

# WEST TENNESSEE SOCCER CLUB

## HOOIGANS

### CHECK LIST FOR PARENTS

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

Welcome to West Tennessee Soccer Club (hereafter, WTNSC) \_\_\_\_\_ team. You will need to provide the following items to the Club President or Team Managers so that your child can be registered with the WTNSC.

- \_\_\_\_\_ Signed TSSA Player Commitment Letter & Release of Liability – Page 2
- \_\_\_\_\_ Signed USYS Parent / Guardian Consent and Player Medical Release – Page 3
- \_\_\_\_\_ Signed WTNSC Parent / Guardian Release & Consent Form – Page 4
- \_\_\_\_\_ Signed WTNSC Code of Conduct Form for Players, Parents and Coaches – Page 5
- \_\_\_\_\_ Signed TSSA Cardiac Arrest Acknowledgement Form – Page 6
- \_\_\_\_\_ Signed TSSA Concussion Acknowledgement Form – Page 9
- \_\_\_\_\_ Signed WTNSC Financial Contract – Page 10
- \_\_\_\_\_ Signed Registration and Refund Policy – Page 11
- \_\_\_\_\_ Signed WTNSC Club Fee Payment Schedule – Page 12
- \_\_\_\_\_ Copy of your child's Birth Certificate (does not need to be notarized)

#### ONLY NEW PLAYERS

- \_\_\_\_\_ Copy of both sides of current Medical Insurance Card(s)

#### NEW PLAYERS and CURRENT PLAYERS that need to update.

- \_\_\_\_\_ \$100 Gear Kit payment
- \_\_\_\_\_ Current player jersey number \_\_\_\_\_
- \_\_\_\_\_ Three jersey number choices for new players 1. \_\_\_\_\_, 2. \_\_\_\_\_ and 3. \_\_\_\_\_

Note that your child will not be able to participate in any summer (or pre-season) training sessions without the needed forms and club payment(s). The initial registration fee of \$100.00 must be made on or before the club meeting date. Please go online to [www.WTNSC.com](http://www.WTNSC.com) to get more info about the West Tennessee Soccer Club programs. If you have any additional questions, please contact us. Welcome to the Team!

CHECKLIST



## Player Commitment Letter and Release of Liability

My son/daughter (player) has been offered a position with the following soccer club. I understand that to accept this offer, I as the parent/legal guardian must complete this Player Commitment Letter and return it to the club leadership.

I am committed to West Tennessee Soccer Club for the seasonal soccer year of Fall 2019 and Spring 2020.

By signing this Player Commitment Letter, I give the aforementioned soccer club permission to register my player with Tennessee State Soccer Association (TSSA) in the Current Seasonal Year ("August 1st, 2019 through July 31st, 2020"). I further understand that this Player Commitment Letter is not binding until the 17th of June 2019. Following the 17th of June 2019, I understand that my player is committed to the aforementioned soccer club for the Current Seasonal Year and per TSSA Policy 2.6; the only way my player may be removed from this commitment is through a properly executed Player Release.

I, the parent/legal guardian of the committed player, a minor, agree that the player and I will abide by the rules of the aforementioned soccer club, TSSA, United States Youth Soccer Association (USYSA), United States Soccer Federation (USSF), and its affiliated organizations and sponsors.

Recognizing the possibility of physical injury associated with soccer, I hereby do waive and release the aforementioned soccer club, TSSA, USYSA and USSF, their affiliated organizations and sponsors, their employees, board members, coaches / trainers, volunteers and associated personnel, including the owners of the fields and facilities utilized for the programs, from any and all claims and rights for damages, liability, actions, and causes of actions whatsoever, arising out of or related to any loss, damages, or injury, including death, concussion, sudden cardiac arrest that may be sustained while participating in the soccer program or and/or being transported to or from the same. I further acknowledge that this risk may involve loss or damage or injury to the player, including the risk of death, or temporary or permanent injury or other unforeseen consequences, including those which may be due to the unavailability of immediate emergency medical care. I have a current medical consent form in force and have provided said form to the coach or club.

I AGREE NOT TO SUE nor bring any type of lawsuit against any persons or entities mentioned above for any of the claims or liabilities that I have waived, released or discharged herein; and I INDEMNIFY AND HOLD HARMLESS the persons or entities mentioned above from any claims made or liabilities assessed against them as a result of my actions.

