

NORTH CAROLINA YOUTH SOCCER ASSOCIATION WAIVER

(To be given to your local association)

20 ____ - 20 ____

NCYSA

PO Box 18229

Greensboro, NC 27419
336.856.7529

NCYSA Policy # _____

Excess policy to any valid and collectible insurance. If there is no primary insurance on insurance on a player, this policy primary after the deductible.

Player First Name	M Initial	Last Name	Full Association Name	Jersey #
(AS APPEARS ON BIRTH CERTIFICATE)				

☐ Academy ☐ Challenge ☐ Classic ☐ Recreation ☐ Male ☐ Female

Birth Date	Level	Sex
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Address of Player	City	State	Zip
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Parent/Legal Guardian Full Name	Home Phone	Work Phone	Cell Phone
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Additional Person to Contact in an Emergency	Address	Home Phone	Cell Phone
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Date of Last Tetanus Shot	Medications now being taken
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Player is Allergic to these Medications and Substances _____

List any Unusual Health Information _____	Email for soccer information _____
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I (we), the undersigned, residing in the county of _____, state of _____, the parents/legal guardian of the above Registrant, a minor, who resides with us, do hereby declare our intent to allow that child to practice, train, play and participate in all soccer-related activities with the above-mentioned soccer team affiliated with the North Carolina Youth Soccer Association and the United States Youth Soccer Association.

I (we) agree that we and the Registrant will abide by the rules of the USYS, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS and NCYSA accepting the Registrant for their soccer programs and activities (the "Programs"), we hereby jointly and severally release, discharge and/or otherwise indemnify the USYS, NCYSA, their affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized by 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 we hereby authorize.

I (we) further, jointly and severally, as parents and legal guardians of the Registrant, release, discharge, and agree to hold harmless and indemnify the above-named individuals or any of the designated coaches of the above Team from any and all liability, claims or demands arising from the Registrant participating in the Programs with the above Team specifically to include any and all claims for personal injuries sustained while present or participating in the Programs or traveling to or from events in the Programs or while on trips sponsored by or in conjunction with the Programs.

In addition, I (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 procedure, treatment, and/or hospital care, to be rendered to the Registrant under the general or special supervision of and/or on the advice of any physician, surgeon or dentist duly licensed to practice.

The undersigned have read and fully understand and agree to the foregoing. In addition, NCYSA and the undersigned agree that this agreement may be executed by electronic signatures as provided in Chapter 66 of the North Carolina General Statutes.

Insurance Information:

Name of Insurance Company: _____	_____ **Parent/Legal Guardian Signature
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ID Number: _____	_____
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Confirmation Number: _____	_____ Date
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2021-2022 HFC Intermediate Program Player and Family Financial Disclosure Form

13-15U Boys or Girls 2021-2022 Intermediate Program Financial Statement

HFC Intermediate Program Fees for 2021-2022 are as follows:

- **\$405.00**

Fee covers coaching, fields, facility rental, facility maintenance, equipment, club and state registration, insurance and other administrative costs. Complete training schedules and program descriptions can be found on the programs page at www.abysa.org.

Other expenses and/or commitments:

- **Uniform:** The 2021-2022 year marks the second year in our two-year uniform cycle. All players must purchase a uniform kit if they do not have one from 2020-21. A link to the uniform purchase site (Lloyd's Soccer) will come from the HFC travel program administrator and be purchased directly by the family. The basic uniform package is approximately \$100.00 and includes one jersey, one pair of shorts, and one pair of socks. Other items, including a warm-up suit, gear bag, rain jacket, sweatshirts, and fan gear can also be purchased for an additional cost.
- **Service:** The Highland Football club is the competitive program wing of the Asheville Buncombe Youth Soccer Association, a non-profit organization that requires parents and families to fully participate in the program. Numerous projects require additional labor and assistance-and our club requires each Academy family to provide (2) hours of service to the club each year. Information about the service program can be found on the ABYSA website.
- **Marathon Games Fundraiser:** Participation in the May event benefits all players and families. Details on the program can be found online at www.abysa.org.



Player Name: _____ Birth Date: _____

Please initial each item below and sign:

_____ All payments are expected to be paid on time to ABYSA. Payments in excess of 30 days past due may result in the surrender of playing privileges. Players will not be allowed to practice or play in games until the fees are managed.

_____ Financial Aid is available for those families that demonstrate need. No full scholarships are provided. Applications must be received in the ABYSA/HFC office by August 1st for fall applications. Documentation will be required with your application for financial aid, and awards **cannot** be considered until the **acceptance deposit is made for the player.**

_____ The full responsibility for payment is accepted by the parent signing below. If there is more than one parent who is financially responsible for player's fees, both parents MUST sign or each must send in a separate form.

_____ I agree that by signing this Player Commitment & Financial Contract the player is committed to the Highland Football Club/ABYSA for the seasonal year beginning **August 1, 2021** and ending **July 31, 2022**. By signing this form I understand that I am not only binding the player to the club, but **I am also making a commitment to fully meet all financial obligations to the club for the year except in cases of injury, sickness or if our family relocates out of the area.**

HFC Intermediate monthly payment plan

Fall program-Girls

Due at Acceptance: \$135.00

August 15: \$135.00

September 15: \$135.00

Spring Program-Boys

Due at Acceptance: \$135.00

February 15: \$135.00

March 15: \$135.00

Parent/Guardian #1: _____ Date: _____

Parent/Guardian #2: _____ Date: _____



2021-22 HFC Player & Parent/Legal Custodian Concussion Statement

If there is anything on this sheet that you do not understand, please ask an adult to explain or read it to you. This form must be completed for each HFC Player, even if there are multiple club members in each household.

HFC Player Name: _____

Parent/Legal Custodian Name(s): _____

Player: _____ Parent: _____ we have read the HFC Player & Parent/Legal Custodian Concussion Information Sheet. After reading the information sheet, I am aware of the following information:

Player: _____ Parent: _____ A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available.

Player: _____ Parent: _____ A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.

Player: _____ Parent: _____ A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.

Player: _____ Parent: _____ I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.

Player: _____ Parent: _____ If I think a teammate has a concussion, I should tell my coach(es), parents, or medical professional about the concussion.

Player: _____ Parent: _____ I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.

Player: _____ Parent: _____ I will/my child will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion.

Player: _____ Parent: _____ Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away right away. I realize that resolution from this injury is a process and may require more than one medical evaluation.

Player: _____ Parent: _____ I realize that ER/Urgent Care physicians will not provide clearance if seen right away after the injury.

Player: _____ Parent: _____ After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.

Player: _____ Parent: _____ Sometimes, repeat concussions can cause serious and long-lasting problems.

Signature of Student-Athlete

Date

Signature of Parent/Legal Custodian

Date