

CITY OF PEMBROKE PINES RECREATION & CULTURAL ARTS SOCCER PROGRAM

_____ Spring Season (January - May) (NEW COSTS IN 2015) _____ Fall Season (August -
ov.)

Cost per child: \$ 145.00 resident / \$ 210.00 Non-Resident fee (if grand fathered in) (\$ 65.00 impact fee) Cost per child: \$ 110.00 resident/ \$175.00 Non-Resident fee (if grandfathered in) (\$65.00 impact fee)

LATE FEES NOW CHARGED: After FINAL REGISTRATION DATE YOU WILL BE charged a \$ 25 fee per child

A: _____ R #'s: _____ Waiting list #: _____ COPP signed: _____ Today's date: ____/____/20____
A=Age/Sex R #'s=Registration place COPP Area must be signed in order for application to be Valid

NEW or TWIN (Brother-Sister) DAD/MOM (Coach) SISTER-BROTHER (Comm. Service)
RETURNING Name: _____ Name: _____ Name: _____

**THIS APPLICATION MUST BE RETURNED NO LATER THAN 30 MINUTES BEFORE THE END OF TODAY'S
REGISTRATION ENDING TIME IN ORDER TO BE VALID, IF NOT YOU LOSE YOUR POSITION NUMBER.**

Reminder: If your child is registered FYSA travel player they are not permitted to register for recreational soccer:

Name: FIRST: _____ MI: _____ LAST: _____

Date of Birth: ____/____/____ Male: _____ Female: _____ Height: _____ Weight: _____

Shirt sizes: XS, YS, YM, YL, AS, AM, AL, XL, 2XL, 3XL (SEE SHIRT SAMPLES: CIRCLE ONE)

Street: _____ City: _____ FL

Zip code: _____ Primary email: _____

Mother's Name: _____ Cell phone: _____

Father's Name: _____ Cell phone: _____

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.

Emergency Contact Name: _____ Home phone: _____

Relationship to child: _____ Cell phone: _____

Health Insurance: _____ Policy #: _____

Allergies or Medical condition: _____

Parent's-Guardian Print LAST: _____ FIRST Name: _____

PARENT'S-GUARDIAN

SIGNATURE : _____

SPRING: Paid On: ____/____/20____ Check #: _____ Prorated Amt: _____ M/order #: _____

Resident Paid: \$ 145 290 435 580 Non-Resident: \$ 210 420 630 840 # kids: 1 2 3 4

Birth Certificate Verified: Yes or No Current COPP Water Bill verified: Yes or No

FALL: Paid On: ____/____/20____ Check #: _____ Prorated Amt: _____ M/order #: _____

Resident Paid: \$ 110 220 330 440 Non-Residents: \$ 175 350 525 700 # kids: 1 2 3 4

Birth Certificate Verified: Yes or No Current COPP Water Bill verified: Yes or No

Make Checks payable to City of Pembroke Pines

Please put your child(ren) names in the memo area on the check. REFUND Policy: All Refunds after the last registration date, will be assessed an **administration fee of \$ 30 per child if a refund is requested.** Absolutely **NO Refunds are granted**

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after that season has ended. Be sure you have a Current COPY OF YOUR City of Pembroke Pines WATER BILL to sign up.

WE cannot process this application without all the proper documents attached.

Dear Parent / Guardian:

Welcome to the City of Pembroke Pines Parks Recreation & Cultural Arts Department Soccer Program. We would like to welcome you to our program and inform you of what is in store for both you and your child(ren). We will have balanced teams, open registration, dedicated coaches, and our policy is "Everyone gets to play". Please remember that volunteers that are dedicated to our community's youth, coach for our soccer program. I would appreciate it if you would kindly take a moment to carefully look over the following notes.

