



2009-10 Leg-A- Z Soccer Registration

Parents, please check each line to ensure packet is complete. Most communication is done through email so be sure to enter at least one legible email address on page 4). Return this registration to your Team Manager or John Sweitzer, Club Registrar or mail to 7115 SW 85th Ter. Gainesville, Florida 32608.

This packet is for (check one):

_____ Returning Player _____ New Player (to Leg-A-Z)

Age Group: _____

___ FYSA Player Registration Form: MUST HAVE:

-- Parent signature

___ Medical Information and Medical Release form: MUST HAVE:

-- Notarized parent signature

___ Player and Parent Contract form: MUST HAVE:

-- Parent signature

-- Player signature

___ Photocopy of birth certificate IF newly registering to club soccer in Florida (prior rec club players must submit)

___ Payment: Complete Leg A-Z Payment Form (page 9) & Make checks payable to **Leg-A-Z Soccer Academy**

Leg-A-Z Soccer General Information 2009-10

Soccer Philosophy

At Leg-A-Z Soccer, our goal is to develop and promote top caliber, highly competitive, attractive, youth soccer in the North Central Florida. Area players who have participated in Leg-A-Z training are those who have the most success in high school and college. In fact, Leg-A-Z has produced more players of the year, all-state, all-area and ODP players than any other single group of its kind in this area. Our unique integration of skill and tactical understanding contributes greatly to our players' success, at all stages of their development. Our highly qualified coaching staff understands the modern soccer game and modern teaching methods necessary to take players to their highest level. Our training system promotes creativity and tactical awareness in a structured environment which simulates the demands of the modern game.

Coaching Staff

Leg-A-Z Soccer provides the highest level of professional and certified soccer instruction in the Gainesville area. Director of Coaching and Technical Director, Basil Benjamin, has over 35 years of playing and coaching experience and is licensed to coach all levels of players. He holds a USSF National A License, a National Youth License, and the FA International License (U.E.F.A. "B" equivalent), and goal keepers coaching license. He is a member of the FYSA state coaching staff, as well as Head Soccer Coach of Oak Hall High School Boys & Girls teams.

Contact Information

Basil Benjamin, Director of Coaching (352) 377-6088 khunum@legazsoccer.com

John Sweitzer, Dir. of Program Develop. & Registrar (352) 262-3781
sweitzer@legazsoccer.com

Cherie Clark, Director of Coaching, Girls (352) 262-7758 cdpetie@yahoo.com

Sarah Goldberg, Youth Academy Director (352) 262-7758 gdust@ufl.edu

Our website: www.legazsoccer.com

Our email: info@legazsoccer.com

Location

Games are played at Kanapaha Park, 7400 SW 41st Place, just off Tower Road in Gainesville. See www.legazsoccer.com for directions. Practice times and locations are arranged at the discretion of the team coaches. Most practices are held at Kanapaha Park.

Playing Year and Playing Commitment

Leg-A-Z's playing season runs from August through May. Although play is often described as "Fall & Spring," players are enrolled August 2009 through May 2010. Players and parents are required to make a yearly commitment to their team and the club as described in the player/parent contract (see pgs. 6-7). Please note that some teams compete

in tournaments during holiday weekends like Labor Day, Memorial Day, and Presidents Day. *Players are expected to fulfill a full FYSA playing year including all League, State, Regional, and National Cup competition.*

Playing Fees and Financial Commitment

The base fees below are for the 2009-10 playing year. The fees include the cost of coaching, training, referees, fields, equipment, office supplies, webpage upkeep, advertising, league fees, association fees, State and Region Cup expenses, athletic scholarship (see scholarship section below), and more. These expenses are determined and based on the entire playing year. ***Players and parents are expected to pay for the whole playing year (Aug. 1, 2009 – June 1, 2010) as specified in the player/parent contract:***

Base Team Fees 2009-10*

U4 to U9 Academy - \$275

U10 - \$575 (includes 2 tournaments)

U11 and U12 - \$625 (includes 1 tournaments plus Regions Cup)

U13 to U15 - \$700 (includes Region Cup tournament only)

U13 to U 15 - \$750 (includes State Cup tournament only)

U16 and U18 - \$875 (includes State Cup tournament only)

*Uniforms are sold separately and remain the property of the player. The 2009-10 uniform fees are \$115.

*Cost of travel such as hotels, transportation, and meals is not included in playing fees.

***If a player leaves a team during the soccer year, no refund of team fees will be issued. Any remaining balance is due before the player is released to play, dual roster, or guest play for another team. As noted in the player and parent contract (pgs. 6-7).**

Scholarships

A club scholarship fund is set up from player fees. This fund is intended to help offset expenses for athletically qualified players needing financial assistance. **Only in rare instances will Leg-A-Z award full scholarships. All players are expected to pay a portion of their fees to encourage greater dedication to their soccer development.** If a player wishes to apply for scholarship, contact Christine Lehnick clehnick13@cox.net for appropriate forms. A signed scholarship agreement is needed prior to the start of training.