The league, club, or tournament may not have primary personal injury insurance that covers my player's participation. Therefore, I should have a current, active, personal injury insurance policy in force, which covers my player's participation. Under any condition, I am responsible for any and all medical expenses arising from my player's participation, both in practices and games and while traveling to and from these events. I have the right and responsibility to inspect the equipment and facilities prior to events and, if I believe that anything may be unsafe, I will advise the coach or supervisor of the condition and may refuse to participate. Participation assumes consent.

I also authorize transportation of my player convenient or necessary to and from any athletic event or social event connected with this club. I certify that to the best of my knowledge that my child / player, is in good health and can participate in the soccer related activities including practice, training and games. I will inform my coach if this status changes. I, the undersigned, am/are duly aware of the risks and hazards inherent upon participating in said events.

This form must be completed for EACH soccer player (participant) and, if the player is under 18-years old, must be signed by the player's parent (s) or legal guardian (s). No player will be allowed to participate in practice, training or games without this form, properly executed, and on file, which may be also be completed online and submitted as the same as signing an original paper document.

I hereby affirm that I am eighteen (18) years of age or older and I have read this document and I understand its contents. I understand that I have given up substantial rights for both myself (as parent/guardian) or on behalf of the player, a minor, by signing this document and sign it voluntarily.

Parent/ Legal Guardian Name (Please Print): \_\_\_\_\_

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Player Name (Please Print): \_\_\_\_\_ DOB (MM/DD/YEAR): \_\_\_\_\_

Player Signature (if 18 years of age): \_\_\_\_\_ 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: \_\_\_\_\_ Email: \_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

In an emergency, when parents cannot be reached, please contact:

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

Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

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

Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_) \_\_\_\_\_

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 because 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: \_\_\_\_\_

**WEST TENNESSEE SOCCER CLUB  
HOOLIGANS  
PARENT/ GUARDIAN RELEASE AND CONSENT FORM**

I, \_\_\_\_\_, as a parent or legal guardian of the minor child \_\_\_\_\_ (herein "Minor Child") hereby consent to the Minor Child's participation in the programs and activities related to Youth Soccer sponsored by the West Tennessee Soccer Club, including but not limited to any transportation related to or in connection with such programs and activities (herein the "Programs and Activities"). I hereby RELEASE and discharge West Tennessee Soccer Club, including, but not limited to, its employees, elected officials, agents, representatives, volunteers, and other related persons (hereinafter individually and collectively referred to as "WTNSC"), and each of them individually and collectively, for any and all liability, claims, or expenses for any loss, injury, death, or damage to me, the Minor Child and/or to any of our property related to or arising out of, directly or indirectly, the Minor Child's participation in the Programs and Activities, including, without limitation, any liability, claim, or expense for personal injuries and/or property damage suffered by the Minor Child and/or me resulting from or arising out of any act or omission (whether arising from negligent, reckless, or intentional conduct) whatsoever of WTNSC.

I further agree to INDEMNIFY WTNSC and HOLD WTNSC HARMLESS from and against any and all liability, claims, or expenses (including without limitation reasonable attorney's fees) asserted by any other person and/or entity (whether arising from negligent, reckless, or intentional conduct of WTNSC) for loss, injury, death, or damage to me, Minor Child or any of our property resulting from or arising out of, directly or indirectly, the Minor Child's participation in the Programs and Activities. I further agree to INDEMNIFY WTNSC and HOLD WTNSC HARMLESS from and against any and all liability, claims, or expenses (including without limitation reasonable attorney's fees) by any person or entity for loss, injury, death, or damage to any other person or entity and/or their property resulting from or arising out of any act or omission (whether arising from negligent, reckless, or intentional conduct) by me or Minor Child. I hereby authorize a physician, hospital, nurse or emergency medical technician to administer that medical care to the Minor Child which in their professional opinion is necessary and reasonable for the Minor Child. I further COVENANT NOT TO SUE WTNSC in any forum arising out of any losses, damages, sickness, injuries, death, or other loss, of whatever nature and howsoever incurred, that may arise out of or in any way be related to the Minor Child's participation in the Programs and Activities, including, but not limited to, claims resulting from: delay, the criminal acts of others; the use of any vehicle; strike; war; a threat or act of terrorism; weather; the provision of medical care; quarantine; any governmental restriction or regulation; or any act or omission by any other person.

I, on my own behalf and on behalf of the Minor Child, hereby state that I fully understand the risks involved in Minor Child's participation in the Programs and Activities and that I have taken and will take all necessary precautions to protect my Minor Child and others. I hereby represent that the Minor Child is physically fit and competent to fully participate in the Programs and Activities and agree to assume all risks and dangers related to or arising out of my Minor Child's participation in the Programs and Activities. On my own behalf and on behalf of the Minor Child, I agree that we will abide by all rules and regulations set forth by the Legends regarding the Programs and Activities.

**PHOTO WAIVER:**

The parent / guardian signature on this form also permits WTNSC to use still photography and / or video originating from our programs for promotional purposes to include, but not limited to, print, website and various forms of visual print media like Facebook, Instagram, Twitter, Shutterfly, YouTube, and other forms of social media.

I have read, understand, and agree in all respects to this Parent/ Guardian Release and Consent Form.

SIGNATURE OF PARENT / GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE & ZIP: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

EMERGENCY CONTACT PHONE #: HOME (\_\_\_\_\_) \_\_\_\_\_ CELL (\_\_\_\_\_) \_\_\_\_\_

PRINTED NAME OF MINOR CHILD: \_\_\_\_\_ AGE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

**WEST TENNESSEE SOCCER CLUB  
HOOLIGANS  
CODE OF CONDUCT  
For Players, Parents, and Coaches**

Parents, players, coaches and fans represent West Tennessee Soccer Club when our teams play. The actions of one of us affect the image of all of us. This Code of Conduct encourages us to work together to play with good sportsmanship and to treat players, coaches, referees, and parents with respect. It also identifies the possible consequences we will encounter when we can't behave in an appropriate manner.

**TREAT REFEREES WITH RESPECT**

- There are no circumstances in which a parent should confront a referee during or after a game.
- Do not verbally harass a referee. If you must disagree with a call, do so quickly, calmly and let it go.
- Coaches will be held responsible for ensuring that parents comply with this portion of the code of conduct. A coach who, in the opinion of the referee director, age group commissioner, coaching director, or board member, fails to control unruly parents will be subject to suspension.

**TREAT YOUR TEAM WITH RESPECT**

- Ensure your child and all his/her equipment gets to games and practices on time.
- Pick up your child promptly at the end of games or practices; don't make the coaches wait for you.
- Disagreements with the coach do not belong on the public soccer field before, during or after a game or practice. Questions and comments should be voiced later in an adult atmosphere.
- TeamSnap is a place to continue our efforts to create great communication program between our parents, players, and administration. Your responsibility is to keep TeamSnap a POSITIVE environment. Keep morale high. Negative comments or post WILL BE deleted.

**TREAT OUR PLAYERS AND OPPONENTS WITH RESPECT**

- Coaches, not parents, are the ones we entrust to instruct our players. Parent criticism of (or "constructive help" for) other WTNSC players is usually not well received by the player, coach or the player's parents.
- Whether you win or lose, do so with class.
- Never yell at or criticize a player on the opposing team. Think how incensed you become when another parent or coach, especially one from the opposing team, yells at your child.
- Avoid confrontations or shouting matches with the coaches, parents, or fans of an opposing team. An effective response is to move to a part of the field where you cannot hear them.
- Constant yelling is very irritating to the people around you (even if you think your comments are positive).
- No alcohol, smoking cigarettes or vaping, drugs, profanity or fighting are ever permitted at soccer games or practice.

**GRIEVANCES AND CONSEQUENCES**

- Your Director of Coaching is the first person you should contact if you feel a parent, players, or coach's behavior warrants corrective action (e.g., confronting a referee or verbal abuse of players, coaches, referees, or opposing fans). The director will attempt to resolve or correct the issue but may refer it to the club's President for further investigation and remedy.
- The board may impose penalties including reprimands, suspension of playing / coaching / spectator privileges, and expulsion from a team or the club.
- The Tennessee State Soccer Association and/or the Memphis Shelby Soccer Federation may respond to certain actions that take place during events they sanction (league matches, tournaments, etc.), such as the following:
  - Confrontations with or touching a referee during or after a game.
  - Confrontations or shoving matches between parents of opposing teams or parents and coaches. These governing bodies have the authority to impose fines and suspensions above and beyond those imposed by the WTNSC.

SIGNATURE: AS A COACH OR PARENT OF A PLAYER IN THE WEST TENNESSEE SOCCER CLUB PROGRAM, I ACKNOWLEDGE...

