



June 18, 2009

Congratulations on being selected to play for the Springfield S.C. for the 2009-10 soccer season. The Springfield S.C. is the home for competitive soccer players and their families in Southwest Missouri. We are excited to have you in our club for the upcoming season as we look to build upon our tradition of developing top-level soccer players both on and off the playing field.

Below you will find some information regarding the 2009-10 soccer season including; the fee structure, coaching staffs, and registration.

Why the Springfield S.C.?

Our mission statement says it all. *Springfield Soccer Club seeks to develop soccer players to their fullest athletic, educational, and social potential. This will be accomplished by providing a high level of education and training necessary for each individual player to be their best on and off the field.* We provide a soccer learning environment that is unmatched in Southwest Missouri. Our coaches are all nationally licensed and have extensive experience in helping develop players and teams to their potential.

What do my player fees include?

Player fees include: outdoor league fees, training fees (outdoor/indoor) referee fees, field mowing and upkeep, office supplies and expenses, coaching salaries, training shirts, player insurance, facility insurance, MYSA/US Club player registration fees, college search consulting and profile books, website maintenance, outdoor and indoor facility rental, Coaching Staff Continuing Education, Club Indoor Facility, equipment, age group training and Tournament Fees U9 (2), U10 (3), U11/12/13 (4), U14 (5), U15/17/18 (4). Note that State Cup counts as a tournament for State Cup level teams.

Does the club still offer sibling discounts?

Yes, the club still offers a discount of \$100.00 for the second family member if both players are Under 14 and below. If one or more players are Under 15 and above the discount is \$50.00. **All discounts are applied to the final payment.**

What makes the Springfield S.C. Coaching Staff Special?

Experience. Professionalism. Direction. Passion. The Coaching Staff is directed by Jeremy Alumbaugh, the Director of Soccer Operations and he specifically assigns a Coaching Staff that will create a learning environment focused on player development. Our coaches' work together to make you better!

What do I need to do to accept and register?

All players **MUST** accept their team assignments **NO LATER THAN 5:00pm June 22, 2009** by emailing their acceptance to springfieldsc@sbcglobal.net

Then, it is real easy-visit www.springfieldsportsclub.com and check out the registration packet which lists all forms that are required at registration and the dates and times you can register. If you have any questions call the office at 417-832-1552.

PLEASE NOTE THAT ALL REGISTRATION ITEMS AND THE FIRST PAYMENT MUST BE RECEIVED BY JUNE 30, 2009.

Good luck to all players & teams as you look to build upon the tradition of the Springfield Soccer Club during the 2008-09 season!

Springfield Soccer Club is a 501 (c) 3 not-for profit organization. Financial Assistance is available for qualified players/families.



Springfield Soccer Club Registration Packet 2009-10

Registration Location:

Springfield Soccer Club-Indoor Facility & Offices
3105 E. Elm # E
Springfield, MO 65802

Registration Dates & Times:

Tuesday June 23, 2009 10:00am-2:00pm
Wednesday June 24, 2009 2:00-6:00pm
Thursday June 25, 2009 10:00am-2:00pm
Tuesday June 30, 2009 11:00am-5:00pm

Please note these are the only registration dates available. *Please make sure to have all forms completely filled out and signed!* Players living outside of the Springfield area please contact the Club Office @ 417- 832-1552 for Arrangements. All registration items must be received by June 30, 2009 in order for the club to meet ALL deadlines for fall leagues and tournaments. DO NOT WAIT UNTIL THE LAST MINUTE!

