



FC Carolinas Travel Registration

In Person	Mail
2020 Registration Fair on June 6th CMC Waxhaw Community Room 2700 Providence Rd S Waxhaw, NC 28173	FC Carolinas Soccer Club PO Box 1110 Waxhaw, NC 28173

Office Use Only!
<u>Received</u>
<u>Team</u>
<u>Payment/Check #</u>
<u>Amount</u>
<u>Photo Submitted</u>
<u>Int Clearance</u>

The 2020-2021 Commitment Fee is due at the time of acceptance to an FCC team and is **NON-REFUNDABLE**. The deadline for receipt of all forms, is **June 6th**. Note: The Commitment Fee must be paid **online** & is part of your club dues. Players will be considered for team assignments **ONLY** upon receipt of information & deposit. **No emailed copies will be accepted (must have originals)**. If you are unable to attend the June 6th Registration Fair, please contact admin@fccarolinas.org to schedule alternate plans.

Player's Name _____

Birth Date _____ Age Group U- _____ Male _____ Female _____

Players are **required** to provide the following information to register for a team.

Check List		Details
	Non-Refundable Commitment Fee Due at time of acceptance	New/Returning Players
	Financial Contract	New Player Only
	Parent Contract	New Player Only
	Player Contract	New Player Only
	US Club Medical Waiver: 1 copy and 1 original	New/Returning Players
	Copy of Birth Certificate/Passport	New Player Only
	International Clearance Paperwork FIFA requires any player born outside of the United States to complete ICP. Please visit the following website and provide the necessary documentation: https://www.ussoccer.com/about/federation-services/intl-clearance	If Applies to New Players
	Player Photo Each player is required to email a photo (no hats or sunglasses) to admin@fccarolinas.org Please include your child's name & team name on the subject line of the email (max photo size 2 MB)	New Player Only
	Uniforms Player's uniform should be ordered directly through Lloydssoccer.com . Jersey numbers will be assigned. Instructions will be provided at meeting along with sizing.	New/Returning Players



2020-2021 FC Carolinas' Financial
Contract

PLAYER'S NAME: _____

PARENT'S NAME: _____

TEAM NAME: _____

Please initial each box confirming you have read and understand each item

PLAYER'S FEES

All fee payments are to be made in accordance with the terms on the payment sheet. Initial _____

- Email reminders will be sent prior to when the payment is due. Initial _____
- **A \$20.00 late fee** will be assessed for any payments not made within 10 days of the due date. Initial _____
- Player's will be ineligible to participate in any FCC activities if payment is not received by the last day of the month and will remain ineligible until payment is made. Initial _____

PARENT'S RESPONSIBILITIES

In accordance with established policies of FC Carolinas and its Board of Directors, a parent or legal guardian of each player agrees to the following financial obligations.

1. By your signature below, you acknowledge that you have read and understand the player's club dues, payment schedule, and that you are financially responsible for the dues as stated for the ENTIRE playing year*. This includes team fees. Refunds will only be considered, less the non-refundable service charge, for a season ending injury with written documentation from a physician or for moving out of the area.
2. Your payment schedule must be met unless the Club Operations Director has approved, in writing in advance, a written request for a different payment schedule.
3. Financial Aid is available for those families truly in need. Please contact our FCC Treasurer at Treasurer@FCCCarolinas.org. Keep in mind that copies of tax statements and pay stubs will be required with your application for financial aid – NO EXCEPTIONS.

Parent Signature

FCC Operations Director Signature

Print Parent's Name

***Please Note:** Players who choose to withdraw from their FCC travel team mid-season for reasons other than significant injury or relocation will not be eligible for a refund and will be responsible for completing any remaining payments owed through the installment plan. Permission to re-roster with another association/club through US Club Soccer will not be granted until all FCC fees have been paid. Permission to register for FCC tryouts will not be granted until all outstanding balances have been paid to FCC and the player's team. At the end of the year, any unpaid fees will be subject to collection by an outside party.

