

SYNERGY REGISTRATION CHECKLIST

SPORTSENGINE REGISTRATION AND PAYMENT

- REGISTER FOR SEASON IN SPORTSENGINE ONLINE SYSTEM
- SUBMIT INITIAL DEPOSIT PAYMENT IN ONLINE SYSTEM

COMPLETE REGISTRATION DOCUMENTS

- YSSL PLAYER REGISTRATION FORM (BOYS ONLY)
- IWSL PLAYER REGISTRATION FORM (GIRLS ONLY)
- IYSA MEDICAL RELEASE FORM - 2 PAGES (BOYS AND GIRLS)
- US CLUB SOCCER MEDICAL RELEASE FORM (BOYS AND GIRLS)
- CHICAGOLAND INDOOR SOCCER WAIVER AND RELEASE (BOYS AND GIRLS)
- CLUB EXPECTATIONS SIGNATURE FORM (BOYS AND GIRLS)

PLAYER PASS CARD PHOTO

- PLAYER CANNOT BE WEARING A HAT OR SUNGLASSES
- MUST BE A CLEAR IMAGE
- EMAIL TO REGISTRATION@SYNERGYSOCCERCLUB.COM

PROOF OF AGE DOCUMENTATION

- EITHER A COPY OR PHOTO OF YOUR CHILD'S BIRTH CERTIFICATE OR PASSPORT
- ALL FOUR CORNERS OF THE DOCUMENT MUST BE VISIBLE
- NOTHING CAN BE REDACTED AS PER LEAGUE REQUIREMENTS
- EMAIL TO REGISTRATION@SYNERGYSOCCERCLUB.COM

UNIFORM SIZING, ORDERING, AND JERSEY NUMBER SELECTION

- PLACE UNIFORM ORDERS BY MAY 22ND FOR TIMELY DELIVERY
- UNIFORM MUST BE ORDERED PRIOR TO JERSEY NUMBER SELECTION
- RETURNING PLAYERS WILL RETAIN CURRENT JERSEY NUMBER UNLESS CHANGE REQUESTED
- NEW PLAYERS WILL BE SENT LIST OF AVAILABLE NUMBERS AFTER ORDER IS SUBMITTED
- PLACE UNIFORM ORDER ONLINE THROUGH THE EUROPEAN SPORTS WEBSITE
- VISIT THE EUROPEAN SPORTS GLEN ELLYN LOCATION FOR UNIFORM SIZING
- PLAYERS ARE ASKED TO WEAR SYNERGY TRAINING T-SHIRTS AT PRACTICE
- ALL NEW PLAYERS MUST ORDER UNIFORM PACKAGE
- RETURNING PLAYERS MAY CONTINUE USING CURRENT UNIFORM FOR THIS YEAR



Emergency Medical Release & Liability Waiver

Participant must complete and submit this Illinois Youth Soccer Association (IYSA) Emergency Medical Release & Liability Waiver before participating in IYSA and/or IYSA Member Programs/Events.

Participant _____ Gender _____ Birthdate _____
Street Address (Not PO Box) _____ City _____ Zip _____
Primary Phone _____ Email _____

For a minor participant, enter parent/guardian's phone and email:

Parent/Guardian Name _____ Primary Phone (____) _____ Other Phone (____) _____
Parent/Guardian Name _____ Primary Phone (____) _____ Other Phone (____) _____
Email(s): _____

Emergency Contacts for Participant:

Print Name _____ Primary Phone (____) _____
Relationship to Participant _____ Email _____
Print Name _____ Primary Phone (____) _____
Relationship to Participant _____ Email _____
Allergies _____
Other Medical Conditions/Concerns _____
Physician _____ Primary Phone (____) _____ Bus Phone (____) _____
Medical/Hospital Insurance Company _____ Phone (____) _____
Policy Holder's Name _____ Policy Number _____

MEDICAL RELEASE & LIABILITY WAIVER

In consideration of being allowed to participate in any way in the program, related events and activities, I the undersigned, acknowledge, appreciate, and agree to the following terms.

