

CITY OF PEMBROKE PINES PARKS & CULTURAL ARTS DEPARTMENT

ADULT RECREATIONAL SOCCER LEAGUE PLAYER APPLICATION

SEASON RUNS: YEAR: _____ JANUARY - MAY

Team Name: _____ Division: Over 30 Men's Over 40 Men's Over 50 Men's

First name: _____ MI: _____ Last Name: _____

Date of Birth: ____/____/____ Sex: Male or Female Height: Feet: ____ Inches: ____ Weight: ____

Cell phone: (____) _____ - _____ Shirt Size: _____

Street: _____ City: _____ St: FL

Zip: _____ Email address: _____

HOW MANY YEARS HAVE YOU BEEN PLAYING SOCCER? Years: 0+ 5+ 10+ 15+ 20+

WHAT KIND OF PLAYER DO YOU CONSIDER YOURSELF? Recreational or Competitive

WHAT POSITION DO YOU PREFER TO PLAY? _____

EMERGENCY CONTACT: A person other than the parent/guardian that can be contacted in an emergency if we are unable to reach the parent/guardian. The emergency contact person also has permission to remove the participant from the program.

^{1st} Contact name: _____ Home phone: (____) _____ - _____
Relationship to
The Player: _____ Cell phone: (____) _____ - _____

^{2nd} Contact name: _____ Home phone: (____) _____ - _____
Relationship to
The Player: _____ Cell phone: (____) _____ - _____

MEDICAL INFORMATION:

Health Insurance: _____ Policy #: _____

Allergies or Medical condition: _____

Player's Signature: _____

OFFICE STAFF ONLY (circle one)

Paid on: ____/____/20____ Check Number: _____ Date Paid: ____/____/20____

Paid by Captain of team? Yes - no (if yes) Ck #: _____ Date Paid: ____/____/20____ Pd on: ____/____/20____

Drivers License Verified: Yes or No

Pembroke Pines Residency verified: Yes or No

Medical Form Verified: Yes or No

Waiver Form Verified: Yes or No

Please **be sure to Sign all the forms** attached to this application.

Failure to not sign any of the attached forms will cause your application to Not Be Approved.

CITY OF PEMBROKE PINES~ADULT WAIVER AND RELEASE OF LIABILITY

This form is good for ONE YEAR: Coverage Date: ____/____/____ ~ ____/____/20____

NOTICE: This form contains a Release and Waiver of liability and when signed is a contract with legal consequences. **PLEASE READ IT CAREFULLY BEFORE SIGNING.**

TO THE CITY OF PEMBROKE PINES: in consideration afforded to me to participate in the activity described herein at

West Pines Soccer Park & Nature Preserve Park, 350 SW 196th Avenue, Pembroke Pines, FL 33029
(Name and address of Facility)

I, the undersigned, on behalf of myself named herein, do freely agree to make the following contractual representations and agreements.

I, on behalf of myself named herein, acknowledge and understand that participation in the activity involves the risk of serious injury, including permanent disability and/or death and severe social and economic losses.

I, on behalf of myself named herein, do hereby knowingly, freely, and voluntarily assume all liability for any damage or injury which may occur as a result of my participation in such activity and further agree to release, waive, indemnify, discharge and covenant not to sue the City of Pembroke Pines, its officers, agents, employees, and volunteers from any and all liability or claims which may be sustained by me, or a third party directly or indirectly in conjunction with, or arising out of participation in the activity described herein, whether caused in whole or in part by the negligence of the City of Pembroke Pines or otherwise.

I, on behalf of myself, have read the above provision, fully understand its terms, and understand that I, on behalf of myself have given up substantial rights by signing this waive and I acknowledge that I signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of any and all liability to the greatest extent allowed by law and I agree that, if any portion of this contract is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

Print Name of Participant: _____

Signature of Participant: _____

Complete Address of Participant: _____

Participant's Cell phone number: _____

Participant's Email address: _____

Health Insurer Name: _____

Health Insurer Policy Number: _____

Health Insurer Telephone Number: _____

Date Signed by Participant: ____/____/20____

CITY OF PEMBROKE PINES PARKS & CULTURAL ARTS DEPARTMENT
YOUTH SOCCER PROGRAM: Informed Consent about Concussions or Head Injuries

Effective July 1, 2012, Florida Statute 943.0438 requires the parent or guardian and the youth who is participating in athletic competition or who is a candidate for an athletic team to sign and return an informed consent that explains the nature and risk of concussion and head injury (including the risk of continuing to play after a concussion or head injury) each year before participating in athletic competition or engaging in any practice, tryout, workout, or other physical activity associated with the youth's candidacy for an athletic team.

