



Dear Brasil FC Guardian /Parent

The coming 2021-2022 season promises to be an exciting time for our teams , players, and parents . WE are looking forward to the continued growth and enrichment of our players . In addition to improving your players soccer skills and increasing their knowledge and love of the game , By agreeing to accept to play for Brasil FC , a player is committing to give his or her best effort at all times and to participate in every scheduled event by the team . Brasilfcsoccer.com

Players Obligation	Parents Obligation
<ul style="list-style-type: none"> • Make soccer the priority sport for the fall and spring seasons • Stay up to date on club activities by reading emails , messages , social media team website • Be on time and attend all practices , game s, and other events including tournaments (even if is holiday) • Notify the coach or team manager in a timely manner if you will be tardy or unable to make the practice or game • Communicate frequently with coaches and listen to their instructions • Accept any additional assignments (include but not limited to a home training and condition) from my coach • Accept the coach tactical decisions (player positioning , play time, etc..) • Respect teammates and give only positive encouragement . • Abide by all club, league, tournament and other event codes of conduct . 	<ul style="list-style-type: none"> • Accept the team placement of your child • Commit to your child attendance at all team league games (include spring break weekend) , tournaments . • Pay all Club fees and team dues by the payment deadlines . • Turn in all requires forms and purchase club uniforms . • Stay up to date on club activities by reading emails, messages , social media . • Assist your child to be on time and attend ALL practices , games and other events. • Notify your child Coach if players will be tardy or unable to attend (i.e illness or school conflict) a team event. • Volunteer your services and talents for the team or club • Be encouraging, supportive , and affirmative in regard to your child performance on the field • Familiarize yourself with the laws of the Games and respect their decisions •



FC Brasil Soccer Program (July – June)

- **Annual Program Fee: \$1440.00 or \$120.00/monthly (excludes Winter Leagues-fields rental .)**
- **Annual Club Fee: \$0**
- **League Fee Cover Fall/Spring \$350**
- **Tournament Fee: \$100.00/optional**
- **Registration Fee: \$295.00 (New Players)**
(Registration includes: club fee, first month, & club uniform)

FC BRASIL 2021/22

Agreement -

- Player participation fees have been paid in full prior to the first scheduled game.
- Participation fees have been partially paid prior to the first scheduled game with a written commitment to pay the remainder of the fees before the end of the soccer season.
- A scholarship form has been received by the FC BRASIL staff before the deadline and communication has been made with the scholarship applicant about payment plans.
- After a player commits to a competitive/Travel/Recreational team and completes the registration, the player is considered registered to the Club. Each player is bound to the Club for the entire seasonal year, which runs from July 1 of one year through June 31 of the following year. Families have the option of paying in full at the time of registration or choosing a payment plan which allows the total to be divided equally into 12 installments.

The first payment must be made by the registration deadline. Each family is obligated to the full financial commitment, regardless of the choice made.

- **Refund Policy**

It is the policy of FCB to refund registration fees paid in advance only if your player moves more than 50 miles from his/her primary residence prior to the start of the season or if the player is unable to participate due to a season-ending injury or illness as documented by a physician. Proper documentation is required to support any claim thereof.

No refund, credits, or fee transfers will be allowed for any other reasons. If FCB is unable to place your child on a team, a full refund will be issued. Conflicts with practice schedules are not grounds for refunds. Refund requests due to injury must be made within 2 weeks of injury or illness and must have a physician's note included. There will be no reimbursements granted for any programming canceled due to weather or forfeits. Players that have granted a Full Scholarship that decide to leave the Club before the Season has finished, should pay the amount to the Club before the Release.



Emergency Medical Release & Liability Waiver

Participant's Name _____ Birthdate _____

Street Address _____ City _____ Zip _____

EMERGENCY INFORMATION

Father's Name _____ Home Phone (____) _____ Cell/Bus Phone (____) _____

Mother's Name _____ Home Phone (____) _____ Cell/Bus Phone (____) _____

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

Name _____ Home Phone (____) _____ Cell/Bus Phone (____) _____

Name _____ Home Phone (____) _____ EMAIL: _____

Allergies _____

Other Medical Conditions _____

Physician _____ Cell Phone (____) _____ Bus Phone (____) _____

Medical/Hospital Insurance Company _____ Phone (____) _____

Policy Holder's Name _____ Policy Number _____

THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT (PLAYER/COACH/REFEREE) CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.

I the undersigned participant and parent/guardian of the above listed minor (if participant is under the age of 18) acknowledge and fully understand that each participant will be engaging in activities 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 Brasil FC Association, its directors, officers, employees, coaches, managers, agents, 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, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/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 applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above 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 have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alternation without the express written consent from the Brasil FC Association will cause the participant to be removed from the Program.

