

# PBFC PAL HAMMERHEADS

## Parent Commitment and Financial Obligation Agreement

Congratulations on being accepted as a member of PBFC PAL Hammerheads. Players are expected to make a dedicated commitment to their respective teams. As parents, you will be expected to make a commitment to the Club.

To be a member of PBFC PAL Hammerheads and remain in good standing you and your player must:

- 1) Agree to pay all team fees and club fees in a timely manner. Players, at the discretion of the Board of Directors, may be considered ineligible to participate in club activities until ALL fees are paid. Teams that do not pay their club fees to PBFC PAL Hammerheads in a timely manner and by the designated due date each season will not be permitted to participate in league or tournament events until such time as all club fees have been paid.
- 2) Agree to fulfill your obligation to play for the team for which you were selected for one full year. One full year is defined as including both the Summer Season through the Spring Season. No player will be released until ALL fees for the full commitment period are paid in full. If, for any reason, a player IS NOT going to play for a full year (with the exception of high school age players) you agree to notify the coach and get approval to play for just one season from the Director of Coaching. A release fee of \$300 may be charged for players that desire to leave the club for another club, prior to the end of the season.
- 3) Agree to support PBFC PAL Hammerheads by taking part in "volunteer" opportunities throughout the summer season through the spring season. Every parent is expected to volunteer; volunteer opportunities include, but are not limited to: general field maintenance, getting fields ready for the season, tearing down fields at the conclusion of the season, performing duties related to the 3v3 tournament, helping teams remember to keep the fields clean, etc. Consideration might also be given to volunteering for a position with your individual team. Failure to commit to your assigned volunteer duty during the season will result in an increase in fees for your player as determined by the Board of Directors.
- 4) Agree to support the PBFC PAL Hammerheads fundraising events. All families are expected to participate in all Club fundraising events either through active participation or through a "buy out" option. Non-participation is NOT an option. Parents who choose the "buy out" option agree to pay the full "buy out" amount (as determined by the specific fundraising event) when the due date is determined.

I agree to all the above statements and will fulfill my obligations with the club.

Players Name: \_\_\_\_\_

Parents/Guardians Name: \_\_\_\_\_

Parents/Guardians Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



# YOUTH PLAYER REGISTRATION FORM

This form must be retained by the club for at least five (5) years or until the player's 18<sup>th</sup> birthday, whichever occurs last.

Club Name: PBFC PAL HAMMERHEADS City: POMPANO BEACH State: FL

League Name:

I hereby consent to the above-named club registering me with US Club Soccer. I understand that I may be registered to only one US Club Soccer member club at any time. [Note: it will not be necessary to complete this form again as long as the player is with this club, which will hold this form unless requested by US Club Soccer.]

Player's Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## PLAYER'S MEDICAL INFORMATION

Player's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender:  Female  Male

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Home Phone: ( ) Bus Phone: ( )

Email Address: \_\_\_\_\_ Cell Phone: ( ) Receive texts?  Yes  No

Parent Name: \_\_\_\_\_ Home Phone: ( ) Bus Phone: ( )

Email Address: \_\_\_\_\_ Cell Phone: ( ) Receive texts?  Yes  No

### In an emergency when parent/guardian cannot be reached, please contact the following:

Name: \_\_\_\_\_ Phone 1: ( ) Phone 2: ( )

Name: \_\_\_\_\_ Phone 1: ( ) Phone 2: ( )

Please list player allergies: \_\_\_\_\_

Please list other medical conditions: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone 1: ( ) Phone 2: ( )

Medical/Hospital Insurance Company: \_\_\_\_\_ Phone: ( )

Policy Holder's Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

## MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel 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 understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Relation to player:  Father  Mother  Guardian