As part of registering my child/children with the **Hernando Soccer Club**, I the parent/legal guardian of the following child/children, (Please print first and last names below) agree to abide by the following **Hernando Soccer Club** rules and regulations.

Child 1\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child 2\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child 3\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child 4\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. I will notify the recreational registrar of the **Hernando Soccer Club** if I choose to remove my child from the league. The following schedule will be followed in regards to fee reimbursement.

­­­­­­­­­­­­­­Prior to the final day of September for the current year- Full Fee will be reimbursed

Between October 1, and October 14, of the current year - 50% of Fee will be reimbursed

After October 14, of the current year, No Fees will be reimbursed

1. I acknowledge that my child will be placed on a recreational soccer team using a system called blind draft, this is a blind draw based on age and experience. **Once my child is placed on a team they will not be allowed to switch teams for any reason.** I agree I will not ask for my child to be placed on a team with another player because of car-pooling or any other reasons or put on

a specific team because I or my child has another commitment on a specific night of the week. If once my child is placed on a

team I decide to remove my child from the league the above fee reimbursements will apply (see #1).

1. I agree that my family **will be responsible for volunteering a minimum of 2 hours in the concession stand** during the soccer season. I agree to **pay a $25.00 surcharge** at the time of registration. Upon completion of 2 hours of volunteer time in concession I will be credited this surcharge the following year (or upon written request refunded if my child does not register the following year).

This may subject me to not only this $25.00 surcharge, but an additional $25.00 charge if I did not complete my volunteer hours the

previous season. I agree that my children will be expected to participate in League sponsored fund raisers.

4. I agree to abide by the following 8 **Hernando Soccer Club** points of conduct.

1. I accept responsibility to insure that my child will abide their player agreement.

2. I will treat the coaches, players, referees, and league officials with respect and I will **conduct myself in a civilized manner**

**at all times**.

3. Un-sportsmanlike behavior, arguing with referees, coaches, league officials, using foul or abusive language, conduct

infringing on the enjoyment of the game by other spectators or players will result in my being asked to leave the field.

4. Continued lack of self-control may result in myself, and possibly my child, being asked to leave the league.

5. I understand that there is **no alcohol permitted on the property** or that being intoxicated will not be tolerated and that I

will be asked to leave the property.

6. I understand that there is **smoking permitted only in the parking lot**.

7. I understand that there are **absolutely no pets permitted on the property**.

8. I understand that by signing below, I accept responsibility not only for my actions, but also for those of any other spectator

that I bring to my child’s games or practices.

5. I agree and acknowledge that HSC charges a $30.00 returned check fee and that I MUST pay this fee along with the amount of the original check in cash immediately upon being told of the returned check.

6. Hernando Soccer Club strives to celebrate the accomplishments of its teams and players by occasionally

sharing information with the community. To do this, HSC may use team/player names, photographs, and/or video

in our yearly Program, on our website, on social media, press releases to local media, and finally local advertising. We

allow HSC to publish and/or display such information.

PARENT NAME (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARENT NAME (print):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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