New Players to the Springfield Soccer Club

- MYSA Medical Release must be **NOTARIZED**. (Notary Not Available at SSC)
- MYSA Membership Form
- US Club Soccer Membership Form
- 2 small photos (passport type)
- Springfield S.C. Financial & Player/Parent Agreement Form and Payment
- Springfield S.C. Indoor Facility Release & Waiver Form
- Copy of Birth Certificate

Returning Players to the Springfield Soccer Club:

- MYSA Medical Release must be **NOTARIZED**. (Notary Not Available at SSC)
- MYSA Membership Form
- 2 small photos for player pass
- Springfield S.C. Financial & Player/Parent Agreement Form and Payment
- Springfield S.C. Indoor Facility Release & Waiver Form

Any questions please contact Springfield S.C. Office @ 417-832-1552
or alumbaugh@springfieldsportsclub.com



Missouri Youth Soccer Association
MEMBERSHIP FORM

PLAYERS and COACHES must complete a separate form per team participating with



LEAGUE NAME: _____ League # _____
 Team Name: _____ Age Group: _____
 Level of Play: Competitive _____ Secondary _____ Recreational _____ Division (Boy or Girl): _____
 (If this is Secondary Team list name of primary team/league) _____

ID NUMBER _____ (This is State Birth Certificate Number)
Name must be filled in as it appears on your state birth certificate

Last name _____ First Name _____ MI _____
 Address _____ City _____
 State _____ Zip Code _____ Phone (____) _____ Birthdate _____
 E-mail Address: _____ Sex (M/F) _____ Player _____ Coach
 (Head/Assistant) _____ License Level _____ License # _____ License Date _____
A Copy of Your Coaches License Must be submitted with this form
 Administrative Position Held (check one that applies): _____ Team Manager _____ Trainer

Father's Name _____ Occupation _____ Bus. _____
 Phone _____
 Mother's Name _____ Occupation _____ Bus. Phone _____

List any medical problem or prohibition player has _____ **PARENT**
SUPPORT
 Emergency Contact Person (other than parents) Name _____ Head Coach
 Relationship _____ Phone (H) _____ Phone (W) _____ Assistant
 Coach
 • School Attending _____ Grade _____ Team Parent
 • Have you ever lived in a foreign country? _____ If yes, when did you enter/re-enter the United States?

(Any player U14 and older that answers yes or has a foreign birth certificate, must fill out the US Soccer International Clearance Request Waiver and submit to USSoccer before player can be rostered to team.)

LIABILITY RELEASE
MUST be signed by parent or legal guardian of player. Coaches must sign when completing form on self.
 I, the parent or legal guardian of the above registered player, a minor, agree that I and the player will abide by the rules and regulations of the USYSA, its affiliated organizations, and sponsors ("USYSA Parties"). In consideration of the player's participation in the soccer Programs and activities of the USYSA Parties (the Programs), I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYSA Parties, the owners and operators of the facilities used for the Programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, player's transportation to/from any program, which transportation is hereby authorized. I future grant the USYSA Parties the right to use the Player's name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the Program.

SIGNATURE _____ DATE _____

THIS SECTION TO BE COMPLETED BY LEAGUE OFFICIAL
 ON FILE: Copy of State Birth Certificate/Coaches License _____ Yes _____ No
 LEAGUE FEE: \$ _____ RECEIVED BY: _____
 MYSA FEE: \$ _____ DATE: _____
 TOTAL: \$ _____ CHECK # _____



Missouri Youth Soccer Association Emergency Medical Release & Liability Waiver



Player's Name: _____ Birthdate: ___/___/___

Address: _____ City/State/Zip: _____

Father's Name: _____ Phone Home: (____)_____ Work: (____)_____

Mother's Name: _____ Phone Home: (____)_____ Work: (____)_____

In case of emergency when parent/guardian cannot be reached, please contact the following:

Name: _____ Phone Home: (____)_____ Work: (____)_____

Allergies: _____ Other Medical Conditions: _____

Physician: _____ Phone Home: (____)_____ Work: (____)_____

Dentist: _____ Phone Home: (____)_____ Work: (____)_____

Medical/Hospital Insurance Company: _____ Phone: (____)_____

Policy Holder's Name: _____ Policy Number: _____

This authorization for emergency medical treatment must be completed before a player begins participation. Treatment for injury will be based on information provided herein.

I the undersigned (if applicant/participant is 18 years of age or older) or parent/guardian of the above listed minor applicant/participant acknowledge and fully understand that each applicant/participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Missouri Youth Soccer Association, its affiliated organizations and sponsors, their coaches, managers, employees and associated personnel, officers, directors, agents, including the owners and leasers of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to 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, also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasee from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasee because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasee. I have read the above waiver/release and understand that (I)we have given up substantial rights by signing this release and sign below voluntarily.