- that I have read, understand and will adhere to this Code of Conduct;
- that my continued participation in club activities, and that of my children, is contingent upon my ability to do so; and
- that I will help my fellow parents and coaches when, in the emotions of the game, they need to be reminded of their own commitment to this Code of Conduct.

TEAM: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_



## Cardiac Arrest Acknowledgement Form (Athlete/ Parent/ Guardian)

### What is sudden cardiac arrest?

Sudden cardiac arrest (SCA) is when the heart stops beating, suddenly and unexpectedly. When this happens, blood stops flowing to the brain and other vital organs. SCA doesn't just happen to adults; it takes the lives of students, too. However, the causes of sudden cardiac arrest in students and adults can be different. A youth athlete's SCA will likely result from an inherited condition, while an adult's SCA may be caused by either inherited or lifestyle issues. SCA is **NOT** a heart attack. A heart attack may cause SCA, but they are not the same. A heart attack is caused by a blockage that stops the flow of blood to the heart. SCA is a malfunction in the heart's electrical system, causing the heart to suddenly stop beating.

### How common is sudden cardiac arrest in the United States?

SCA is the #1 cause of death for adults in this country. There are about 300,000 cardiac arrests outside hospitals each year. About 2,000 patients under 25 die of SCA each year. It is the #1 cause of death for student athletes.

### Are there warning signs?

Although SCA happens unexpectedly, some people may have signs or symptoms, such as:

- fainting or seizures during exercise;
- unexplained shortness of breath;
- dizziness;
- extreme fatigue;
- chest pains; or
- racing heart.

These symptoms can be unclear in athletes, since people often confuse these warning signs with physical exhaustion. SCA can be prevented if the underlying causes can be diagnosed and treated.

### What are the risks of practicing or playing after experiencing these symptoms?

There are risks associated with continuing to practice or play after experiencing these symptoms. When the heart stops, so does the blood that flows to the brain and other vital organs. Death or permanent brain damage can occur in just a few minutes. Most people who experience SCA die from it.

### Public Chapter 325 – the Sudden Cardiac Arrest Prevention Act:

The act is intended to keep youth athletes safe while practicing or playing. The requirements of the act are:

• **All youth athletes and their parents or guardians must read and sign this form. It must be returned to the recreational or competitive club/association before participation in any athletic activity. A new form must be signed and returned each recreational or competitive soccer year (August 1- July 31).** Adapted from PA Department of Health: Sudden Cardiac Arrest Symptoms and Warning Signs Information Sheet and Acknowledgement of Receipt and Review Form. 7/2013

• The immediate removal of any youth athlete who passes out or faints while participating in an athletic activity, or who exhibits any of the following symptoms:

- (i) Unexplained shortness of breath;
- (ii) Chest pains;
- (iii) Dizziness
- (iv) Racing heart rate; or
- (v) Extreme fatigue; and

• Establish as policy that a youth athlete who has been removed from play shall not return to the practice or competition during which the youth athlete experienced symptoms consistent with sudden cardiac arrest • Before returning to practice or play in an athletic activity, the athlete must be evaluated by a Tennessee licensed medical doctor or an osteopathic physician. Clearance to full or graduated return to practice or play must be in writing.

I have reviewed and understand the symptoms and warning signs of SCA.

\_\_\_\_\_  
Signature of Soccer Player (ONLY if 18 or older)

\_\_\_\_\_  
Print Soccer Players Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Print Parent/Guardian's Name

\_\_\_\_\_  
Date



# Concussion Signs and Symptoms Information Sheet

## (Athlete/Parent/Guardian Copy)

### What is a Concussion?

A concussion is a type of traumatic brain injury that changes the way the brain normally works. A concussion is caused by a bump, blow, or jolt to the head or body that causes the head and brain to move rapidly back and forth. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

#### Did you know?

- Most concussions occur without loss of consciousness.
- Athletes who have, at any point in their lives, had a concussion have an increased risk for another concussion.
- Young children and teens are more likely to get a concussion and take longer to recover than adults.

Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days or weeks following the injury.

If an athlete reports one or more symptoms of concussion listed below after a bump, blow, or jolt to the head or body, the athlete should be kept out of play the day of the injury and until an approved health care provider\* says the athlete is symptom-free and it is safe to return to play.