The facts:

- ✓ A concussion is a brain injury
- ✓ All concussions are serious
- ✓ Concussions can occur without loss of consciousness
- ~~✓ Concussions can occur in any sport~~
- ✓ Recognition and proper management of concussion when they first occur can help prevent further injury or even death

What is a concussion? A concussion is an injury that changes how the cells in the brain normally work. A concussion is caused by a blow to the head or body that causes the brain to move rapidly inside the skull. Even a "ding", "getting your bell rung", or what seems to be a mild bump or blow to the head can be serious. Concussions can also result from a fall or from players colliding with each other or with obstacles, such as a goalpost, even if they do not directly hit their head.

To help recognize a concussion, you should watch for the following things among your athletes:

1. A forceful blow to the head or body that results in rapid movement of the head
2. Any change in the athlete's behavior, thinking, or physical functioning
3. Signs or symptoms of concussion that may be reported by a coach or other observer:
 - a. Appears dazed or stunned
 - b. Is confused about assignment or position
 - c. Forgets sports plays
 - d. Is unsure of game, score or opponent
 - e. Moves clumsily
 - f. Answers questions slowly
 - g. Loses consciousness (even briefly)
 - h. Can't recall events prior to hit or fall
4. Signs and symptoms that may be reported by the player:
 - a. Headache or pressure in the head
 - b. Nausea or vomiting
 - c. Balance problems or dizziness
 - d. Double or blurry vision
 - e. Sensitivity to light
 - f. Sensitivity to noise
 - g. Feeling sluggish, hazy, foggy, or groggy
 - h. Concentration or memory problems
 - i. Confusion

Under Florida law, this player who has suspected concussion or head injury must be removed from play or practice. Before the player may return to practice or competition a written medical clearance to return stating that the youth athlete no longer exhibits signs, symptoms, or behaviors consistent with a concussion or other head injury must be received from an appropriate health care professional trained in the diagnosis, evaluation, and management of concussions. In Florida, an appropriate health-care professional (AHCP) is defined as either a licensed physician (MD, as per Chapter 458, Florida Statutes), a licensed osteopathic physician (DO, as per Chapter 459, Florida Statutes), a licensed physician's assistant under the supervision of a MD/DO (as per Chapters 458.347 and 459.022, Florida Statutes) or health care professional trained in the management of concussions.

I have read and understand this consent form, and I volunteer to participate.

Adult player: Print Name: _____ **Signature:** _____ **Date signed:** ____ / ____ / ____

As a parent or guardian, I have read and understand this consent form and I give permission for my child, named above, to participate.

Parent/Legal Guardian: Print Name: _____ **Signature:** _____ **Date signed:** ____ / ____ / ____

The City of Pembroke Pines has updated their Disciplinary Sanctions.

THIS FORM IS GOOD FOR ONE SEASON ONLY: SPRING 20 FALL 20

If any players, adult player, coaches, volunteers, parents, spectators, children guardians, friends of players or anyone that threatens, or assaults (verbally or physically) a referee or city staff they will be expelled immediately from the park and/or league and the police will be called immediately.

Yellow Cards – Caution able Offense:

If a player/adult player gets 2 yellow cards it is an automatic red card which results in a one (1) game suspension for that player. They are still allowed to come to practices, but cannot play in the next game. They have to come to the game completely dressed to play soccer (Shirts, shorts, socks, cleats & shin guards) and sit on the player bench and watch the game. If not dressed properly OR a NO show they will have to serve another week suspension.

Red Cards: Sending-Off Offense: 2 Game or more suspensions or complete removal:

A player/adult player is shown a RED card and sent off, if he commits any of the following seven offenses. All direct red cards lead to a 2 or more game suspension.

- Serious foul play
- Violent conduct
- Spitting at an opponent or any other person
- Denying the opposing team a goal or an obvious goal-scoring opportunity by deliberately handling the ball (this does not apply to a goalkeeper within his own penalty area).
- Denying an obvious goal-scoring opportunity to an opponent moving towards the player's goal by an offense punishable by a free kick or a penalty kick
- Using offensive, insulting or abusive language and/or gestures
- Receiving a second caution in the same match a player, substitute or substituted player who has been sent off must leave the vicinity of the field of play and the technical area
- Actual Fighting with contact with either a player, referee, linesman, coach, volunteer, parent or city staff before, during or after a game or practice

If a player/adult player gets a Red Card it results in a one or more game suspension for that player. They are still allowed to come to practice, but Cannot play in the next one or more games they are suspended from. They have to come to all the games completely dressed to play (Shirts, shorts, socks, cleats & shin guards) and sit on the player bench and watch the game. If not dressed properly OR a NO show they will have to serve another week suspension.

*****ALL RED CARD EJECTIONS WILL BE REVIEWED BY THE REFEREE ASSIGNOR AND CITY STAFF TO DETERMINE THE SEVERITY OF THE PUNISHMENT. OFFENDERS WILL BE NOTIFIED BY EMAIL BEFORE THE NEXT SCHEDULED GAME.**

Turn SHEET Over & Continue Reading & then Sign the form please

CRIMINAL LAWS ON ASSAULT OF A SPORTS OFFICIAL

The following chart summarizes the law in the State of Florida providing information on the criminal conduct required, penalties, covered officials, and covered events.