Signature of Parent or Guardian: _____ Date: ___/___/___

Subscribed and sworn to me this _____ day of _____ 20_____

Signature: _____ My Commission Expires: _____

Notary Public

Attach a copy of your insurance card, front and back, to expedite medical treatment.



**RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK,
AND INDEMNITY AND PARENTAL CONSENT AGREEMENT
(SPRINGFIELD SPORTS CLUB)**

Minor Participant (NOT over 18 years of age)

IN CONSIDERATION of being permitted to participate in any way in the Springfield Sports Club activity ("Activity") I, for myself for personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree, and represent that I understand the nature of Springfield Sports Club Activities and that I am qualified , in good health, and in proper physical condition to participate in such Activity. I further agree and warrant that if at any time I believe conditions to be unsafe, I will immediately discontinue further participation in the Activity.
2. FULLY UNDERSTAND THAT: (a) Springfield Sports Club ACTIVITIES INVOLVE RISKS AND DANGERS OF SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS"); (b) these Risks and dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASEES" NAMED BELOW; (c) there may be OTHER RISK AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I incur as a result of my participation or that of the minor in the Activity.
3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE Springfield Sports Club, their respective administrators, directors, agents, officers, members, volunteers, and employees, other participants, any sponsors, advertisers, and, if applicable, owner and lessors of premises on which the Activity takes place, (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON MY ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf, makes a claim against any of the Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees, loss, liability, damage, or cost which may incur as the result of such claim.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND HAVE SIGNED IT FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

MINOR RELEASE

AND I, THE MINOR'S PARENT AND/OR LEGAL GUARDIAN, UNDERSTAND THE NATURE OF SPRINGFIELD SPORTS CLUB ACTIVITIES AND THE MINOR'S EXPERIENCE AND CAPABILITIES AND BELIEVE THE MINOR TO BE QUALIFIED, IN GOOD HEALTH, AND IN PROPER PHYSICAL CONDITION TO PARTICIPATE IN SUCH ACTIVITY. I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS EACH OF THE RELEASEE'S FROM ALL LIABILITY CLAIMS, DEMANDS, LOSSES, OR DAMAGES ON THE MINOR'S ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATION AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I, THE MINOR, OR ANYONE ON THE MINOR'S BEHALF MAKES A CLAIM AGAINST ANY OF THE RELEASEES NAMED ABOVE, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES FROM ANY LITIGATION EXPENSES, ATTORNEY FEES, LOSS LIABILITY, DAMAGE, OR COST ANY MAY INCUR AS THE RESULT OF ANY SUCH CLAIM.

Printed Name of Parent/Guardian: _____

Printed Name of Participant: _____

Address: _____ (Street) (City) (State) (Zip)

Phone: _____

PARENT/GUARDIAN SIGNATURE (only if participant is under the age of 18):

_____ Date: _____



716 8th Ave. North
 Myrtle Beach, SC 29577
 Phone: (843) 429-0006
 Email: admin@usclubsoccer.org
 Website: www.usclubsoccer.org

Office Use Only

Med-Reg. Form	
Proof of Birth	
Complete from online information	
Team #	

CLUB REGISTRATION CONFIRMATION

Club Name _____ City _____ State _____

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.]

Player's Signature *Date* *Parent/Guardian Signature* *Date*

PLAYER'S MEDICAL INFORMATION

Player's Name _____ Birthdate _____
 Street _____
 Address _____ City _____ State _____ Zip _____

Father's Name _____ Home Phone _____ Bus Phone _____
 Mother's Name _____ Home Phone _____ Bus Phone _____

In an emergency when parent/guardian cannot be reached, please contact the following:
 Name _____ Home Phone _____ Bus Phone _____
 Name _____ Home Phone _____ Bus Phone _____

Allergies _____
 Other Medical Conditions _____

Physician _____ Home Phone _____ Bus Phone _____
 Medical/Hospital Insurance Company _____ Phone _____
 Policy Holder's Name _____ Policy Number _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

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)