

2008-2009

CHAOS

**WEST VIRGINIA CHAOS
PLAYER PACKET**



WEST VIRGINIA CHAOS SOCCER CLUB

224 Capitol St Charleston, WV 25301

Phone: 304.932.4152 Web: www.westvirginiachaos.com

WELCOME TO THE WEST VIRGINIA CHAOS

Welcome to the West Virginia Chaos Soccer Club.

The mission of the Chaos is –

“Provide instructional and competitive youth soccer opportunities that enhance character, community and love of the game of soccer. Integrated in this is the building of self-esteem, self-confidence, team work, respect for self and others, and all the inherent benefits of physical exercise.”

It is our goal to develop every player to the best of his or her abilities. If you wish to volunteer or have suggestions on how to improve our organization please call the office at 304.391.5052.

Our offices are located at 224 Capitol St, across from Ellen’s Ice Cream Shop and next door to Taylor Books.

Player Registration Checklist

2008-2009 Season

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- Chaos Registration Form
 - Notarized Medical release Form
 - Permission to Travel Form
 - Copy of Birth Certificate or Driver's License or Passport
 - Parental Information Sheet
 - Player's Contract
 - Waiver Form

All information must be complete in order to be accepted. Incomplete registration packets will not be accepted.

WEST VIRGINIA CHAOS 2008-2009 REGISTRATION

Player Information			
First Name	MI	Last Name	
Street Address			
City	State	Zip Code	Home Telephone
Email Address		Birth Date	

Guardian Information		
Name		Relationship (Father)
Phone (H)	Phone (W)	Phone (Cell)

Guardian Information	
Name	Relationship (Father)
Phone (H)	Cell Phone
E-Mail	

Registration Information	
Are you currently registered on another soccer team? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If YES Please Complete The Following:	
Team Name: _____	League/Association: _____
Team Name: _____	League/Association: _____
Team Name: _____	League/Association: _____

Player Release
<p>I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of USYSA (United States Youth Soccer Association) and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the discharge and/or otherwise indemnify the USYSA, it's affiliated organizations and facilities utilized for the program, against any claim by or on the behalf of the registrant as a result of the registrant's participation in the program, practice, and/or being transported to and from a game or practice, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the programs.</p>

Parent/Guardian Signature: _____ Date: _____



WEST VIRGINIA SOCCER ASSOCIATION

PO BOX 3360 - BECKLEY, WV 25801
800-894-9872 * 304-252-9872 * 304-252-9878 (FAX)
Webb: www.wvsoccer.com E Mail: wvsoccer@citynet.net



MEDICAL RELEASE FORM

Function: _____

Player's Name: _____ U.S. Citizen : Yes ___ No ___

Address: _____

City/State/Zip Code: _____

Birthdate: _____ Sex: _____ Social Security Number: _____

Parent's Phone: () _____ Home () _____ Work _____

Emergency phone number other than Parent/Guardian: _____

Name: _____ Phone: () _____

Primary Medical Insurance Company: _____

Policy number: _____

Known allergies or other pertinent medical information: _____

Recognizing the possibility of physical injury associated with soccer and in consideration for USYS/USS and its affiliates accepting the registrant for its soccer programs and activities (the "Programs") I hereby release, discharge and/or otherwise indemnify USYS/USS, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the Programs.

Therefore, I grant _____ and/or _____ permission to act as my surrogate for my child in the area of obtaining medical treatment by a doctor of medicine or dentistry. I also assume the financial responsibility for any medical treatment for my child.

Signature of Parent/Guardian: _____ Date: _____

Subscribed and sworn to me this _____ Day of _____ 20____

Signature _____ My commission expires _____

Notary Public



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PERMISSION TO TRAVEL

Season 2008-2009

Dear _____

Coach's Name

_____ has our permission to travel with you, as chaperon to various tournaments where he/she will participate in, among other things, soccer in various modes of transportation, accommodations, meals, and physical activities in addition to playing soccer. We further acknowledge that our child participates in the trip at his/her own risk. Our child is in good health, and we release you, your heirs, executors, and assigns of any responsibility that you or they might have regarding the health and physical condition of our child during his/her participation in the trip. On behalf of ourselves, our child, heirs, executors and assigns, and demand right or cause of action of whatsoever kind of nature, either in law or in equity, arising from or by reason of any bodily and/or personal injury sustained by our child and/or lost or damaged property, or otherwise, directly or indirectly arising from participation by our child in the trip.

We agree to indemnify you, your heirs, executors and assigns, and any chaperons, their heirs, executors and assigns on account of any claims that might be asserted by us or by our child. Permission is given to take any action you may deem necessary in the event of injury to or illness of our child and for any emergency anesthesia and/or operation which might become necessary, which action shall include the giving of permission to any doctor hospitalize, provide proper treatment, and order injections, anesthesia or surgery for our child.