Volunteers

There are many jobs involved with successfully running a youth soccer club – fundraising, providing sidelines water, updating the club’s website, putting up and taking down field equipment, making travel arrangements, placing phone calls, driving to away games, coordinating team social functions, etc. Please approach your team manager with an offer to help.

2009-2010 FYSA Player Registration Form



Leg-A-Z Soccer

Player Pass No. (If known): _____ Age Group: _____

Player Last Name: _____ First Name: _____ MI: _____

Home Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

Address: _____

Address 2: _____

City: _____ Zip: _____

Gender: M or F Birth Date ____/____/____ (mm/dd/yyyy) HS Grad Year: _____

Team Code: B4 LSA _____ (to be completed by Club)

Primary Email Address: _____

Secondary Email Address: _____

Parent/Guardian Name: _____

INFORMED CONSENT/INSURANCE NOTICE

FYSA RECOMMENDS THAT PLAYERS NOT REGISTER TO A TEAM WHOSE AGE GROUP EXCEEDS THE PLAYER'S NORMAL AGE. It is FYSA's policy that all players compete at a level they are capable of both physically and developmentally.

INSURANCE NOTICE: All injuries must be reported within 90 days of the date of the injury.

INFORMED CONSENT: I, the parent/guardian of the registrant, agree that we will abide by the rules of Leg-A-Z Soccer, the state association (FYSA) and all its affiliated organizations. My/our child wishes to participate in soccer during the season of this registration. I/we realize risks are involved in my/our child's participation. I/we understand that the risk to my/our child includes full range of injuries from minor to severe, and the result could be death, paralysis, or other serious, permanent disability. I/we accept this risk as a condition of my/our child's participation.

Parent/Guardian Signature: _____

Date: ____/____/____

Leg-A-Z Soccer Participant's Medical Information & Release

Player's Name: _____ Date of Birth: ____/____/____
Address: _____
City, State Zip: _____

EMERGENCY INFORMATION:

Parent/Guardian Phone: Home (____) ____ - _____ Cell: (____) ____ - _____
Parent/Guardian Phone: Work: (____) ____ - _____
Parents Email(s): _____

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

Name: _____
Home: (____) ____ - _____ Cell: (____) ____ - _____ Work: (____) ____ - _____
Name: _____
Home: (____) ____ - _____ Cell: (____) ____ - _____ Work: (____) ____ - _____
Allergies: _____

Other Medical Conditions: _____

Wears contact lenses: ____ Date of last tetanus booster: ____/____/____

Other medications: _____

Player's Physician: _____ Contact Phone: (____) ____ - _____

Person responsible for medical charges (if different from above): _____

Address City State Zip: _____

Insurance Company Name: _____

Policy #: _____ **Group #:** _____

Parent/Guardian Approval and Medical Release

I certify that I am the Parent or Legal Guardian for the minor participant listed above that is under 18 years of age. Recognizing the possibility of physical injury associated with soccer and in consideration for the Leg-A-Z Soccer Academy accepting the registrant for its soccer programs and activities (the "Program"), I hereby release, discharge and/or otherwise indemnify Leg-A-Z Soccer Academy, its affiliated organization and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Program against any claim by or on behalf of the registrant as a result of the registrant's participation in the Program and /or being transported to or from the same, which transportation I hereby authorize. The participant has received a physical examination by a physician and has been found physically capable of participating in the Program. In the event of accident, injury, sickness, etc., and I cannot be reached, I hereby give permission for any and all medical attention to be administered to the participant by the person(s) listed below, until such time as I may be contacted: Leg-A-Z Team Coach, Asst. Coach, Manager, or any league representative where my child is playing or any tournament representative where my child is participating in a tournament. **I agree to be responsible financially for the cost of each assistance and/or treatment. This release is effective for the period of one year from the date given below.**

Signature: _____ Date: ____/____/____

Subscribed and sworn before me, this ____ day of _____, 200__

(Notary Sig.)

State of: _____ Commission #: _____ Expiration: _____

Name of Notary (typed, printed, or stamped): _____

Leg-A-Z Soccer Player and Parent Contract

Effective: July 1, 2009 (returning players) or July 15, 2009 (new players) – June 1, 2010

Player Name: _____

Leg-A-Z coaches hope this will be an enjoyable and successful year for you and your family. As part of the registration process, we want to insure that you are fully aware and understand the commitments Leg-A-Z Soccer makes to you, and what are our expectations from you as a result of your accepting the position offered to you. Please read and initial the points below acknowledging your understanding of these terms, then sign and date the form, and return it with the remaining forms in your registration packet.

