



RANGERS ACADEMY

Commitment Form

Player:

Last Name:	First Name:	MI:
Street Address:		Apt#:
City:	State:	Zip:
School:	Grade 2021/2022:	DOB:

Parent/Guardian:

Last Name:	First Name:	MI:
Cell Phone#:	Email:	

Additional Contact:

Last Name:	First Name:	MI:
Cell Phone#:	Email:	

Relationship to Player:

Our Agreement

A competitive player is obligated to his/her competitive team for the soccer-playing year for competitive players from the time he/she signs a contract until the end of the subsequent soccer-playing year. The soccer playing year is typically August through June. Any release to transfer to another competitive team will be allowed only in limited circumstances. A written request for a release with the purpose of being able to transfer to another competitive team must be filed with the Rangers Academy office to be decided upon by the Board of Directors and Director of Coaching.

I'm the parent or legal guardian of the player named above. I understand that I am obligated to pay the full annual Club fee and membership fees according to the payment schedule based on my child's age group and on my online account. I understand that failing to meet this obligation could create a significant hardship for our child's team and for the Rangers Academy, and may result in my child not being allowed to play until payments are brought up to date. I understand that my child is expected to commit to play with the Rangers Academy team for the entire year (Aug. – June) and fees are non-refundable after teams have been formed.

Player's Signature: _____ **Date:** _____

Parent's Signature: _____ **Date:** _____

Waiver and Consent Form (All Players)

Players Name: _____

Date: _____

Waiver and Release of Liability

I, the Parent/ Guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Rangers Academy, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Program"). I hereby release, discharge and/or otherwise indemnify the Rangers Academy, its affiliated organization and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and /or being transported to or from the same, which transportation I hereby authorize.

I have read and understand the above liability release and waiver of a minor and that I understand I forego substantial rights and do so voluntarily.

I the parent/legal guardian and player have read and understand the above:

Player's Signature: _____

Date: _____

Parent's Signature: _____

Date: _____

PHOTO RELEASE:

As the parent or legal guardian of the above-named player, I hereby give consent to Rangers Academy (RA), the right and permission to use and publish the photographs/film/videotapes/electronic representations and/or sound recordings made of me or my child at all soccer activities, and I hereby release RA and all who are related to the academy all liability from such use and publication. I further authorize the reproduction, sale, copyright, exhibit, broadcast, electronic storage, and/or distribution of the above without limitation at the discretion of RA and I specifically waive any right to any compensation I may have for any of the foregoing.

Signature Parent/Legal Guardian: _____ Date: _____



PARENT/GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE FORM

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

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

EMERGENCY INFORMATION

Father's Name: _____ Home Phone: _____ Work Phone: _____

Mother's 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: _____ Home Phone: _____ Work 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



Rangers Soccer Academy

RangersSoccer@icloud.com

Auburn, IN 46706

(260) 230-1003

Ranger Players Code of Conduct:

- * Understand the laws of the game and play by them
- * Be punctual and prepared for all training sessions and games. (Equipment on and dressed appropriately)
- * Cooperate and be respectful to all coaches, teammates, opponents, and match officials
- * Support your teammates, Club members, teams and coaches
- * Be gracious in victory and dignified in defeat
- * Do not talk to fans during matches
- * Do not argue with officials. Only the team captain or the coach may talk with the official
- * Talk with opposing players will be limited to congratulations and offers of assistance
- * Do not use abusive or profane language
- * Fighting or physical violence will result in a mandatory suspension; fighting after a suspension may result in dismissal from the Club
- * No consumption of alcohol, tobacco or illegal drugs

Ranger Parents Code of Conduct:

- * Provide only positive support during games
- * Do not attempt to coach your child from the sidelines
- * Do not criticize your child's teammates or coaches in the presence of your child or his/her teammates
- * Do not talk to players or coaches for either team during matches, except to offer support, congratulations or assistance.
- * Do not use any abusive or profane language during any Ranger activity
- * Do not argue with, yell at or in any way abuse the officials
- * Be gracious in victory and dignified in defeat.
- * Parents will not knowingly participate in or knowingly permit violation or circumvention of Rangers, IYS, or USYSA rules.
- * Do not argue with opposing fans.
- * Do not criticize opponents in the presence of them or their fans.
- * Fighting or physical violence will result in automatic suspension from Ranger activities. Repeat violations will result in expulsion from the Club. Ejection of a parent during a match, including step-parents or legal guardian for inappropriate behavior will include a written warning and review of the parents Code of Conduct. A second incident of ejection will result in suspension from Ranger activities.

PLAYER SIGNATURE:

Date:

PARENT SIGNATURE:

Date:
