



**UNITED SOCCER ALLIANCE**  
**CLAY COUNTY SOCCER CLUB**

**2022-2023**  
**PREMIER PROGRAM**  
**PLAYER and PARENT**  
**INFORMATION PACKET**

**NIKESOCKER** 



## **United Soccer Alliance – Clay County SC PREMIER PROGRAM**

### **MISSION STATEMENT**

*The mission of the Clay County Soccer Club Premier Program is to provide an environment that encourages integrity and sportsmanship for players to prepare for the next levels of competition while loving the game of soccer, respecting their teammates and opponents, and competing at the highest levels.*

### **VISION STATEMENT**

*The goals of the Clay County Soccer Club Premier program will be achieved with exceptional coaching, excellent facilities and a continual commitment to the program's growth and development from parents and volunteers. Each player will have the potential to reach his or her maximum level of performance through hard work, sacrifice, dedication, teamwork and sportsmanship.*

*Players will develop a supreme confidence in their abilities on or off the soccer field.*



## United Soccer Alliance – Clay County SC PREMIER PROGRAM

**Welcome to the 2022-2023 Clay County Soccer Club Premier Program.**

**Thank you for your participation.**

**Below is important information about the upcoming season.**

- The Registration fee includes training and coaching by a CCSC Trainer, registration/administrative fees, insurance (regional and state), field and club maintenance, supplemental speed and agility training by a CCSC Trainer, goal-keeper training and referee/scheduler fees.
- The Registration fee does **NOT** include the required Clay County Soccer Club NIKE Uniform Kit (package).  
Required NIKE Kits: U12 through U19 Premier Players purchase the PREMIER Kit.  
  
Uniforms are purchased through our Soccer.com distributor, which is our individual online ordering system. Instructions will be provided to each USA-CCSC Premier Player on the ordering process after acceptance onto a Premier Team.
- CCSC Premier Program reviews its cost structure regularly in effort to provide its members the best value for soccer play in northeast Florida.
- After tryouts, each team will have meetings to discuss coach's expectations, coaching philosophy, team organization and review practices schedules. Team manager(s) can also be selected during that meeting. In the past, some teams have selected two team managers to divide the workload. Each team manager is responsible for their team's finances and accounts with CCSC.
- Team Account fees are not included in the Registration fees and are variable depending on each team's tournament and travel schedule.
  - Tournament registration fees are divided by all members of the team roster regardless of participation in the tournament. Expect you team to participate in at least 4 tournaments throughout the year.
  - Travel expenses of the Head Coach for tournaments and specific leagues are paid by the team. Those costs are divided by all members of the team regardless of participation.
  - Please submit payments the team managers promptly as they will be fronting most of the costs that the teams will incur.  
**Note:** Make all checks payable to the **Clay County Soccer Club**.  
At no time does a family pay the coach directly for team expenses.
- Optional or supplemental training sessions are available with the CCSC Training Staff. Any optional or supplemental training, including personal training, held at the Dennis Viollet Fields needs to be approved by either of the CCSC DOC's and/or Exec. Director Matt Hollyoak. Payments for optional or supplemental training need to be made directly to the trainer. CCSC does not assume any responsibility or liability with any individual/private training.
- Parents will be required to read, sign and adhere to the Parent Agreement & the Code of Ethics.
- Players will be required to read, sign and adhere to the Players Code of Ethics.
- Volunteers are the backbone of our club. As a non-profit organization, we rely on the help of all the volunteers to make the club successful both on the field and financially. In past years, our volunteers contributed over \$100,000 worth of their time to the club. This donation of time enables us to fund our programs, address safety issues and improve our complex to provide an enjoyable environment for all our members.



## United Soccer Alliance – Clay County SC PREMIER PARENT AGREEMENT

***As a parent of a participating player in the CCSC Premier Program, you are responsible for the following:***

Parents will accept their child's position in the CCSC Premier Program by registering online using CCSC's GotSoccer portal. Payment of program (membership) fees is to be paid in accordance with the payment deadlines set forth by the club.

Parents must complete and submit the following documents:

*USYS-FYSA Medical Release Form, US Club Soccer Medical Release Form (if applicable), Informed Consent about Concussions or Head Injuries, CCSC Parent Agreement, USYS-FYSA Code of Ethics for Parents, USYS-FYSA Code of Ethics for Players and submit a copy of player's original (state issued) birth certificate.*

Registration, payment and all necessary documents must be completed/submitted by the stated deadlines.