(PRINT PARENT'S NAME)

(PLAYER'S TEAM NAME)

(AGE GROUP)



PARENT CODE OF CONDUCT

THE ROLE OF THE FCC PARENT: FCC is committed to the coaching and enjoyment of youth soccer and seeks to promote the highest standards of courtesy, sportsmanship and positive behavior among its parents and families at all times. To have a successful program, there must be understanding and cooperation among parents, players, and coaches. Your child's progress will depend, to a great extent, on this relationship. With this in mind, we ask you to consider this section as your family joins FCC. Parents must remember at all times they are role models.

YOU CAN HELP YOUR FCC CHILD: Supply plenty of love, recognition, support and encouragement. This allows your child to be confident, enjoy soccer, and perform better in training and competition.

SUPPORT THE COACHES: A player develops best when he or she trusts and respects the coach. The coach's job is to motivate, teach, and constructively criticize each player's performance. Please recognize that our coaches use their extensive experience to best develop each player. Our first concern is for the long-term development of your child's soccer skills and there will be times players are instructed to do things parents do not understand.

- Player and team development will sometimes be given a greater priority than winning.
- Encourage your child to talk with the coaches whether about playing difficulties or missing a match, etc.

COMMUNICATE THROUGH THE PROPER CHANNELS: Remember, there is a time and place for everything. If you need information or wish to ask questions concerning team management or coaching decisions, please communicate through the proper channels to obtain the information or to arrange a meeting with the coach. Concerns or criticisms are welcome but should be expressed away from training sessions and games. Please wait 24 hours after a game to communicate with the coach.

THERE WILL BE NO COACHING OR REFEREEING: No matter how good your intentions are, we insist there be no shouting to your child or yelling (complaining) to the referees during games.

- Let the coach (soccer professional) run the team. Attempting to coach or instruct your child from the sideline is distracting & counterproductive for the player.
- Your vocal support and positive encouragement are welcome throughout soccer play as long as it doesn't distract the player or overshadow the coach's directions.
- FCC insists that the voice of coach and/or Directors be the only voice at all games or training.
- The coach is responsible for the conduct of the team's parents and may request a parent to leave the game/training site if needed.

UPHOLD YOUR COMMITMENTS:

- Soccer is a FULL YEAR COMMITMENT (Fall & Spring)
- Foster an environment for academic excellence and good sportsmanship
- Fulfill your financial commitments
- Support and maintain FCC'S philosophy on youth development

Parents of FCC players serve as important role models to their children and to all the other children that they come into contact with on the soccer field. Therefore, the FCC organization expects each parent to agree to the following code of conduct principles.

- FCC parents will respect the integrity and judgment of the referees. Parents will refrain from challenging referee calls.
- FCC parents will refrain from using foul language towards other parents, coaches, officials or opponents.
- FCC parents will show appreciation of good play by both teams.
- FCC parents will refrain from "coaching" any player from the sidelines.
- FCC parents will refrain from using alcohol during FCC events.
- FCC parents will follow the 24-Hour Rule before contacting coaches after a game.
- FCC parents will help enforce the Player Code of Conduct Contract.

We have read and understand FC CAROLINAS' Parent Code of Conduct Contract, and we agree to abide by these principles. We also agree to accept actions taken for failure to abide by these principles.

Parent's Signature

Date

(PRINT PLAYER'S NAME)

(PLAYER'S TEAM NAME)

(AGE GROUP)



PLAYER CODE OF CONDUCT

FCC is committed to the long-term development of our youth soccer players as a well-rounded athlete, and productive, respected member of society. Acceptance of membership into FCC is a privilege that carries certain responsibilities. As an FCC player you are representing our club at all times. Therefore, each player will be expected to follow FCC'S Player Code of Conduct principles and each parent is expected to help enforce these principles.