(Parents/Guardians' Signature is required if participant is under the age of 18)

Parents/Guardians Signature _____ Date _____

Participant's Signature _____ Date _____

(Participant's Signature is required)

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



COMMUNICABLE DISEASE/COVID-19 RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT BRASILFCSOCCER.COM

Participant/Child's Name _____ Birthdate _____
Street Address _____ City _____ Zip _____
Parent/Guardian's Name _____ Emergency Phone (____) _____
Parent/Guardian's Name _____ EMAIL: _____

In consideration of being allowed to participate in any way in programs, related events, and activities organized and facilitated by FC BRASIL Sports, Inc. d/b/a **BRASIL FC (FCB)**, I, the undersigned, on behalf of myself and my participating minor children or guardians, acknowledge, appreciate, and agree that:

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.

Participation in **FCB** programs, events, and activities involves the potential exposure to, and illness from infectious, communicable diseases, including COVID-19. While following the Federal and State guidelines, Maryland State Youth Soccer Association "Return to Play" Guidelines, and WCU COVID-19 Best Practices and implemented Protocols may reduce the risk, **THE RISK OF SERIOUS ILLNESS AND DEATH DOES EXIST. FCB CANNOT, AND DOES NOT GUARANTEE, WARRANT, OR REPRESENT THAT PARTICIPANTS WILL NOT CONTRACT A COMMUNICABLE DISEASE, INCLUDING BUT NOT LIMITED TO COVID-19, AS A RESULT OF PARTICIPATION IN ITS PROGRAMS, EVENTS, OR ACTIVITIES.**

I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS.

I willingly agree, on behalf of myself and any of my minor children, to comply with the stated, reasonable, and/or customary terms and conditions related to my Participation—and that of my minor children—as regards protection against infectious diseases; and if I observe any unusual or significant hazard during my presence or participation, I will remove myself and my minor children, as appropriate, from Participation and bring such hazard to the attention of the nearest **FCB official immediately; and if I prior to my Participation-and that of my minor children- in a FCB event observe symptoms or display symptoms of an infectious disease I will refrain from participation and will immediately notify a FCB official.**

I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY, HOLD HARMLESS, AND FOREVER DISCHARGE FCB, its officers, officials, agents and/or employees, 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, liability, rights, or causes of action of whatsoever kind arising out of, or in any way connected to or related to any ILLNESS, INJURY, DISABILITY, DAMAGES OR DEATH I may suffer or sustain as a result of my participation in Washington Capital United programs, events or activities, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

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

Participant's Name Participant's Age

Participant's Signature Date



PLAYER NAME : _____

BRASIL FC SOCCER CLUB : _____

PLAYER Media Release Consent Form – Parent/Guardian

Please ensure one box is checked for Part 1 and one box is checked for Part 2 of this form.

***This form will remain active on your child's file until superseded by the most recent signed form.**

Part 1-- Events

I, _____,
(Please print name of parent/guardian)

hereby agree and give my permission for FC BRASIL (hereinafter referred to FCB) and/or partners to record, film, photograph, audiotape or videotape my child's name, image, student work, and performance (hereinafter collectively referred to as "Works") and to display, publish or distribute these Works for the purpose of publishing, posting on the FCB website, posting in WEBSITE, posting on social media sites (including but not limited to: Facebook; Twitter; YouTube) and/or for broadcasting on television or radio as determined by the FCB.

I hereby waive any right to approve the use of these Works now or in the future, whether the use is known to me or unknown, and I waive any right to any royalties related to the use of these Works.

I understand that the Works may appear in electronic form on the internet or in other publications outside of the FCB control. I agree that I will not hold the FCB responsible for any harm that may arise from such unauthorized reproduction.

Please mark this box if you **AGREE** that your child may participate in recorded FCB hosted events as described above. ***(Continue to Part 2 below)**

Please mark this box if you **DO NOT WISH** your child to participate in recorded UCDSB/school events and FCB hosted events. ***(please disregard Part 2 and sign below)**

Part 2 – Media Specific

I also understand that external media organizations may attend FCB I events. I give permission for my child's name, image, student work, and performance to be photographed, filmed, audio-taped or videotaped for the purpose of being published and/or broadcast on-line, on television or radio.

Please mark this box if you **AGREE** that your child may participate in media events that may be published or broadcast by organizations external to the FCB.

Please mark this box if you **DO NOT WISH** your child to be photographed, filmed, audio-taped or videotaped at media events.

I have read this **PLAYER Media Release Consent Form** and I fully understand the contents and meaning of this release. I understand that in authorizing the release of such information, I am releasing any claim to the protection of personal privacy of my child which I am entitled to under the provisions of the *Municipal Freedom of Information and Protection of Privacy Act*. I understand that I am free to contact the FCB DIRECTOR with any questions regarding this release.

Parent's/Guardian's Signature: _____

Date: _____

FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION):

This is to certify that I, as parent/guardian with legal responsibility for the above-named minor child participant, do consent and agree to his/her release as provided above of all the Releasees, and for myself and for the other Releasors I do hereby release and agree to indemnify and hold harmless the Releasees from any and all liability incidents to my minor child's involvement or Participation in the Program as provided above, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

Parent / Guardian Name

Parent / Guardian Signature

Date