



**Financial Agreement  
U15, U16, U17 Girls Teams**

Player Name \_\_\_\_\_

Team \_\_\_\_\_ Girls \_\_\_\_\_

ANNUAL ONE-TIME NON-REFUNDABLE  
CLUB Fee: \$725 due at registration

IF the payment plan is chosen, payment plan dates  
are (\$5 additional per installment):

Payment #1 Due at registration	\$50.00
Payment #2 Due July 10, 2017	\$342.50
Payment #3 Due September 10, 2017	\$342.50

Make Checks Payable To: Springfield Sports Club 1325 W. Sunshine # 510 Springfield, MO 65807
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**LEAGUE/TOURNAMENT fees will be invoiced separately around August 15**

*Springfield Sports Club is a 501(c)(3) non-profit organization. The money paid by parents funds the mission of the organization. If the financial commitment from parents is not fulfilled, none of this is possible.*

**Overdue Accounts/Player Passes.** Any player with a past due account of more than 30 days will no longer have access to his/her player pass. Until such time that the account is current, the player will be ineligible to participate in tournaments, team games, scrimmages, or practices. If a family has more than one child playing, this only impacts the player with the overdue account. No player will be released from the Club with a past due account. Late payments made after 15 days are automatically charged a late fee of \$25. Should an additional payment structure for CLUB fees and LEAGUE/TOURNAMENT fees be required (Outside of the payment plan listed above), it is the responsibility of the parent/guardian to contact the Business Manager of the club to determine an acceptable plan per club policies.

By signing below, I hereby agree to pay the payment schedule proposed by the Sporting Springfield Soccer Club. I understand the financial agreement as stated in the policies of the Club, and if my child leaves the club during the seasonal year, I will still pay all fees required by the club.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_



2017-18

### Player and Parent Agreement

I understand my responsibilities as a player in the Sporting Springfield Soccer Club program. I realize that soccer is a year round sport that I am expected to play in the fall and spring outdoor season. As a player, I will:

1. Honor all commitments required by the Sporting Springfield Soccer Club.
2. Remain with the Sporting Springfield Soccer Club and not transfer to another club during this seasonal year unless extenuating circumstances exist (ex: relocation, irreconcilable differences with organization) which must be documented.
3. Notify the Boys or Girls Director of Coaching, respective of gender, if a member of another club coaching staff or a parent approaches me for purpose of recruitment.
4. Not attend any other coaching training session or play for any other soccer organization without written permission from the Boys or Girls Director of Coaching, respective of gender. Middle School, High School soccer, and ODP are accepted.
5. Attend all Sporting Springfield Soccer Club training sessions and games as required. I understand that the coaches will decide who plays and that playing time is dependent on a number of factors. I realize that my soccer ability, practice attendance, and overall attitude are important factors that will affect my playing time.
6. Wear Sporting Springfield Soccer Club gear to all games and training sessions.
7. Refrain from using foul language, alcohol, drugs, or anything in that sense that degrades my condition as an athlete.
8. Treat all teammates, opponents, officials, and coaches with courtesy, respect, and above all, good sportsmanship.
9. Represent the Sporting Springfield Soccer Club with values and principles of the highest standard, both on and off the field.
10. Help volunteer for club events and hosted tournaments.
11. Not post any material on social media sites that may be offensive, harassing, discriminatory, bullying, or otherwise inappropriate.

I, as the parent/legal guardian of the above player, realize my responsibilities as part of the SPORTING SPRINGFIELD SOCCER CLUB program. As a parent, I will support SPORTING SPRINGFIELD SOCCER CLUB programs. Questions shall be directed to individual coaches first and then to the Boys or Girls Director of Coaching, respective of gender. Negative behavior or interference toward a referee, coach, player, or parent of any kind will not be tolerated.

\_\_\_\_\_  
(Parent or Legal Guardian Signature)

\_\_\_\_\_  
(Player's Signature)

\_\_\_\_\_  
(PRINT Parent's Name)

\_\_\_\_\_  
(PRINT Player's Signature)



# Missouri Youth Soccer Association

## MEMBERSHIP FORM



You must complete a separate form per team participating with

TEAM NAME \_\_\_\_\_ AGE/DIV \_\_\_\_\_

Level of Play:  Competitive  Secondary  Recreational

If this is Secondary team dual roster for must be submitted with this paperwork and list name of the primary team \_\_\_\_\_

Enter data for player/coach/administrator below. Name must be filled in as it appears on the player's state birth certificate.

<b>ID #</b>	
<b>First Name</b>	
<b>Middle Initial</b>	
<b>Last Name</b>	
<b>Address</b>	
<b>City</b>	
<b>State</b>	
<b>Zip</b>	
<b>Phone</b>	(____) _____
<b>Birth date</b>	<b>Month</b> <b>Date</b> <b>Year</b>
<b>Email address</b>	

ID# for players is the number on their state birth certificate. All players must submit a copy of their state birth certificate. ID# for coaches is their coaches license number. All coaches will be required to submit the copy of their coaches license and a copy of the confirmation page of the kidsafe disclosure statement. All team managers must submit a copy of the confirmation page of the kidsafe disclosure statement. This form must be done online at mysa.org.

Father's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

List any medical problem or prohibition player has \_\_\_\_\_

**PARENT SUPPORT**

Emergency Contact Person (other than parents) Name \_\_\_\_\_

Head Coach

Relationship \_\_\_\_\_ Phone (H) \_\_\_\_\_ Phone (W) \_\_\_\_\_

Assistant Coach

• School Attending \_\_\_\_\_ Grade \_\_\_\_\_  Team Parent

• Have you ever lived in a foreign country? \_\_\_\_\_ If yes, when did you enter/re-enter the United States? \_\_\_\_\_

(Any player U14 and older that answers yes or has a foreign birth certificate, must fill out the US Soccer International Clearance Request Waiver and submit to US Soccer before player can be rostered to team.)

### LIABILITY RELEASE

*MUST be signed by parent or legal guardian of player. Coaches must sign when completing form on self.*

I, the parent or legal guardian of the above registered player, a minor, agree that I and the player will abide by the rules and regulations of the USYSA, its affiliated organizations, and sponsors ("USYSA Parties"). In consideration of the player's participation in the soccer Programs and activities of the USYSA Parties (the Programs), I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYSA Parties, the owners and operators of the facilities used for the Programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, player's transportation to/from any program, which transportation is hereby authorized. I future grant the USYSA Parties the right to use the Player's name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the Program.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



## PARENT/GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE FORM

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **EMERGENCY INFORMATION**

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's 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: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Medical and/or Hospital Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

### **PLEASE COPY BOTH SIDES OF YOUR HEALTH INSURANCE CARD AND ATTACH TO THIS FORM**

### **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

**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK,  
AND INDEMNITY AND PARENTAL CONSENT AGREEMENT  
(SPRINGFIELD SPORTS CLUB)**

**Minor Participant (NOT over 18 years of age)**

IN CONSIDERATION of being permitted to participate in any way in the Springfield Sports Club activity ("Activity") I, for myself for personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of Springfield Sports Club Activities and that I am qualified , in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. FULLY UNDERSTAND THAT: (a) Springfield Sports Club ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISK AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.
3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE Springfield Sports Club, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

**MINOR RELEASE**

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF SPRINGFIELD SPORTS CLUB ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATION AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

Printed Name of Parent/Guardian: \_\_\_\_\_

Printed Name of Participant: \_\_\_\_\_

Address: \_\_\_\_\_ (Street) (City) (State) (Zip)

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18):

\_\_\_\_\_ Date: \_\_\_\_\_