1. Please bring a water bottle to practices and games as it does get very hot and your child(ren) need to replenish lost fluids. Be sure your child has their shin guards **ON** at **all practices** and **games**; they **must bring a soccer ball to practices**
2. Parents and children need to show "Good Sportsmanship" to their team, coaches, referees and their opponents. Parents, please help the Team Parent with game-day drinks and refreshments.
3. PLEASE! Never drop off your child(ren) without making sure your coach is present. Pick up your child your child **No Later than 5 minutes after** your practices/games ends. **The coach is NOT responsible for your child(ren).**
4. **Spring season:** Practices & games will be at the West Pines Soccer Park, 350 SW 196th Avenue for the Peewee (3) to U12 division. **Ages:** Under 12 to Under 18 years old will be at the Chapel Trail Park, 19531 Taft Street. The **Fall season:** at West Pines Soccer Park, season runs August to November, **Ages only:** 3 to 13 only.
5. In order to manage the season effectively, **we will not be able to accept special requests** for your child(ren) to play on specific teams, or with specific players or coaches. This includes, but not limited to 1) **REQUESTS DUE TO CARPOOLING NEEDS, THERE WILL BE ABSOLUTELY NO CARPOOLS GRANTED.** 2) **Requests to play for specific coaches (only exceptions, if father or mother is coaching a team.** 3) **Wanting to play on the same team with a friend or family member (no cousins)** 4) **Requests to practice/play on specific nights or days.** 5) **Requests to play in a different age division.** 6) **Requests due to children already signed up in other sports, clubs, classes, etc.** **We understand that this may be an inconvenience for you, but it is necessary to manage a volunteer program of this size. THANK YOU for your understanding.**
6. **Refunds after the last registration date will be charged an administration fee of \$30.00 per child, if a refund is requested. No Refunds will be granted after the last day of the season. Refunds after the season has started will be prorated depending upon the number of games played in the season, plus cost of uniform/insurance.**
7. **PROTECTIVE EQUIPMENT:** Players will not be allowed to wear a hard/soft cast and/or a hard/soft brace during practices or games as per the City of Pembroke Pines. No child will be permitted to play or practice until the cast or brace is removed. You must get a medical release from your doctor and the approval must be given to the City of Pembroke Pines office staff prior to them coming back to soccer practices or games. Once approved the child can then return to participate in the sport.
8. **CONCERNS:** If you have a concern due to a coach, parent, or referee calls or any situation that upsets you at the park, **please DO NOT address it in front of the parents or children.** Please come to the office and the Soccer staff will be glad to listen to your concerns and will deal with the situation in a timely manner.
9. **Photos or Filming:** I further authorize the Parks and Recreation Department to film and/or photograph the participant for use in publicizing events or programs.
10. **SAFETY ISSUE: NO First or Last Names to be placed on soccer Jerseys or any team banners. You can make a banner with the Team name on it ONLY, NO Players names.**
11. **Playing time:** Every child is guaranteed to play 2 Quarters or more of each game **UNLESS** 1) if child is playing another sport during the week/weekend 2) If another outside activity keeps the player away from both practices each week. The coaches have the right to play your child one quarter or none if you are not coming to practices at all during the week. They will evaluate the reasons & determine the number of quarters per game they will play. Soccer is a Team Sport & your child(ren) are required to practice with their team each week.

Remember, Goals don't count, Smiles Do!!

By my signature below, I acknowledge receiving and reading this letter and will comply with the instructions listed above.

Parent/Guardian/Player SIGN NAME _____

Date: _____

Parent/Guardian/Player PRINT: _____

Date: _____

NOTICE: WAIVER / RELEASE OF LIABILITY

I, the undersigned do hereby expressly acknowledge that participation in the City of Pembroke Pines soccer program may involve risks, and I, on behalf of myself and my minor child/ward named herein as the participant, do hereby voluntarily assume any and all risks of injury to my person or property, or that of my minor child/ward which may result directly or indirectly from my and/or my minor child/ward's participation in the soccer program sponsored by the City of Pembroke Pines. I, on behalf of myself and my minor child/ward, do hereby voluntarily release, waive, indemnify, discharge and covenant not to sue the City of Pembroke Pines and their respective officers, servants, agents, and employees, for any and all claims, liability and causes of action whatsoever which I, my heirs, assigns, or successors may have against any of them by reason of my or my child/ward's participation in the City of Pembroke Pines soccer program including such claims against the City of Pembroke Pines and their respective officers, servants, agents and employees for damages.

I further authorize the City of Pembroke Pines Recreation & Cultural Arts Department to film and / or photograph the participant for use in publicizing events and / or programs.

