

This document contains the following:

- **Medical Waiver Instructions**
- **Player Registration Application**
- **Matthews USA Soccer Team Commitment and Payment Contract**
- **Matthews USA Uniform Order**

Print out this package and then click below to download the Medical Waiver

http://www.ncsoccer.org/Forms/NEWmedical_liability.pdf

MEDICAL WAIVER – INSTRUCTIONS

North Carolina Youth Soccer Association requires each player to have a complete and notarized medical waiver. It is very important for each waiver to be completed correctly. **PLEASE DO NOT LEAVE ANY BLANK SPACES. – NOTE- ONLY ONE PARENT NEEDS TO COMPLETE AND SIGN AND HAVE NOTARIZED**

Please note the following:

- ___ **DO NOT FILL IN THE TEAM NAME OR JERSEY NUMBER!!!!**
- ___ Use player’s given name. Include middle initial. No nicknames please.
- ___ Age group and full team name will be completed for you.
- ___ Birth date.
- ___ Social Security Number Optional. This is no longer required.
- ___ Complete address of player.
- ___ Emergency contact is important. This individual will be contacted if parent/guardian is not available.

- ___ Date of tetanus (month/year). Or indicate “current”
- ___ Comment regarding medications taken. If none, write NONE.
- ___ Complete allergy information. If no allergies, write N/A.
- ___ List unusual health information (asthma, epilepsy, etc.). Write N/A if none
- ___ Complete the body of information using player’s given name (team name will be added). NOTE: on the line to authorize someone to take your player to the hospital – leave one line blank, so it may be completed at the field. If both lines are completed and the individuals are not at the field the medical waiver is of no value.
- ___ Information about insurance. If player is uninsured, write none.

THE WAIVER MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC.

Please make sure the raised notary seal can be felt through all three sheets. If the notary has a stamp. ALL THREE PAGES MUST BE STAMPED.

Return the entire waiver with all three pages still attached.

Medical waivers will be with the team AT ALL TIMES. The waiver will be used only when an injury occurs and the player’s parent/guardian is not present.

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PLAYER REGISTRATION APPLICATION

TRYOUT NUMBER _____

Age Group Under - _____ yrs old (9, 10, 11, 12, 13, 14, 15, 16, 17, 18)

Birthdate _____ - _____ - _____

Male or Female _____

LAST SEASON CLUB played at _____

DO NOT FILL IN, CLUB USE ONLY

Team Offered _____	Age Group _____	Accepted _____
Evaluator _____		Paid _____

\$200 Non-Refundable Commitment Fee is due upon acceptance of an offer for a team position. Once a position is accepted, you must register your player online at www.matthewsusasoccerclub.com under Player Registration for payment of the activity fee.

Player First Name _____ **Middle Initial** _____ **Player Last Name** _____

Street Address _____ **Apt** _____

City _____ **County** _____ **State** _____ **Zip** _____

Home Telephone Number _____ - _____ - _____ **Cell Telephone Number** _____ - _____ - _____

EMAIL ADDRESSES are needed for communicating immediate information regarding tryouts

Father's Email Address _____

Mother's Email Address _____

Grade and School you will be attending this next season _____

Grade and School attended last season _____

What other sports will you play during the year? _____

Father Name _____ **Father Daytime Telephone** _____

Mother Name _____ **Mother Daytime Telephone** _____

Waiver of Liability

I, a parent or legal guardian of the above named candidate for a position on an athletic team sponsored by the Matthews USA Soccer Club, hereby give my approval to his/her participation in any and all team activities. I assume all risks and hazards incidental to such participation in any and all team activities, including transportation to and from the activities. I do hereby waive, release, absolve, indemnify and agree to hold harmless the Matthews USA Soccer Club, the organizers, sponsors, coaches, supervisors, participants and persons transporting my son/daughter for team activities of any claim arising out of any injury to my son/daughter. I, parent or legal guardian of the above named candidate, believe that participation in the athletic programs and other activities of the Matthews USA Soccer Club, are beneficial and helpful to the development of my child. I also understand that Matthews USA Soccer Club is a self-sustaining nonprofit organization that is solely supported by volunteerism by its family members and corporate sponsorships and donations. In addition, we do hereby authorize any one of the designated adults of the team, if after a reasonable attempt has been made to reach a parent or guardian to obtain consent, or if sound medical practice decrees that there is not time to make such an attempt, to consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to my son/daughter under the general or special supervision and on the advise of a physician or surgeon duly licensed to practice and do consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care, to be rendered to my son/daughter by any dentist duly licensed to practice.

