDGEMENT OF REGISTRATION

FYSA RECOMMENDS THAT PLAYERS NOT REGISTER TO A TEAM WHOSE AGE GROUP EXCEEDS THE PLAYERS NORMAL AGE. It is FYSA's policy that all players compete at a level they are capable of both physically and developmentally. For a player to move up more than one age grouping will require approval from the affiliate's Director and Agent of Record and FYSA'S Director of Coaching.

INSURANCE NOTICE:

All injuries must be reported within 90 days of the date of injury.

INFORMED CONSENT:

I, the parent/guardian of the registrant, agree that we will abide by the Rules of PCFC., 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.

PLAYER NAME: _____

PLAYER SIGNATURE: _____ DATE: _____

PARENT NAME: _____

PARENT SIGNATURE: _____ DATE: _____

FYSA COMMUNICABLE DISEASE RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT

In consideration of being allowed to participate in any way in any Florida Youth Soccer Association, Inc. ("FYSA") related events and activities I, the undersigned participant, parent, or legal guardian, acknowledge, appreciate, and agree that:

By participating in FYSA related events and activities, there are certain risks to me arising from or related to possible exposure to communicable diseases including, but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for the Coronavirus Disease (also known as COVID-19) and/or any mutation or variation thereof (collectively referred to as "Communicable Diseases"). I am fully aware of the hazards associated with such Communicable Diseases and knowingly and voluntarily assume full responsibility for any and all risk of personal injury or other loss that I may sustain in connection with such Communicable Diseases.

I, for myself or for my minor child(ren) or ward(s), and on behalf of my/our heirs, assigns, beneficiaries, executors, administrators, personal representatives, and next of kin, **HEREBY EXPRESSLY RELEASE, HOLD HARMLESS, AND FOREVER DISCHARGE FLORIDA YOUTH SOCCER ASSOCIATION, INC.** and its officers, officials, agents, representatives, employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises upon which FYSA related events and activities take place (the "Released Parties"), from any and all claims, demands, suits, causes of action, losses, and liability of any kind whatsoever, whether in law or equity, arising out of or related to any **ILLNESS, INJURY, DISABILITY, DEATH, OR OTHER DAMAGES** incurred due to or in connection with any Communicable Diseases, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASED PARTIES OR OTHERWISE**, to the fullest extent permitted by law.

I agree that this Agreement is intended to be as broad and inclusive as is permitted by the laws of the State of Florida, and if any portion hereof is held invalid, it is agreed that the remainder shall continue in full legal force and effect.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

X _____
Participant's Signature/Name

Age Date

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

I certify that I am the legal parent/guardian with responsibility for this participant, and that I have read this Agreement and do consent and agree to his/her release of all the Released Parties as provided above. I further agree that, for myself, my heirs, assigns, beneficiaries, executors, administrators, personal representatives, and next of kin, I expressly release and agree to indemnify and hold harmless the Released Parties from any and all liability incident to the above Participant's involvement or participation in FYSA and/or US Club Soccer related events or activities as provided herein, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

X _____
Parent/Guardian Signature

Date Emergency Phone Number(s)

FLORIDA YOUTH SOCCER ASSOCIATION CONCUSSION INFORMED CONSENT

Pursuant to Florida Statute 943.0438, this form must be signed by all youth participants and parent/legal guardians before participating in athletic competition or engaging in any practice, tryout, workout, or other physical activity associated with the youth's candidacy for an athletic team.

Concussion Information

A concussion is a brain injury and all brain injuries are serious. They are caused by a bump, blow, or jolt to the head, or by a blow to another part of the body with the force transmitted to the head. Concussions can range from mild to severe and can disrupt the way the brain normally works. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. In other words, even a "ding" or a "bump" on the head can be serious. You cannot see a concussion and most sports concussions occur without loss of consciousness. Signs and symptoms of concussion may show up right after the injury or can take hours or days to fully appear. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, seek medical attention right away.

Signs and Symptoms Observed by Parents or Coaches

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (even briefly).
- Shows mood, behavior, or personality changes.
- Can't recall events prior to or after a hit or fall.

Symptoms Reported by Youth Participants

- Headache or "pressure" in head.
- Nausea or vomiting
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

What can happen if my child keeps on playing with a concussion or returns too soon?

Youth participants with the signs and symptoms of concussion must be removed from play immediately. Continuing to play with the signs and symptoms of a concussion leaves the youth participant especially vulnerable to greater injury. There is an increased risk of significant damage from a concussion for a period of time after that concussion occurs, particularly if the youth participant suffers another concussion before completely recovering from the first one (second impact syndrome). This can lead to prolonged recovery, or even to severe brain swelling with devastating and even fatal consequences. It is well known that adolescent or teenage athletes will often under report symptoms of injuries, and concussions are no different. As a result, education of administrators, coaches, parents and players are the key for youth participant's safety.

If you think your child has suffered a concussion

No athlete may return to activity after an apparent head injury or concussion, regardless of how mild it seems or how quickly symptoms clear, without written medical clearance from a Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO) who is familiar with the Close observation of the youth participant should continue for several hours. Parent/Legal guardian should also inform their child's coach if they suspect their child may have a concussion. Remember it is better to miss one game than miss the whole season. When in doubt, the youth participant sits out!

**FLORIDA YOUTH SOCCER ASSOCIATION
CONCUSSION INFORMED CONSENT**

Return to Practice and Competition

The Florida Youth Soccer Association follows *Florida Statute 943.0438*, provides that if an athlete suffers, or is suspected of having suffered, a concussion or head injury during a competition or practice, the youth participant must be immediately removed from the competition or practice and cannot return to practice or competition until a Health Care Professional has evaluated the youth participant and provided a written authorization to return to practice and competition. FYSA recommends that a youth participant not return to practice or competition the same day the athlete suffers or is suspected of suffering a concussion. FYSA also recommends that a youth participant's return to practice and competition should follow a graduated protocol under the supervision of the health care provider (MD or DO).

For more information from the CDC on concussions you can go to:
<https://www.cdc.gov/headsup/youthsports/index.html>

By signing this agreement, the youth player acknowledges the information on pages 1 and 2 have been read and understood.

Youth Participant Name- Printed

Youth Participant - Signature

Date

By signing this agreement, I acknowledge I have read and understand that explains the nature and risk of concussion and head injury, including the risk of continuing to play after concussion or head injury, each year before participating.

Parent/Legal Guardian - Printed

Parent - Signature