On behalf of myself and the above listed participant if the participant is a minor, I the undersigned acknowledge, appreciate, fully understand and agree that the participant will be engaging in programs, activities, and/or related events hereinafter referred to as "Programs" that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Illinois Youth Soccer Association, its directors, officers, employees, coaches, managers, agents, assignors, sponsors, and associated personnel including those of its affiliated organizations, and the owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as "Releasees", from any and all liability to each of the undersigned, their heirs or next of kin for any and all against any claim by or on behalf of the participant resulting from the participant's involvement in the Programs and/or being transported to or from the same, which participation and transportation, after careful consideration I hereby authorize.

I certify that the participant has received a physical examination by a physician and has been found physically capable of participating in the Programs.

I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I agree to save and hold harmless and indemnify each and all parties herein referred to as Releasees from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said Releasees because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the Releasees.

I hereby consent to any and all uses and displays by the Releasees of the participant's name, voice, likeness, image, appearance and biographical information in, on or in connection with any pictures, photographs, audio and video recordings, digital images, all of which are hereinafter referred to as "depictions", that are shown on websites, in television programs and advertising, sales and marketing brochures, books, magazines, all other printed and electronic forms and media including without limitation for the purpose of promoting Illinois Youth Soccer Association and/or its initiatives and the sport of soccer and for promotional, commercial other purposes as determined by Illinois Youth Soccer Association at any time and anywhere in the world in its sole discretion. On behalf of the participant, I understand and agree that all depictions shall be the sole property of the Illinois Youth Soccer Association and neither I nor the participant shall receive any compensation in connection with their use. Further I hereby release, waive and discharge any claims of any kind or nature arising out of or relating to the use of the depictions against the Illinois Youth Soccer Association and its Releasees. On behalf of the participant I have read the above waiver/release, understand and agree that I have given up substantial rights by signing this release and sign below voluntarily.

I am aware there are risks to the participant of exposure to directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof.

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, **HEREBY RELEASE, INDEMNIFY, AND HOLD HARMLESS THE ILLINOIS YOUTH SOCCER ASSOCIATION, its MEMBER LEAGUES AND CLUBS,** its directors, officers, officials, agents and/or employees, associated personnel, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event (Releasees), from any and all claims, demands, losses, and liability arising out of or related to any **ILLNESS, INJURY, DISABILITY OR DEATH** I may suffer, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE,** to the fullest extent permitted by law.

I understand that this document may not be altered in any manner and that any alteration without the express written consent from the Illinois Youth Soccer Association will cause the participant to be removed from the Program.

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

CODE OF CONDUCT AGREEMENT

I agree to **respect players, coaches, officials, spectators, and families at all times.** I will respect the decisions of officials and coaches. I will not engage in any violence, verbal threats and/or use any profanity.

Parent/Guardians' Signatures are required if participant is under the age of 18. Signature is required from Participant aged 18 or older.

Parent/Guardian's Signature (Print & Sign) _____ Date _____

Parent/Guardian's Signature (Print & Sign) _____ Date _____

Participant's Signature (Print & Sign) _____ Date _____

NOTE: ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT.



US Club Soccer Form R002

Player Information, Medical Treatment Authorization, Liability Waiver/Release and Consent Form

To be retained by the US Club Soccer member organization for at least five (5) years or until the player's 18th birthday, whichever occurs last.

Member Organization / Club Name: _____

State: _____

Player information:

Full name: _____ Birth Date: _____ Gender: Female Male

Street address: _____ City: _____

State: _____ ZIP Code: _____ Email address (for adult player only): _____

Allergies: _____

Other medical conditions: _____

Physician: _____ Phone #1: () _____ Phone #2: () _____

Medical/Hospital Insurance Company: _____ Phone #: () _____

Policy Holder's Name: _____ Policy Number: _____

To be completed for non-adult players:

Parent/Guardian #1 Name: _____ Phone #1: () _____ Phone #1 Type: _____

Email Address: _____ Phone #2: () _____ Phone #2 Type: _____

Parent/Guardian #2 Name: _____ Phone #1: () _____ Phone #1 Type: _____

Email Address: _____ Phone #2: () _____ Phone #2 Type: _____

In an emergency, for an adult player or when a parent/guardian cannot be reached, please contact the following:

Name: _____ Phone #1: () _____ Phone #2: () _____

Name: _____ Phone #1: () _____ Phone #2: () _____

In signing below, I hereby consent to the above-named member organization/club registering me or my child or guardian, as applicable, with US Club Soccer. I understand that a player may be registered to only one US Club Soccer member organization/club at any time.