SIGNS OBSERVED BY COACHING STAFF	SYMPTOMS REPORTED BY ATHLETES
Appears dazed or stunned	Headache or “pressure” in head
Is confused about assignment or position	Nausea or vomiting
Forgets an instruction	Balanced problems or dizziness
Is unsure of game, score, or opponent	Double or blurry vision
Moves clumsily	Sensitivity to light
Answers questions slowly	Sensitivity to noise
Loses consciousness, even briefly	Feeling sluggish, hazy, foggy, or groggy
Shows mood, behavior, or personality changes	Concentration or memory problems
Can’t recall events prior to hit or fall	Confusion
Can’t recall events after hit or fall	Just not “feeling right,” or “feeling down”

### **What are the Concussion Danger Signs?**

In rare cases, a dangerous blood clot may form on the brain in a person with a concussion and crowd the brain against the skull. An athlete should receive immediate medical attention after a bump, blow, or jolt to the head or body if the athlete exhibits any of the following danger signs:

- Has one pupil larger than the other;
- Is drowsy or cannot be awakened;
- Has a headache that does not diminish or go away;
- Has weakness, numbness, or decreased coordination;
- Has repeated vomiting or nausea;
- Has slurred speech;
- Has convulsions or seizures;
- Unable to recognize people or places;
- Becomes increasingly confused, restless, or agitated;
- Demonstrates unusual behavior;
- Loses consciousness (even though brief it is serious)

***Remember: Concussions affect individuals differently. While most athletes with a concussion recover quickly and fully, some will have symptoms that last for days, or weeks. A more serious concussion can last for months or longer.***

### **Why should an Athlete Report Symptoms?**

If an athlete has a concussion, their brain needs time to heal. While an athlete's brain is healing, they are more likely to have another concussion. Repeat concussions can increase the time it takes to recover. In rare cases, repeat concussions in young athletes can result in brain swelling or permanent damage to one's brain. They (concussions) can even be fatal.

### **What should you do if you think your Athlete has a Concussion?**

If you suspect that an athlete has a concussion, remove the athlete from play and seek medical attention. Do NOT try to judge the severity of the injury yourself. Keep the athlete out of play the day of the injury and until a health care provider\* says the athlete is symptom-free and is safe to return to play.

Rest is a key component to helping an athlete recover from a concussion. Exercising or activities that involve a lot of concentration such as studying, working on the computer, or playing video games may cause concussion symptoms to reappear or grow worse. Following a concussion, returning to sports and school should be a gradual process that is carefully managed and monitored by a health care professional.

***\*NOTE: Health Care Provider means a Tennessee licensed medical doctor, osteopathic physician, or clinical neuropsychologist with concussion training.***





# Concussion Acknowledgement Form

(Athlete/Parent/Guardian)

**MUST be signed and returned to the member club/ association that is affiliated with Tennessee State Soccer Association (TSSA) prior to participation in practice or competition.**

Athletes Name(s): \_\_\_\_\_

Parent/Legal Guardian Name(s): \_\_\_\_\_

Athlete's Initials		Parent/ Legal Guardian's Initials
	A concussion is a brain injury which should be reported to one's parents/legal guardian, coaches, or a medical professional if one is available.	
	A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up many hours or days following an injury.	
	I understand and will tell my parents/legal guardian, coach, and/or medical professional about my injuries and illnesses.	
	I understand and will not return to play in a practice or competition if a hit to my head or body causes me any concussion related symptoms.	
	I understand that written permission is needed from a health care provider* to return to play or competition following a concussion.	
	Most concussions take days or weeks to improve. A more serious concussion can last for months or longer.	
	Following a bump, blow, or jolt to the head or body an athlete should receive medical attention if there are any danger signs such as loss of consciousness, repeated vomiting, or a headache that continues or grows in severity.	
	Following a concussion, the brain needs time to heal. I understand that a concussed athlete is more likely to suffer another concussion or more serious brain injury if return to play or competition occurs before concussion symptoms go away completely.	
	In some cases, a repeat concussion can cause serious, long lasting problems or even death.	
	I have read the concussion signs and symptoms on the Concussion Information Sheet and I understand the importance of Concussion Education.	

