



Club Registration Form

2020-2021 season

This form, when complete, shall serve as the club's formal approval to allow the player named below in Section A to play with Atletico Liberal Futbol Club within their club. This completed form shall be stored electronically and/or physically for record-keeping purposes and must be shared with Atletico Liberal Futbol Club, Kansas State Youth Soccer Association, and US Youth Soccer Association should it be requested.

A. PLAYER INFORMATION

PLAYER NAME

ADDRESS

DATE OF BIRTH AND CURRENT AGE

MALE OR FEMALE

TELEPHONE

POSTION

EXPERIENCE

B. TO BE COMPLETED BY PARENT / LEGAL GUARDIAN

PARENT / LEGAL GUARDIAN NAME

RELATIONSHIP TO PLAYER

EMAIL

TELEPHONE

PARENT/GUARDIAN CONSENT

Recognizing the possibility of injury or illness, and in consideration for Atletico Liberal Futbol Club, Kansas State Youth Soccer Association, and US Youth Soccer Association accepting my son/daughter as a player in the soccer programs and activities of Atletico Liberal Futbol Club, Kansas State Youth Soccer Association, and US Youth Soccer Association and its members (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify Atletico Liberal Futbol Club, Kansas State Youth Soccer Association, and US Youth Soccer Association 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 as a result 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.

SIGNATURE OF PARENT/GUARDIAN

DATE



Club Play-Up Form

2020-2021 season

This form, when complete, shall serve as the club's formal approval to allow the younger player named below in Section A to play up two (2) age groups on a team within their club. This completed form shall be stored electronically and/or physically for record-keeping purposes and must be shared Atletico Liberal Futbol Club, Kansas State Youth Soccer Association, and US Youth Soccer Association should it be requested.

<u>A. PLAYER INFORMATION</u>
PLAYER NAME
SOCCER PLAYER ID NO
DATE OF BIRTH
CURRENT AGE
CLUB NAME
PLAY UP TEAM NAME & GENDER
PLAY UP TEAM AGE GROUP
<u>B. TO BE COMPLETED BY PARENT / LEGAL GUARDIAN</u>
PARENT / LEGAL GUARDIAN NAME
RELATIONSHIP TO PLAYER
EMAIL
TELEPHONE

CONSENT AGREEMENT

I, as parent / legal guardian, am aware that my younger player, named above in Section A, will be playing against older, usually more developed players whose soccer skills may be more advanced and whose play may be more physical than that of my younger player. I have considered my younger player's maturity, size, physical development, attitude and social development in comparison to the players of true age that my younger player will likely play with and against while playing up.

As parent / legal guardian, I give my permission for my younger player to play up on the Play Up Team at the Play Up Team Age Group provided in Section A above. This consent will apply to only the 2020-2021 season.

In granting my permission, I release Atletico Liberal Futbol Club, Kansas State Youth Soccer Association, and US Youth Soccer Association from all responsibility should my child be injured, no matter the severity, while a member of the Play Up Team. I will not hold Atletico Liberal Futbol Club, Kansas State Youth Soccer Association, and US Youth Soccer Association liable for any injuries that might occur.

PARENT / LEGAL GUARDIAN SIGNATURE

DATE



PARENT/GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE FORM

Player's Name: _____ Date of Birth: _____ Gender: _____

Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY INFORMATION

Parent/Guardian

Name: _____ Home Phone: _____ Work Phone: _____

Parent/Guardian

Name: _____ Home Phone: _____ Work Phone: _____

IN AN EMERGENCY, WHEN PARENTS CANNOT BE REACHED, PLEASE CONTACT:

Name: _____ Home Phone: _____ Work Phone: _____

Name: _____ Home Phone: _____ Work Phone: _____

Allergies: _____

Other Medical Conditions: _____

Player's Physician: _____ Office 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 as a result 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



SPECTATORS STANDARDS OF CONDUCT

The following Standards of Conduct are set forth by Atletico Liberal Futbol Club to govern the behavior of parents and spectators before, during, and after soccer matches. The following will be expected:

- ❖ A consistently positive attitude shall be conveyed toward players, coaches, officials, and spectators.
- ❖ No remarks shall be addressed to opposing players, coaches, spectators, or to referees except when comments convey genuine friendship and respect or direct response to questions by the game official.
- ❖ Never use foul or abusive language.
- ❖ Applaud good play and sportsmanship by either team.
- ❖ Do not stand on touch line; stay at least 2 yards from the touch line.
- ❖ The coach shall assume responsibility for all actions of players, spectators, and parents.
- ❖ Give consistent support to coaches and managers whether winning or losing. Coaches are giving hundreds of hours of time and energy and are committed to providing an environment that is conducive to player development and fun.
- ❖ All members of the Atletico Liberal Futbol Club, Kansas State Youth Soccer Association, and US Youth Soccer Association are subject to the operating policies and the By-laws.
- ❖ No player or coach will be excluded from participation or discriminated against due to race, creed, religion, or national origin. All members will respect one another and the integrity of the game.

These standards should be a common practice. They should be adhered to all the way to the Board of Directors down through the club's volunteers and players. Persons who cannot conduct themselves in the above manner are not welcome to Atletico Liberal matches. Individual who persist in violating these standards can and will be asked to leave the playing area by the referee and play will be suspended until they do so. In addition, violators of above policies will be subject to disciplinary action by the Atletico Liberal Futbol Club.