Medical Treatment Authorization and Liability Waiver/Release: I hereby give my consent, on my own behalf or on behalf of my child or guardian, as applicable, to have an athletic trainer, coach, team manager, emergency medical technician, physician, nurse, dentist, or other healthcare professional and, in each case, their associated personnel provide the player identified above 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, at least in part, on information provided herein. I hereby authorize emergency transportation of the player, at player or parent/guardian's expense, to a healthcare facility should an individual listed above consider it to be warranted. I acknowledge and understand that certain risks of injury (including, but not limited to, concussions, other serious bodily injury or death) are inherent in playing soccer. These types of injuries may result from the player's actions, the actions or inactions of others, or a combination of both. In signing below, I certify that the player received all necessary medical clearances to participate fully in all US Club Soccer programs without restriction or condition.

To the maximum extent permitted by law, I hereby agree to release, waive, hold harmless and indemnify the member organization, the National Association of Competitive Soccer Clubs (dba US Club Soccer), its agents, contractors and sponsors, U.S. Soccer and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the player named above as a result of the player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

Privacy Policy & Terms of Use: I acknowledge and agree that I have read, understand and agree to US Club Soccer's Privacy Policy & Terms of Use (collectively, the "Policy"), available at usclubsoccer.org. The Policy describes US Club Soccer practices for collecting, maintaining, protecting and disclosing player information. In signing below, you agree on your own behalf or on behalf of your child or guardian, as applicable, to the provisions of the Policy and any successor Policy then-in-effect.

AGREED AND ACCEPTED: I hereby agree and accept all terms and conditions set forth in this Player Information, Medical Treatment Authorization, Liability Waiver/Release, and Consent Form.

Signature of player (if an adult) or parent/guardian (if player is a minor)

Relation to player (if applicable)

Printed name of signee

Date

IMPORTANT NOTICE: ALL PLAYERS, PARENTS AND GUARDIANS ARE BOUND BY AND MUST COMPLY WITH ALL US CLUB SOCCER POLICIES AND RULES WHICH CAN BE FOUND ON THE US CLUB SOCCER WEBSITE [usclubsoccer.org].

Illinois Women's Soccer League

PO Box 808, West Dundee, IL 60118

www.iwsl.com

PLAYER REGISTRATION FORM

For The Playing Year 2025-2026

CLUB NAME: _____

TEAM NAME: _____ TEAM AGE: _____

PLAYER'S FIRST NAME _____ LAST NAME: _____

PLAYER'S ADDRESS _____

CITY: _____ STATE: _____ ZIP: _____

PLAYER'S PHONE _____ EMAIL ADDRESS _____

PLAYER'S BIRTHDATE _____

PARENT/GUARDIAN NAME _____ PHONE _____

PARENT/GUARDIAN NAME _____ PHONE _____

PROOF OF AGE:

PREVIOUS SEASON IWSL PASS ID # _____

Or

PROOF OF AGE PROVIDED: GOVERNMENT ISSUED BIRTH CERT or PASSPORT

(Circle one)

By signing this document I have indicated that I (or my child) has not registered with any other **IWSL** or **IYSA** registered team for the above indicated playing year and is committed to play for only this team.

*For the Fall 2025/Spring 2026 season I am aware that IWSL league rules only permit transfers to other clubs after January 1, 2026 at the earliest **if the release is requested by January 31st 2026 and is in***

***compliance with IWSL league rules.** The rules are available to public view at:*

<https://www.iwsl.com/anypage.php?f=rules.htm&title=Rules%20&%20Regs#Transfer>

PLAYER'S SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____

CLUB/COACH SIGNATURE _____ DATE _____

(This form is to be kept on file by the club for the entire playing year indicated)

RELEASE, WAIVER AND IMDEMNITY AGREEMENT CHICAGOLAND INDOOR SOCCER 2023-2025 INDOOR SEASON

In consideration of the opportunity to participate in soccer, soccer-related and other sports-related activities (collectively, the "Activities"), and for the Activities in which I actually participate, at the any fields or facilities at which Chicagoland Indoor Soccer may be hosting Activities (collectively, the "Facility"), I, for myself and my personal representatives, assigns, heirs and next of kin:

1. Acknowledge, represent and agree that I understand the nature and requirements of the Activities and that I am qualified, in good health, and in proper physical condition to participate in the Activities.