*\*NOTE: Health Care Provider means a Tennessee licensed medical doctor, osteopathic physician, or clinical neuropsychologist with concussion training.*

Athletes Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Legal Guardian' Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# WEST TENNESSEE SOCCER CLUB

## HOOLIGANS

### FINANCIAL CONTRACT

PLAYERS NAME: \_\_\_\_\_

PARENTS NAME: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

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

#### PLAYER'S CLUB FEES

\_\_\_\_\_ 1. Club Fees and Team Fees do not include travel, or any other expenses incurred while traveling (e.g. hotel, transportation, or food).

- **TRAVEL PLAYERS:**

- West Tennessee Soccer Club can keep our fees low because all staff are highly qualified and certified volunteers. Fees listed below are **per season, per player**. Our fees are all inclusive, unless otherwise noted. All fees collected go directly to the players and their needs. The only additional fees that may arise are on an optional basis for 3v3 or 5v5 tournament, replacement player gear, parent support gear, or extra opportunities that arise. Fees are subject to change, if vendors and/or event cost rise, without notice. The fees listed below are for each season separately (fall or spring).

- NEW and RETURNING PLAYERS pay a total of \$400.00 for each season, totaling \$800.00 for both spring and fall.

- ✓ \*\* New uniforms and other gear are made available for additional fees.
- ✓ \*\* A uniform change occurs no more often than every two years and adds additional fees.
- ✓ \*\* This does include our new WTNSC gear for the players this season.
- ✓ \*\* This does include some of your tournaments that we will be attending.

- **TOURNAMENT FEES:**

- Every tournament is at a different price point. So, for this reason we must calculate.
- FULL-SIDED tournaments we will take the number of players attending from all teams and divide by the total cost and then round to the nearest \$5. Most of these types of tourneys are covered in your fees already.
- SMALL-SIDED tournaments (3v3, 4v4, 5v5, etc) are done almost the same way. We will calculate the number of teams, the total cost for all those teams, and divide by the number of players and round up to the nearest \$5.

🏀 **FOR EXAMPLE:** There are 10 teams that will attend a 3v3 tournament. The cost per team is \$210. Therefore, the total cost to enter that particular event would be \$2,100. Inside those 10 teams we have 5 players, giving a total of 50 players that will then be divided into \$2,100, making that price \$42, rounded up to the nearest \$5 would be \$45 per player.

🏀 You will be given advance notice of these small sided tourneys, as they become available, that will be optional, and the cost per player, along with a due date of fees. These fees will be separate from your 'payment schedule' fees.

\_\_\_\_\_ 2. All fee payments are to be made in accordance with the terms on the 'payment schedule'.

\_\_\_\_\_ 3. Any payment received 30 days after its due date shall be past due and may result in surrender of a player's membership card. Players will not be allowed to practice or play until the membership card is reinstated.

**PARENT'S RESPONSIBILITES** – Please initial each box in accordance with established policies of West Tennessee Soccer Club, 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 fees, payment schedule, and that you are financially responsible for the fees as stated for the entire playing year\*. Refunds will not be given at this time.

\_\_\_\_\_ 2. Your payment schedule must be met unless the President has approved, in writing, in advance, a written request for a different payment schedule. Statements will not be mailed out in advance of any due date.

\_\_\_\_\_ 3. West Tennessee Soccer Club does offer an offset by doing fundraisers. Get involved, you might not have to pay any money out of pocket. Visit [www.TNPrideSoccerClub.com](http://www.TNPrideSoccerClub.com), RESOURCES page, then FUNDRAISING to get started.

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

West Tennessee Soccer Club

President's Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

*\*Please Note: Upon commitment to a team, you are financially responsible for all Club fees as stated for the ENTIRE year. Players will not be officially released from the West Tennessee Soccer Club until all Club fees are paid in full and team fees are up to date at the time of the request.*

WEST TENNESSEE SOCCER CLUB  
HOOLIGANS  
REGISTRATION & REFUND POLICIES

- ⚽ Your Child is NOT registered until ALL registration has been completed and payment has been received. Only players whose registration fee has been paid in full will be placed on a team. All players will be placed in their appropriate age group.
- ⚽ **Playing up** in age groups will be based on skill and staff evaluations, only when absolutely necessary.

Playing up has a balance and check procedure that will be used in emergency situations as needed. The parent first must sign off with the President for first approval, then the Director of Coaching will give his approval with solid reason for the need, after that process has been completed the player will "try-out" for certain spots as they come available for approval from both current and receiving coach(es). The player and parent will then be informed after the decisions have been made.