Parent/ Guardian/ Player/Volunteer SIGN NAME: _____	Date: _____
Parent / Guardian / Player / Volunteer PRINT NAME: _____	Date: _____
Child's Name: PRINT: _____	Date: _____

This area is for Minor children signing up.	
Has this child ever played Travel or Competitive Soccer before?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this child currently playing Travel or Competitive Soccer for any club?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No

**This Waiver / Release of Liability sheet
MUST BE COMPLETELY FILLED OUT
Or your application will not be complete.**

Parent's Code

As a parent, you play a special role in contributing to the needs and development of youngsters.

Through your encouragement and good example, you can help assure that all the boys and girls learn good sportsmanship and self-discipline. Young people need to learn to work together, to sacrifice for the good of the team, to enjoy winning and deal appropriately with defeat – all while becoming physically fit and healthy. *Best of all, they have fun.*

SUPPORT YOUR CHILD

Supporting your child by giving encouragement and showing interest in their team is very important.

Help your child work toward skill improvement and good sportsmanship in every game. Teach your child that hard work and an honest effort are often more important than victory – *that way your child will always be a winner despite the outcome of the game!*

ALWAYS BE POSITIVE

Parents serve as role models for their children. Become aware of this and work to be a positive role model. Applaud good plays by your child's team *as well* as good plays by the opposing team.

Support all efforts to remove verbal and physical abuse from youth sports activities.

REMEMBER: YOUR CHILD WANTS TO HAVE FUN

Remember that your *child* is the one playing soccer, not you. It's very important to let children establish their own goals – to play the game for themselves. Take care not to impose your own standards and goals on them.

Don't put too heavy a burden on your child to win games. Surveys reveal that **72% of children would rather play for a losing team than ride the bench for a winning team.**

Children play for the fun of playing.

REINFORCE POSITIVE BEHAVIOR

Positive reinforcement is the best way to help your child achieve their goals and their natural fear of failure. Nobody likes to make mistakes. If your child does make one, remember it's all part of learning, so encourage your child's efforts and point out the good things your child accomplished.

DON'T BE SIDELINE COACH OR REFEREE

Coaches and referees are usually parents just like you. They volunteer their time to help make your child's youth soccer experiences a positive one. They need your support too.

That means refraining from coaching or refereeing from the sidelines. As a volunteer organization, there's usually always an opportunity for you to take your interest in coaching or refereeing to the next level and become one yourself!

Parent's Printed name: _____

Parent's signature: _____

Today's Date: _____

Spectator's Code of Conduct

It is the goal of the City of Pembroke Pines Recreation & Cultural Arts Department to provide a safe and positive atmosphere for our athletes. Therefore, we require all parents, guardians, community service volunteers, and players to follow the Spectator's Code of Conduct.

- **City of Pembroke Pines staff, as well as referees (before, during or after a game), reserve the right to remove any unruly spectators, parents, players or coaches from any and all facilities/parks.**
- **Parents, coaches, players and/or spectators are not allowed to verbally or physically engage referees or city staff at any time.**
- **The City of Pembroke Pines Recreation & Cultural Arts Department upholds a zero tolerance policy towards any verbal or physical altercations. At any time a spectator, coach, parent and/ or player can be asked to leave a facility as well be removed from any and all leagues. Each facility/soccer field has one side reserved for players, coaches, referees, and staff. Spectators will not be allowed in this area at any time. All questions in reference to any game situations need to be referred to the coach, who will in turn ask the referee or city staff in a respectful matter for a response.**
- **Parents, players, coaches and spectators will not engage anyone from the opposing team.**
- **Parents are responsible for the safety, welfare and actions of all minors that accompany them into any facility/park.**
- **NO ANIMALS of any kind are allowed in the West Pines Soccer Park or Chapel Trail Park at any time.**
- **NO Skate boards, roller blades, scooters, golfing, fishing or hunting is allowed in the West Pines Soccer Park and Nature Park at any time.**

Parent/Guardian/Player
/Volunteer SIGNATURE: _____ Date: _____
Parent/Guardian/
Player/Volunteer PRINT: _____ Date: _____
Child /PRINT Name: _____