2. Acknowledge, represent and agree that I fully understand that: (a) the Activities involve dangers and risks that could result in serious bodily injury, including, without limitation, permanent disability, paralysis and death; (b) such dangers and risks may be caused by or result from my own actions or inactions, or the actions or inactions of others participating in the Activities, Chicagoland Indoor Soccer (owner or lessee of the Facility) or its members, managers, agents, officer, directors, coaches, representatives and employees (collectively, the "Releasees"), and others attending or observing the Activities; and (c) the Activities and the Facility may involve dangers, risks or losses that are not now known to me and/or are not now readily foreseeable. I fully accept and assume all such risks and dangers, including, without limitation, all risks of losses, costs and damages, known or unknown, foreseeable or unforeseeable, that I may incur or sustain as a result of my participation in the Activities and use of the Facility to the extent that any and all losses, costs and/or damages are the result of, directly, indirectly or otherwise, of the actual or alleged negligence of any one or more of the Releasees.

3. Covenant, warrant and agree that I will examine the Facility and that if I observe or witness any significant danger, hazard or other unsafe condition, I will remove myself from participation and bring such danger, hazard or other unsafe condition to the attention of the nearest Releasee, referee, official or other person conducting the Activities.

4. Hereby forever release and discharge, and covenant and agree not to sue, any or all of the Releasees (including, without limitation, Chicagoland Indoor Soccer and its successors or assigns), from and against any and all liability, claims, damages, demands, or losses caused, or allegedly caused, in whole or part by the negligence any of the Releasees. I further covenant and agree that if, despite this release, waiver of liability, assumption of risk and indemnity agreement, anyone on my behalf makes a claim against any or all of the Releasees (including, without limitation, Chicagoland Indoor Soccer or its successors or assigns) based upon the negligence or alleged negligence of any or all of the Releasees, I will indemnify and hold harmless each of the Releases (including, without limitation, Chicagoland Indoor Soccer and its successors or assigns) from any loss, liability, damage, cost, expense of litigation, and attorneys' fees.

5. I am aware there are risks to me of exposure to directly or indirectly arising out of, contributed to, by, or resulting from an outbreak of any and all communicable disease, including but not limited to, the virus "severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)", which is responsible for Coronavirus Disease (COVID-19) and/or any mutation or variation thereof.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, AND ACKNOWLEDGE AND AGREE THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT. I HAVE BEEN AFFORDED FULL OPPORTUNITY TO NEGOTIATE THE TERMS HEREOF. I HAVE SIGNED THIS AGREEMENT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE. I INTEND THAT THIS AGREEMENT IS A COMPLETE AND UNCONDITIONAL RELEASE OF ANY AND ALL LIABILITY FOR NEGLIGENCE TO THE GREATEST EXTENT ALLOWED BY LAW. I AGREE THAT IF ANY PROVISION OF THIS AGREEMENT IS DETERMINED TO BE INVALID, THE REMAINING PROVISIONS SHALL CONTINUE IN FULL FORCE AND EFFECT NOTWITHSTANDING.

If I am executing this agreement as a parent/guardian, this is to certify that I as parent/guardian with legal responsibility for this participant, do hereby consent and agree to his/her release as provided above, and for myself, my heirs, assigns and next of kin, I release and agree to indemnify the Releases (including, without limitation, Chicagoland Indoor Soccer or its successors or assigns) from any and all liabilities incident to my minor child's involvement or participation in the Activities, EVEN IF ARISING FROM THE NEGLIGENCE OF RELEASEES (INCLUDING, WITHOUT LIMITATION, CHICAGOLAND INDOOR SOCCER AND ITS SUCCESSORS OR ASSIGNS).