**EACH TEAM WILL NEED AT LEAST THREE VOLUNTEERS...**

**Head Coach** - run practices and provide direction during the games

**Assistant Coach** - 'bench' Coach during games, back-up coach for games and practices

**Team Manager** - assist with team communications, verify field conditions, schedule changes, weather delays, program updates, Spirit wear, etc.

\* All Volunteers must register with West Tennessee Soccer Club, and also consent to a **Background Check in accordance with West Tennessee Soccer Club Volunteer Policies at [www.TNSoccer.org](http://www.TNSoccer.org)**. Note, that only those who have a current background check on file with the State of TN may be on the same sideline as the players.

**COMPETITIVE CLUB FEES**

All fees are to be made in accordance with the terms on the 'payment schedule' (found in the registration forms). **Any payment received 30 days after its due date shall be past due and may result in surrender of a player's membership card.** Players will not be allowed to practice or play until the membership card is reinstated.

**REFUNDS - COMPETITIVE SOCCER**

Once a player has committed and signed for the competitive year (Fall & Spring seasons), they are obligated to the club for the duration and responsible for all fees outlined above. There will be no refund of fees, due to all fees will have already been paid out to vendors.

**RETURNED CHECKS:**

There is a \$35.00 charge for any returned checks.

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

2019- 2020  
WEST TENNESSEE SOCCER CLUB  
FEE PAYMENT SCHEDULE

All fees are to be made via PayPal, check, or cash.

- CHECKS
  - ❖ Make payable WEST TENNESSEE SOCCER CLUB
    - In the "FOR" slot please put players name, team, and reason.
  
- CASH
  - ❖ Please put all cash in a sealed envelope with players name, team, and reason on the outside.

*\*\*You may give your payments to your team manager(s), the Club Treasurers, Jessica Olson or Hayley Strickland or to the Club President, Tammy Cotton.*

DUE DATE	FALL SCHEDULE
JUNE 22, 2019	\$100
JULY 15, 2019	\$100
AUGUST 15, 2019	\$100
SEPTEMBER 15, 2019	\$100
<b>TOTAL</b>	<b>\$400</b>

DUE DATE	SPRING SCHEDULE
FEBRUARY 1, 2020	\$100
MARCH 1, 2020	\$100
APRIL 1, 2020	\$100
MAY 1, 2020	\$100
<b>TOTAL</b>	<b>\$400</b>

\* MOST full field tournaments are included in your fees. Total tournament fees for small sided are divided by number of players attending and split evenly throughout the players. There will be additional due dates for these tournaments. Lodging, transportation, food, etc. are the players parents / guardian's responsibility.  
 \* All WTNSC fees for the season are to be paid in full by May 1st, unless otherwise noted above. Please check your account balance with Tammy Cotton. Players with outstanding balances will not be registered by WTNSC with MSSF unless special arrangements are made with the club for a payment schedule extension.

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

Player Name: \_\_\_\_\_ Jersey #: \_\_\_\_\_



## BIRTH YEAR AGE CHART

SEASON	2019-20	2020-21	2021-22	2022-23	2023-24	2024-25	2025-26	2026-27
BIRTH YEAR								➔
2022								
2021								U6
2020							U6	U7
2019						U6	U7	U8
2018					U6	U7	U8	U9
2017				U6	U7	U8	U9	U10
2016			U6	U7	U8	U9	U10	U11
2015		U6	U7	U8	U9	U10	U11	U12
2014	U6	U7	U8	U9	U10	U11	U12	U13
2013	U7	U8	U9	U10	U11	U12	U13	U14
2012	U8	U9	U10	U11	U12	U13	U14	U15
2011	U9	U10	U11	U12	U13	U14	U15	U16
2010	U10	U11	U12	U13	U14	U15	U16	U17
2009	U11	U12	U13	U14	U15	U16	U17	U18
2008	U12	U13	U14	U15	U16	U17	U18	U19
2007	U13	U14	U15	U16	U17	U18	U19	
2006	U14	U15	U16	U17	U18	U19		
2005	U15	U16	U17	U18	U19			
2004	U16	U17	U18	U19				
2003	U17	U18	U19					
2002	U18	U19						
2001	U19							
2000								

**\*\*Birth year is January 1<sup>st</sup> to December 31<sup>st</sup>**

**\*\*Soccer year is August 1<sup>st</sup> to July 31<sup>st</sup>**