Parent or Legal Guardian Signature _____ **Date** _____



Matthews USA Soccer Team Commitment and Payment Contract

Rules of Conduct: Matthews USA Soccer Club requires Training Coaches, Team Managers/Assistant Coaches, Players and Family Members to always represent the club’s highest moral conduct towards each other and any coach, player or family member when on the practice field or at games. Matthews USA Soccer Club reserves the right to suspend without reimbursement of fees any coach, assistant coach, player or family member from any Matthews USA Soccer Club activity for a period deemed appropriate by the Matthews USA Soccer Club Board for any verbal or physical misconduct.

Commitment Responsibilities: A team commitment is defined as accepting a team position from a coach either verbal or written which results in another player candidate not receiving the same offer during the same period. Team commitments broken during a playing season also apply. Challenge and Classic Team positions accepted and later declined will result in a 2 year suspension from the club. Prior to a player’s approved early release, game and practice jerseys, if issued, must be returned.

Payment Responsibilities: Payments for full year program fees may be made in five installments: \$200 at sign ups, then four additional installments on 07/15/08, 09/15/08, 11/15/08 and 01/15/09. U15 and older Fall team payments may be made in four installments with \$200 due at sign ups, and three additional installments due 07/15/08, 09/15/08 and 10/15/08. U15 and older Spring team payments may be made in four installments with \$200 due at sign ups and three additional installments due 12/15/08, 01/15/09 and 02/15/09. **All accounts must be paid in full no later than the last installment due date.** In the event of a non-payment of a program fee or team fees of any kind will result in an indefinite suspension from the club. Matthews USA Soccer Club reserves the right to pursue collection efforts by outside collection services with additional charges for penalties, service charges and late payment fees.

Online Membership Registration: You must register your player(s) online at www.matthewsusasoccerclub.com by June 1st. A membership number must be secured through the club online player registration system for payment tracking of credit card payments and check payments and for the creation of team rosters. The initial \$200 commitment fee is credited to the player membership account only after you have registered online and the membership account has been created.

Volunteers: All Matthews USA Soccer Club members are required to contribute a minimum of one hour of volunteer time per family per year.

Tournament Fees: Tournament fees are not included in the seasonal activity fees and are the responsibility of the team families and coach. Each team will have a required number of tournaments to attend each year.

Photography Release: It is agreed that in the event team or individual photographs of our player(s) are provided to the Matthews USA Soccer Club, Matthews USA Soccer Club is permitted to display such photographs on their website for public viewing via internet access and promotional mailings or events solely for the purpose of promoting the club. Any other use of such photography is strictly prohibited without specific written parental consent.

Commitment Agreement: I understand and agree to abide by the above rules and conditions as set forth for participation by my children in the Matthews Soccer Club, Inc., programs. By my signature, I understand if I accept a team position for my child, I must register each child online at www.matthewsusasoccerclub.com by June 1st and pay the program activity fees as noted by the above dates under Payment Responsibilities.

Player Name: _____ Team: _____

Legal Guardian Signature _____ Date: _____

Club Representative _____ Date: _____



Matthews USA Uniform Order

The information on this sheet will be used to order the player's uniform. Please make certain that you have turned in the proper sizing, allowing for the player's preferences concerning how he/she likes his/her uniform and projected growth during the next year. Please note that if the incorrect size is listed, it will be your responsibility to purchase a new uniform.

All uniforms include 2 jerseys, 2 shorts and 2 socks. Classic & Premier uniforms also include rain jacket and backpack.

Player's Name: _____ **Age Group:** _____

Team: _____

CIRCLE SIZE REQUIRED FOR EACH ITEM

Jersey Size: **YS** **YM** **YL** **AS** **AM** **AL** **AXL**

Short Size: **YS** **YM** **YL** **AS** **AM** **AL** **AXL**

Rain Jacket Size: **YS** **YM** **YL** **YXL** **AS** **AM** **AL** **AXL**

Parent/Player Signature: _____