Print: Players Name/Name of Participant: _____

Date: _____

Print: Players Team Name and Age Group: _____

Print: Parent or Guardian Name: _____

Signature: Parent or Guardian Name: _____

Club Expectation Policies



MISSION:

Synergy Soccer Club was founded in 2009 as an organization dedicated to the physical and mental development of high-level youth soccer players in a fun and competitive environment. We aim to develop players that demonstrate confidence on the ball, a well-rounded understanding of the game, and a strong competitive spirit.

PHILOSOPHY:

8U-10U

Synergy puts a strong emphasis on the development of a young player's technical abilities. We strive to make all of our young players confident on the ball and excited about using various skills and techniques throughout the course of their games and practices. We encourage players to have fun while they play as this creates an environment in which they want to play and improve outside of training and games. We take a long term approach to development recognizing that winning at these ages, while still important and fun, is not nearly as important as mastering the skills necessary to excel in the game at an older age.

11U-15U

Synergy offers a more balanced approach between technical execution and tactical understanding. At these ages, we strive to turn players into true soccer players, not just athletes that play soccer. We strive to teach players to understand their roles on the field within the team concept, while still focusing on technical development with increasingly faster pace and greater precision. At this stage of the development process, we further emphasize how each player can work towards reaching their potential while enjoying the game and the process. Tactically, players at these ages will be expected to move the ball fluidly, maintain position and shape off the ball, and work together to provide their team the best opportunity to find success.

16U-19U

Synergy strives to create players with not only the ability, but a desire to continue to play beyond their high school years. At these older ages, we continue to build on our technical and tactical principles, while adding more physical training and making sure to develop confidence and a winning mentality. Players will be expected to make a commitment to the team which includes the summer, winter, and spring (for boys) or fall (for girls). Teams will play in high level leagues including the Illinois State Premiership Division, USYS National League's Midwest Conference, and compete in various showcase tournaments. We will also aid players to whatever degree they would like in the college search process in order to help them take the next step in their soccer journey.

SYNERGY SOCCER CLUB





Club Expectation Policies

EXPECTATIONS OF SYNERGY FAMILIES AND PLAYERS

1. Please offer support and encouragement to your child at all times. Please refrain from offering advice, critical feedback, or otherwise coaching your child or any players on the field. The skills learned in soccer are many and they generally take time to acquire and develop fully. Synergy Soccer asks parents not to yell, scream, or "coach" from the sidelines. We ask parents to watch, cheer for the team, and enjoy the game. This creates the best learning and development environment for the players.
2. Please be respectful of your team's coaches at all times. In addition, parents and other family members are expected to remain positive with all comments to players, other parents, referees, and all those associated with opposing teams. We need to represent Synergy SC positively in both our actions and our words.
3. Parents, any other spectators, and players are bound by the Synergy SC "Zero Tolerance" policy. Parents are expected to read and be familiar with this policy to make sure that all spectators accompanying parents are aware of and abide by this policy. Parents should also discuss and explain this policy with/to their children.
4. Players are to attend all practices and games. Late arrival to or absence from a game, as well as missed or tardiness to practices prevent the player and team from performing at their best. Please be aware and strive for commitment and punctuality to support the development of your child and their team. Players must also be picked up from practices and games in a punctual manner. In the event that your child cannot attend or participate in a game or practice, please notify the team's coach and club administrator as far in advance as possible.
5. Club fees are collected for each player. Club fees relate to an entire soccer year (July 1-June 30). In the event that a player becomes unable to play due to injury or for some other reason (excluding moving to a location beyond reasonable travel distance), the fees are not prorated for that player. However, under certain circumstances and at the discretion of club directors, fees may be adjusted for cases of catastrophic injury.
6. Initial deposits and recurring payments must be paid in a timely manner. It is club policy that all players are required to be current with all payments unless other arrangements are made in advance. In addition, should a check be returned for insufficient funds, any fees charged to the club by the bank, will be charged back to the family as an additional charge that must be paid by the family.
7. Players need to have appropriate equipment and need to come prepared to all games and training sessions. Parents - please assist your child in keeping his/her gear in good order and ready to use. Each player will need the Synergy uniform (including alternate jersey, training shirts, and training bibs), soccer shoes and shin guards. Players will need to have adequate clothing for cold weather. Each player will also need to have a water bottle at all games and practices. In addition, players will need to have a properly inflated and sized ball for practicing at home. Each child should also bring a soccer ball that is clearly labeled with their name to practice.
8. Practice at home is critical to the development of the player. Players master new skills and playing strategies at different rates and player confidence usually increases with these masteries. Please encourage your child to learn, understand, and develop the various skills and strategies taught by their coaches.
9. Synergy does not require volunteering in club activities. However, there are certain events that depend on parent assistance. Please offer your skills, services, and time, if at all possible, to help the organization as a whole.
10. Synergy will hold occasional parent meetings throughout the soccer year. Parent attendance and participation at these meetings is critical to awareness of club and team objectives and direction.