- FCC players are expected to conduct themselves in a manner which respectfully represents FCC and does not bring discredit upon the organization.
- FCC players understand that soccer is a team sport and any absences, whether from practice or games, affects the overall team. Players unable to attend a practice or game will notify their coaches as soon as the coming absence is known.
- FCC players will not use alcohol or illegal substances at any time.
- FCC players will refrain from using profanity or any derogatory comments based on race, ethnicity, gender, etc. during practices, games and all FCC events.
- FCC players will show respect to the referees. Players will not show any dissent or disrespect to a referee. Players will accept responsibility for all fouls issued. Players will positively acknowledge the referee's efforts after a game regardless of the game's outcome.
- FCC players will show respect to the other team's players and parents. Players will not taunt an opposing player. Players will not retaliate against an opponent for a previous foul. Players will shake hands with their opponents after each game.
- FCC players will accept victory and defeat with dignity.
- FCC players will show respect to their coaches and parents.
- FCC players are expected to be respectful of the facilities FCC uses, both home and away (i.e. pick up trash, don't hang on goals)
- FCC players are encouraged to use good judgment when using any social media outlet. Negative and derogatory comments will not be tolerated.
- FCC players will work to promote a model of a top soccer athlete: good skills, sound fundamentals, clean and fair play.

I have read and understand the FCC Player Code of Conduct Contract, and I agree to abide by these principles at all times. I understand these principles apply to all FCC events including out-of-state tournaments, both on and off the field. I also agree to accept actions taken for failure to abide by these principles.

Player's Signature

Date



YOUTH PLAYER REGISTRATION FORM

This form must be retained by the club for at least five (5) years or until the player's 18th birthday, whichever occurs last.

Club Name: **FC Carolinas**

City: **Waxhaw**

State: **NC**

League Name: _____

I hereby consent to the above-named club registering me with US Club Soccer. I understand that I may be registered to only one US Club Soccer member club at any time. [Note: it will not be necessary to complete this form again as long as the player is with this club, which will hold this form unless requested by US Club Soccer.]

Player's Signature

Date

Parent/Guardian Signature

Date

PLAYER'S MEDICAL INFORMATION

Player's Name: _____

Birth Date: _____

Gender: ☐ Female ☐ Male

Street Address: _____

City: _____

State: _____

Zip : _____

Email Address: _____

Parent Name: _____

Home Phone: () _____

Bus Phone: () _____

Email Address: _____

Cell Phone: () _____

Receive texts? Yes ☐ No ☐

Parent Name: _____

Home Phone: () _____

Bus Phone: () _____

Email Address: _____

Cell Phone: () _____

Receive texts? Yes ☐ No ☐

In an emergency when parent/guardian cannot be reached, please contact the following:

Name: _____

Phone 1: () _____

Phone 2: () _____

Name: _____

Phone 1: () _____

Phone 2: () _____

Please list player allergies: _____

Please list other medical conditions: _____

Physician: _____

Phone 1: () _____

Phone 2: () _____

Medical/Hospital Insurance Company: _____

Phone: () _____

Policy Holder's Name: _____

Policy Number: _____

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature: _____ **Date:** _____ Relation to player: ☐ Father ☐ Mother ☐ Guardian



YOUTH PLAYER REGISTRATION FORM

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Club Name: **FC Carolinas**

City: **Waxhaw**

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Player's Signature

Date

Parent/Guardian Signature

Date

PLAYER'S MEDICAL INFORMATION

Player's Name: _____

Birth Date: _____

Gender: ☐ Female ☐ Male

Street Address: _____

City: _____

State: _____

Zip : _____

Email Address: _____

Parent Name: _____

Home Phone: () _____

Bus Phone: () _____

Email Address: _____

Cell Phone: () _____

Receive texts? Yes ☐ No ☐

Parent Name: _____

Home Phone: () _____

Bus Phone: () _____

Email Address: _____

Cell Phone: () _____

Receive texts? Yes ☐ No ☐

In an emergency when parent/guardian cannot be reached, please contact the following:

Name: _____

Phone 1: () _____

Phone 2: () _____

Name: _____

Phone 1: () _____

Phone 2: () _____

Please list player allergies: _____

Please list other medical conditions: _____

Physician: _____

Phone 1: () _____

Phone 2: () _____

Medical/Hospital Insurance Company: _____

Phone: () _____

Policy Holder's Name: _____

Policy Number: _____

MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature: _____ **Date:** _____ Relation to player: ☐ Father ☐ Mother ☐ Guardian