► **We hereby agree to play soccer with the Leg-A-Z Soccer Club for the Fall 2009 & Spring 2010 soccer year.** I understand and agree that I may not play, train or try out with any other club or competitive soccer team, regardless of national affiliation (ie US Club, AYSO, etc.) during this period, unless I first obtain permission from the Director of Coaches.

Player's Initials Parent's Initials

► Although it is our intent to honor the commitment to play with Leg-A-Z Soccer for the entire seasonal year, we understand that accepting the position offered and completing the registration documents obligates me to pay the full player fees as indicated in the 2009-10 Base Team Fees of: \$_____ (enter amount from base team fees pg. 3) regardless of whether we later decide to leave Leg-A-Z Soccer prior to the end of the seasonal year. We agree to make all installments toward fulfilling our financial obligation according to the payment schedule unless we apply for and receive approval for a proposed payment schedule.

Player's Initials Parent's Initials

► We understand that Leg-A-Z Soccer will provide training and coaching; and opportunities to participate in league, tournament and cup games. We understand that each player will play at least a half of each regular season contest. During tournaments, playing time is granted at the discretion of the coach, the primary goal being to win in order to qualify for premier tournaments. Playing time may also be limited by untimely payment of team fees. We also understand and agree to abide by Leg-A-Z's policy of not allowing players to guest play with other teams or members of other teams to guest play with Leg-A-Z teams, except with the express approval of the director of coaching.

Player's Initials Parent's Initials

► We understand the importance of arranging school and vacation schedules so that the player will arrive on time and participate in training sessions, scheduled games, and tournaments. To plan practices and games Coaches must have all players present. If I have to miss a **practice** (except for unforeseen emergencies) I will notify the coach or manager representative **no less than 24 hours in advance**. If I have to miss a **game** (except for unforeseen emergencies) I will notify the coach or manager representative **no less than 7 days in advance**. **Failure to notify of an absence requires a team fee payment of \$3/practices and \$25/games and may result in a reduction in game playing time.**

Player's Initials Parent's Initials

► We understand that we will share in team expenses above and beyond the team fees noted above, to cover entry fees to additional play and tournaments that the team decides to participate in, referees fees, and our travel costs associated with attending these events. If a team for **any reason** incurs a "no-show" fee **for any league or tournament game**, the team is responsible for paying that fee. Each player will share equally in the payment of the "no-show" fee.

Player's Initials Parent's Initials

Leg-A-Z Soccer Select Player and Parent Contract
Effective August 1, 2009 – June 1, 2010

▶ The team may seek and receive donations or fund-raise to defray team expenses. I understand that all funds collected will be credited to my child's team account to be used for such team expenses. These funds remain with Leg-A-Z Soccer should the player decide to leave the club.

Player's Initials Parent's Initials

▶ Should the player wish to be released (other than for season ending injury or a move out of state) or to transfer to another club prior to the end of the seasonal year, the player/parents will be required to pay a **\$400.00 transfer/release fee** to Leg-A-Z Soccer, in addition to fulfilling all financial obligations noted above before the Change of Status is processed.

Player's Initials Parent's Initials

▶ We understand that failure to fulfill our financial obligations to Leg-A-Z may result in the player being placed "Not in Good Standing" with Leg-A-Z Soccer and FYSA, which may result in the player's playing privileges being suspended until the obligations are fulfilled. This will also impact the player's ability to register with Leg-A-Z Soccer or any other FYSA affiliate next year.

Player's Initials Parent's Initials

▶ We have received and read the Leg-A-Z Soccer General Information 2009-10, and received and read the FYSA Code of Ethics, and agree to abide by the requirements. We will act in a manner of respect at practices, games, travel, etc, and serve as role models to others to maintain the integrity of our team, and all of Leg-A-Z Soccer. Players will conduct themselves in accordance with Leg-A-Z, FYSA, USYSA, USSF, and FIFA rules at all times, or will be subject to disciplinary action.

Player's Initials Parent's Initials

▶ If I receive a scholarship from Leg-A-Z Soccer and I do not fulfill all of the player commitments in this contract, including playing both **the Fall 2009 & Spring 2010 soccer year, I agree to repay Leg-A-Z Soccer the full amount of the scholarship award.**

Player's Initials Parent's Initials

Not Applicable

▶ If I am high school senior playing on the u17 or u18 teams, **I agree to pay my Leg-A-Z fees in full prior to September 1, 2009. I understand I can not be issued a player pass without the entire fee.**

Player's Initials Parent's Initials

Not Applicable

Player Signature: _____

Parent/Guardian Signature: _____

Parent/Guardian Printed Name: _____

Date: _____

FYSA CODE OF ETHICS

Players

I will encourage good sportsmanship from fellow players, coaches, officials and parents at all times.