SYNERGY SOCCER CLUB



Club Expectation Policies

ZERO TOLERANCE POLICY

Synergy SC fully endorses and supports good sportsmanship and fair play. Furthermore, Synergy seeks to provide its players, parents, coaching staff, fans, and referees with a safe, educational, and supportive learning and playing environment. As such, we have adopted a Zero Tolerance Policy to outline the expectations for all members of Synergy and those associated with the club.

1. It is the responsibility of all coaches, players, and parents to maintain the highest standards of conduct for themselves and those associated with Synergy SC. Abusive, confrontational, and/or obscene language; violent play or conduct; and other detrimental behavior will not be tolerated.
2. Coaches, players, parents, and all members of the Synergy SC community shall maintain a respectful attitude to the referees at all times. Failure to do so can undermine the referee's authority and may potentially create a hostile environment for the players, coaches, spectators, and the referees. Synergy SC requires its coaches, players, and parents to uphold their responsibility for respecting the referee prior to, during, and after the game, both at the field and in the surrounding areas.
3. Under no circumstances may any parent direct comments to the referee. There will be times when a referee's call will not seem fair to our team. Any unfairness can be addressed by our coaches through their referee evaluation, which can be completed after each game. Coaches, parents, and players must respect the role of the referees and the calls that they make. Parents and spectators are not to enter into discussion with a referee about a call they make.
4. Coaches for Synergy SC will treat all players with respect and professionalism. No coach is ever to give instruction to his/her player that would intentionally bring harm to opponent, nor will the club tolerate berating, insulting, use of profanity or physical contact with regard to any of his/her players. Any of these will be considered extremely serious and may result in immediate removal from the club.
5. Parents and coaches are to treat each other with respect at all times. Negative, condescending, or insulting remarks will not be tolerated at any time and may result in dismissal or removal from participation in all future events.
6. Please be respectful of your team's coaches at all times. In addition, parents and other family members are expected to remain positive with all comments to players, other parents, and referees, and all those associated with opposing teams. We need to represent Synergy SC in both our actions and our words.
7. The coaches strive to act as positive role models for the players. They have a responsibility for the physical and mental development of all the players. Coaches will make decisions on when, where, and if players play in games. This is a competitive league and all players may not have equal playing time, particularly as the teams move up in age and ability level. Under no circumstances will the coaches or parents enter into discussions about coaching decisions.
8. Parents are requested not to yell from the sidelines. They are asked to remain quiet, cheering when appropriate, never coaching. They are asked not to direct players in any way. It is important that the players be able to listen to their coaches and teammates. Coaches should not have to yell to be heard over the parents. Please watch and enjoy the game, while allowing the team to play and listen to each other and their coaches.

CONSEQUENCES OF NON-ADHERENCE TO ZERO TOLERANCE POLICY

Failure to comply with Synergy SC policy will be reviewed by Synergy SC and may result in additional sanctions upon the offending individual(s) including:

1. Suspension or dismissal of coach or player from team
2. Banishment of the offender from participation and/or attendance at events
3. Banishment of offender's family from participation in or attendance at events

SYNERGY SOCCER CLUB





Club Expectations and Zero Tolerance Signature Sheet

PLAYER NAME: _____ **U** _____

I have reviewed the "Club Expectations" and "Zero Tolerance" document. I recognize that participation with Synergy SC is a one-year commitment (beginning July 1st of the current year and ending June 30th of the next year). I agree that my family will adhere to the guidelines presented in the "Club Expectations" and "Zero Tolerance" document. A copy of the document is also available on the Synergy SC website.

PARENT NAME (PRINT): _____ **PARENT SIGNATURE:** _____

SYNERGY SOCCER CLUB