Signature of Both Parents or Legal Guardians

Mother _____

Father _____



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PARENTAL INFORMATION SHEET

Father

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Email Address: _____

Mother

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Email Address: _____

Emergency Contact

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Email Address: _____



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WEST VIRGINIA CHAOS SOCCER CLUB PLAYER CONTRACT

Read Before Signing

Players participating on teams in the West Virginia Chaos Soccer Club (“the Club”) are exercising a privilege afforded to them by the Club in pursuit of local, state, regional, and national recognition as youth soccer players. A West Virginia Chaos Soccer Club Player must exhibit mental maturity to be successful in this pursuit. In exchange for this privilege, the Player and their parent or guardian, if the Player is under the age of eighteen, hereby acknowledge that the rules, guidelines, bylaws, and regulations of the West Virginia Soccer Association, US Youth Soccer, US Club Soccer and the United States Soccer Federation apply to all activities in the Club Program.

GENERAL GUIDELINES

Players are expected to conduct themselves at all times in a manner that is in keeping with representing the West Virginia Chaos Soccer Club and will not bring discredit upon the Club.

When traveling with their Club team, each Player is expected to dress appropriately as befits representing the Club, or as directed by the West Virginia Chaos Board of Directors, Director of Operations, or Team Coach.

Respect for property, adherence to the rules specified in this Player Contract or specified by the West Virginia Chaos Soccer Club, and observance of all state and federal laws are required for participation in the Club Program.

PROGRAM RULES

Substance abuse and/or possession of drugs, alcohol or tobacco are cause for immediate suspension from the Program for the remainder of the current season and could affect a Player’s future participation in the Program. It is the Player’s responsibility to prevent situations from occurring and to avoid situations that occur. Players should not allow anyone, including their roommates, to bring drugs, alcohol or tobacco into their room or within access. They should leave anytime such substances are present. If situations occur during travel events, Players should report the situation to their coach or the appropriate chaperone. Players must take full responsibility for their actions.

Persistent irresponsible and disrespectful behavior is cause for suspension from the Program for the remainder of the current season and could affect a Player's future participation in the Program.

Destruction of property or violation of state or federal laws is cause for suspension from the Program for the remainder of the current season and could affect a Player's future participation in the Program.

Failure to comply with any and all team rules (curfew, attendance, dress code, schedules, etc) as set by the West Virginia Chaos Soccer Club Board of Directors, Program Director, or Coaches will result in loss of playing time. Persistent failure will be cause for suspension from the Program for the remainder of the current season and could affect a Player's future participation in the Program.

The following violations will result in the following ramifications:

1. Players arriving late to practice or games will result in loss of playing time;
2. Non-appearance at practice and games will result in loss of playing time;
3. Non-appearance at practice and games without notifying the coach may result in team suspension;
4. Repeat violations may result in suspension from the team;
5. Fighting will be grounds for dismissal from the Program.

If suspension from the Program occurs while traveling, the Player will be sent home immediately at the parent's expense by whatever means is the most convenient and reasonable. No reimbursement of fees will be made to the suspended Player's family.

Coaches do not have to accept a Player's excuses for missing practices or games. Advance notice is required for missing practices or games. Suspensions consist of sitting out one or more games. Players sitting out for red cards or team suspension may, at the discretion of the coach, be present at the time for which they are suspended. Ill or injured Players are to be present at all practices and games, except in the case of serious illness or injury. A doctor's note may need to be provided in case of serious illness or injury.

Program Fees will be determined each year by the West Virginia Chaos Soccer Club, and must be paid to the Club on or before the due date specified by the Club for a Player's to remain in "good standing." If a Player is not in good standing with the West Virginia Chaos Soccer Club, the Player will not be able to obtain a Player Pass Card through the Club, and the Player will not be eligible to participate in tryouts, practices, games, tournaments, or any other team events, until such time as all Program Fees are paid.

Travel soccer is a competitive environment. Efforts are made to attract competitive soccer Players during West Virginia Chaos Soccer Club tryouts and throughout the year. Rosters will change. A Player may not practice on the same day or time throughout the year, play the same position, or play a set amount of time in any given match or tournament.

Because much of the work in the West Virginia Chaos Soccer Club is performed by volunteers, you waive any right of action against the Club or any volunteer as a result of your use of the Club's services or facilities.

Each family will be asked to volunteer their time during fundraising events put on by the West Virginia Chaos Soccer Club.

We, the undersigned acknowledge that we have read the West Virginia Chaos Soccer Club Player Contract, as set forth above, we understand the same, and we agree to abide by the above rules and guidelines. We also agree to accept actions taken for failure to abide by these guidelines and rules.

Player Name

Parent/Guardian Signature

Date



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WEST VIRGINIA CHAOS SOCCER CLUB ATHLETIC WAIVER AND LIABILITY RELEASE

I certify that my child is in excellent physical health and may participate in strenuous and hazardous activities, including the soccer to be played on a West Virginia Chaos Soccer Club team. I certify that there are no physical limitations to my child's participation in the West Virginia Chaos Soccer Club Program and discharge the West Virginia Chaos Soccer Club and all of its affiliated entities from any and all liability, claims, demands and causes of action for personal injury, property damage, and/or loss suffered by my child in connection with his or her participation in the West Virginia Chaos Soccer Club Program. I represent that I am the parent/guardian of the player named below, and I agree that the release contained herein binds both the player named below and me to all of its terms.

Name of Minor Player

Parent/Guardian Signature Date