I will remember that soccer is an opportunity to learn and have fun.

I deserve to play in an environment that is free of drugs, tobacco, and alcohol; and expect everyone to refrain from their use at all soccer games.

I will do the best I can each day, remembering that all players have talents and weaknesses the same as I do.

I will treat my coaches, other players and coaches, game officials, other administrators, and fans with respect at all times; regardless of race, sex, creed, or abilities, and I will expect to be treated accordingly.

I will concentrate on playing soccer, always giving my best effort.

I will play by the rules at all times.

I will at all times control my temper, resisting the temptation to retaliate.

I will always exercise self control.

Conduct during competition towards play of the game and all officials shall be in accordance with appropriate behavior and in accordance with FIFA's "Laws of the Game", and in adherence to FYSA rules.

While traveling, I shall conduct myself so as to bring credit to myself and my team.

Alcohol, illegal drugs and unauthorized prescription drugs shall not be possessed, consumed or distributed before, during or after any game or at any other time at the field and/or game complex.

Coaches/Volunteers

I will never place the value of winning before the safety and welfare of all players

I will always show respect for players, other coaches, and game officials.

I will lead by example, demonstrating fair play and sportsmanship at all times.

I will demonstrate knowledge of the rules of the game, and teach these rules to my players.

I will never use abusive or insulting language. I will treat everyone with dignity.

I will not tolerate inappropriate behavior, regardless of the situation.

I will not allow the use of anabolic agents or stimulants, drugs, tobacco, or alcohol by any of my players.

I will never knowingly jeopardize the eligibility and participation of a student-athlete.

Youth have a greater need for example than criticism. I will be the primary soccer role model.

I will at all times conduct myself in a positive manner.

Coaching is motivating players to produce their best effort, inspiring players to learn, and encouraging players to be winners.

Coach's actions on sidelines during games shall be in the spirit of "good sportsmanship" at all times. Profanity, profane gestures, arguing, inciting disruptive behavior by spectators and/or players, or any conduct not in the spirit of good sportsmanship, shall require disciplinary action from the affiliate.

Alcohol, illegal drugs and unauthorized prescription drugs shall not be possessed, consumed or distributed before, during or after any game or at any other time at the field and/or game complex.

Parents/Spectators

I will encourage good sportsmanship by demonstrating positive support for all players, coaches, game officials, and administrators at all times.

I will place the emotional and physical well being of all players ahead of any personal desire to win.

I will support the coaches, officials, and administrators working with my child, in order to encourage a positive and enjoyable experience for all.

I will remember that the game is for the players, not for the adults.

I will ask my child to treat other players, coaches, game officials, administrators, and fans with respect.

I will always be positive.

I will always allow the coach to be the only coach.

I will not get into arguments with the opposing team's parents, players, or coaches.

I will not come onto the field for any reason during the game.

I will not criticize game officials.

Alcohol, illegal drugs and unauthorized prescription drugs shall not be possessed, consumed or distributed before, during or after any game or at any other time at the field and/or game complex.

Failure to comply may result in the suspension of your privilege to participate in FYSA sanctioned events, for the following periods:

1st offense suspension minimum thirty (30) days to a maximum of five (5) years

2nd offense suspension for a minimum of one (1) year to a maximum of Ten (10) years

3rd offense suspension for a minimum of five (5) years to a maximum of fifty (50) years.

NOTE: Any individual charged with a violation of this Code of Ethics shall be afforded due process as defined in FYSA's rule section 507 before the implementation of any suspension.

Leg-A-Z Soccer Player Payment Form

Date of Payment: _____/_____/_____

Age Group (U - ____) Base Team Fee: 1. \$ _____

+ Uniform Fee (if needed, see below): 2. \$ _____

Total Amount due: (1 +2) 3. \$ _____

Registration and Team Acceptance Fee – Due at signing \$ **150**
(This fee is non-refundable)

Actual Payment Amount Received: 4. \$ _____

Balance Due Leg-A-Z Soccer Club: (3-4) 5. \$ _____

Payment of full fee is preferred at registration. A minimum \$150 non-refundable registration and acceptance fee that reserves a roster spot is due with the registration. In order to receive a FYSA player pass to compete in the fall, 1/2 of total amount due is to be paid by Aug. 8th, 2009. Any outstanding balance is due by Sept. 30, 2009. If other payment arrangements are necessary, please contact the club treasurer.

For UNIFORM ORDERS please talk with your manager regarding sizes and available numbers. The uniform kit Includes 1 home and 1 away uniform set. Set includes: Jersey, Shorts and Socks.

Please direct any questions regarding fees to our Club Treasurer.

Must be filled out by Club representative:

Registration checked and received by: _____