Florida Governor Jeb Bush signed a sports official protection bill giving Florida sports officials at all levels of competition added protection from assaults effective October 1st, 2004. The new law, which was unanimously approved by the Florida Senate and House, provides enhanced penalties for assault, battery, aggravated assault or aggravated battery against sports officials. Those crimes against officials could now result in fines up to \$ 10,000 and 30 years in jail.

Florida State Law Concerning Attacks on Sports Officials

State of Florida	Crime	Penalty	Covered Officials	Covered Event
Florida Statute # 784.081	Assault or battery against a sports official actively participating in an athletic contest or immediately after the actor knows or has reason to know the victim's identity, position, or employment	When the underlying crime is: 1) Aggravated battery: 1 st degree felony—up to 30 years in prison, up to \$ 10,000 fine, or both 2) Aggravated assault: 2 nd degree felony—up to 15 years in prison, up to \$10,000 fine, or both 3) Battery: 3 rd degree felony—up to five years in prison, up to \$ 5,000 fine, or both 4) Assault: 1 st degree misdemeanor—up to one year in prison, up to \$ 1,000 fine, or both	Referee, umpire, linesman, or similar official known by another title, registered or a member of a local, state, regional, or national organization that educates and trains sports officials	Athletic contest

I agree that myself, my child(ren), visiting friends, and our family members will follow the rules set forth by the City of Pembroke Pines Soccer Program regarding the Red & Yellow cards rules and the State of Florida Statute # 784.081 regarding Assaults on Sports Officials, during any soccer season/program, my child(ren) may be enrolled in. I will instruct all other family members or friends that may come to the soccer games/program that they must follow said rules enforced here. I understand the City of Pembroke Pines has the right to suspend, revoke me or any family members (including the soccer player) due to the severity of the offense.

Print your Name: _____ Sign Name: _____

1st Child: _____ Age: _____

2nd Child: _____ Age: _____

3rd Child: _____ Age: _____

4th Child: _____ Age: _____

* THESE RULES ARE AVAILABLE IN THE OFFICE AT THE WEST PINES SOCCER PARK YEAR ROUND *

CITY OF PEMBROKE PINES
ADULT SOCCER LEAGUE RULES AGREEMENT

This form is good for **ONE YEAR**: Coverage Date: ___/___~___/___/20___

~~By signing this document I agree to the following:~~

- I agree and understand the rules of the City of Pembroke Pines Recreational Adult Soccer League.
- I understand the consequences of certain actions as set forth by the rules.
- I will be sure to constantly remind my teammates the consequences of misbehavior on the field as set by the rules.
- I understand that this is a recreational league and not a competitive league and will play accordingly.
- I understand that if I paid individually and I am removed from the league I will not receive any refund from any monies paid to play in this league.
- I understand that if my entire team gets removed from the league that no one on that team will receive a refund. Your team forfeits all scores and all monies immediately.
- I understand if I have been removed from the Adult league game/league due to serious infractions (told my referee or staff to leave the park) during a game that I am supposed to leave the park and not stay around and finish watching the game. Refusal to leave the park will be grounds for complete dismissal from the league.
- I accept all league rules as set forth in the City of Pembroke Pines Recreational Adult Soccer League and abide by them.

TEAM NAME: _____

PLAYER PRINTED NAME: _____

PLAYER SIGNATURE: _____

Date Signed by Participant/Player: _____

MEDICAL INFORMATION FORM (HAS TO BE FILLED OUT EACH SEASON)

PLAYERS NAME: _____

DATE OF BIRTH: ____/____/____

DATE OF LAST TETANUS BOOSTER: ____/____/____

PLAYER'S KNOWN ALLERGIES, INCLUDING ANY ALLERGIES TO MEDICATION:

ANY OTHER MEDICAL PROBLEMS WHICH SHOULD BE NOTED:

IS THE PLAYER TAKING ANY MEDICATIONS? IF YES, PLEASE LIST:

LIST ANY PREVIOUS INJURIES:

FAMILY PHYSICIAN: _____ Office #: (____) _____ - _____

PHYSICIAN'S ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

INSURANCE CARRIER: _____

GROUP/POLICY NUMBER: _____

NAME OF PERSON TO NOTIFY IN CASE OF EMERGENCY:

CONTACT: _____ RELATIONSHIP TO PLAYER: _____

PHONE: (H) (____) _____ - _____ (W) (____) _____ - _____ (C) (____) _____ - _____

SIGNATURE OF PARENT/ADULT PLAYER: _____

DATE SIGNED: ____/____/____