Parents, players and spectators must abide by the FYSA Code of Ethics.

This includes displaying proper behavior, positive attitudes and demonstrating good sportsmanship, respect and courtesy towards teammates, opponents, referees and coaches at all times.

Any continued verbal misconduct, physical misconduct or unruly behavior by a parent, player or spectator may be grounds for suspension and/or dismissal from the team or team activities and events.

Parents are never to coach from the sidelines and must stay positive with all players including opposing team parents.

Parents are not talk, discuss, yell, harass or physically confront Referees at any time.

If you need to discuss an issue with the coach, please do so away from other parents and players, preferably at a designated time and place appropriate for such discussion. Face to face conversations or phone calls are recommended as email can lead to misinterpretation and misunderstandings.

Parents are required to attend all Parent Education and Informational meetings that are administered by the CCSC Directors of Coaching. Parents are responsible for reviewing all materials distributed as such meetings and will adhere to the philosophies and policies discussed at such meetings.

Parents need to understand that players must be willing to play all positions and must follow the positional assignments/responsibilities given by the coach(s). Although there is no guarantee of playing time, Coaches will try to provide a minimum of 50% playing time during each game. Attendance to training sessions, a player's performance and tactical situations (in a game) may also influence playing time and positional play.

All practices, regular season and tournaments are mandatory. Parents are responsible for assuring that your child attends every training session, game or tournament. Proper notification needs to be given to the Coach or Team Manager in advance if a player is not able to attend any scheduled training sessions, games, or tournaments. Parents are financially responsible for all travel accommodations that are incurred for practices, games, tournaments and team events.

Parents are responsible for having their child at the game field at least 1-hour prior to game time with the appropriate Uniform kit, shin guards, cleats and water bottle. (Players are encouraged to bring both jerseys)

Parents are expected to volunteer to assist at club-hosted tournaments, maintenance of soccer complex and support all fund raising and club sponsored activities.

I have read and understand all the parents' responsibilities and the players' rights and agree to allow my child to play for the Clay County Soccer Club. I have read and acknowledge the FYSA Code of Ethics for Parents/Spectators and Players.

**Print Name:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*Print, sign and submit to your Team Manager*



## United Soccer Alliance – Clay County SC FYSA CODE OF ETHICS FOR PLAYERS (Must be signed by every CCSC Academy/Premier Player)

*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 all coaches, players, game officials, administrators, and fans with respect always; 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 always control my temper, resisting the temptation to retaliate.*

*I will always exercise good 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, all players shall conduct themselves so as being a credit to themselves and their team.*

*While traveling, all players shall adhere to all schedules, room assignments, and guidelines provided by coaches and/or chaperones.*

*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.*

**Print Name:** \_\_\_\_\_

**Parent / Player Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Print, sign and submit to your Team Manager*



# United Soccer Alliance – Clay County SC FYSA CODE OF ETHICS FOR PARENTS AND SPECTATORS

**(Must be signed by every CCSC Academy/Premier Parent)**

*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, coaches or referees.*

*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.*

*I will refrain from any activity or conduct that may be detrimental or reflect adversely upon FYSA, its members or its programs*

**Print Name:** \_\_\_\_\_

**Parent Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

*Print, sign and submit to your Team Manager*





## Player Medical Release Form

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### EMERGENCY INFORMATION

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

#### In an emergency, when parents cannot be reached, please contact:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Player's Physician: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Medical and/or Hospital Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

**PLEASE COPY BOTH SIDES OF YOUR MEDICAL INSURANCE CARD & ATTACH TO THIS FORM**

### PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and in consideration for the USSF/US Youth Soccer and its affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USSF/US Youth Soccer, its affiliated organizations and sponsors, their employees and associated personnel, including the owner of fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

My son/daughter 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 and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date



### 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
  - j. Does not feel right



Both parents/guardians and players are advised to take the Center for Disease Control's free online concussion training [HERE](#).

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 physicians 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 on concussions.

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

Player Name \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_

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 Name \_\_\_\_\_

Signature \_\_\_\_\_ Date: \_\_\_\_\_