

**CHICAGO MAGIC PLAYER/PARENT CONTRACT**

This contract is entered into between the **CHICAGO MAGIC SOCCER CLUB** and \_\_\_\_\_ ("Player") after the Player has been selected to participate on the Club's soccer team. The term of this contract runs from the date this contract is signed until July 31, 2011.

**PLAYER'S RESPONSIBILITIES**

The Player and Parent will sign and abide by the attached Player Parent Code of Conduct. The Parent must completely fill out all forms necessary to register his or her player for the leagues and or tournaments their player will participate in. If the Club terminates the Player's contract as provided above, there will be no refund of monies paid to the date of termination.

**FEES**

This contract must be signed by the Parent, before the Player may participate on the Club's teams. The Club's annual fee's must be completely paid in full by last payment date set up in the Payment Plan. If a player is sponsored in any way and requests a release the sponsorship monies are revoked and payment for the entire year must be made to exit the contract. The failure to make any payments shall be grounds for the Club to suspend a player from practices, games and other Magic activities. The Player may terminate the contract if the Player is injured and provides a report from a licensed physician that the Player is not physically able to play soccer during the remaining term of the contract. The Player may also terminate the contract if the player moves more than fifty (50) miles from any and or all of the Magic Locations, providing that the player has not currently chosen to travel that distance when contract is signed. In the event that the contract is terminated due to an injury or a move as described above, the annual fee will be refunded on a pro-rated basis for any remaining time in the contract term. This however will release his spot on the team and if he chooses to return in the year above must tryout again.

**ASSUMPTION OF RISK, RELEASE & INDEMNITY**

The participant acknowledges that soccer or any sporting event is an extreme test of a person's physical and mental limits and that participation in a soccer event can cause serious injury. With a full understanding of the potential risks, the participant hereby assumes the risks of participating in a soccer event. As such, the undersigned agrees that he or she understands and voluntarily accepts this risk and agrees that Chicago Magic Soccer Club, Highland Park Field House, or any of the venues in which the Chicago Magic Soccer Club uses will not be liable for any injury, including and without limitation, personal, bodily or mental injury, economic loss or any damage to the undersigned, the undersigned's spouse, guest or relatives resulting from the negligence or other acts of the Chicago Magic. If there is any claim by anyone based on any injury, loss or damage described here, which involves the undersigned, any other member under this Agreement, any of the undersigned's non-member children or any guest or child which the undersigned or any member under this Agreement, the undersigned agrees to hold harmless Chicago Magic Soccer Club, The Highland Park Field House, or any of the venues in which the Chicago Magic Soccer Club uses and indemnifies all expenses relating to the claim and obligations resulting there from.

**PERMISSION**

The Player and his/her parent or guardian hereby grant permission to the Chicago Magic Soccer Club Inc. NFP, its coaches, trainers, directors, and managers and Chicago Magic Soccer Club, its directors, shareholders, officers, and employees, or its authorized agents to use my or my son/daughter's photograph, any videotapes, motion pictures, recordings or any other record of their participation in the Chicago Magic Soccer Club or for any lawful promotional purpose. Further, the Player and his/her parent or guardian hereby waive, on behalf of their son/daughter, the right to any fees or compensation related to such use.

We have read and understand the above and agree to abide by terms of this contract

\_\_\_\_\_  
PLAYER DATE

\_\_\_\_\_  
PLAYER'S PARENT OR GUARDIAN DATE



I, \_\_\_\_\_, authorize the Chicago Magic Soccer Club to charge my credit card for any outstanding charges (including fees for trips) for \_\_\_\_\_ (players name). Age \_\_\_\_\_  
Program Name Circle One: Magic, Champions, Giants

I understand that my credit card will be charged on the dates below. All tournament trips will be charged when deposits for travel are due the trip.

I also understand that it is my responsibility to update the Chicago Magic Soccer Club with any credit card changes.

If I choose not to provide credit card information then all 4 payments must be paid in full by September 1, 2010.

My credit card information is as follows:

Name on card: \_\_\_\_\_  
Credit card number: \_\_\_\_\_  
Expiration date: \_\_\_\_\_  
Security code (last 3 digits on back): \_\_\_\_\_  
Zip code of billing address: \_\_\_\_\_

Circle one: Mastercard / VISA

The following is a list of dates my credit card will be charged automatically.

If payment for entire year is made upon registration you will receive 5% Discount.

Circle One.... Payment Plan or Payment in Full at Registration

| <u>Payments</u> | <u>Date Card Charged</u> | <u>Payment Amount</u> |
|-----------------|--------------------------|-----------------------|
| Payment 1       | Registration             | _____                 |
| Payment 2       | August 1, 2010           | _____                 |
| Payment 3       | November 1, 2010         | _____                 |
| Payment 4       | Feb 1, 2011              | _____                 |

I agree to pay the total amount owed on my account according to card issuer agreement.

\_\_\_\_\_  
Signed Date



**UNIFORM ORDER FORM**

PLAYERS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE(H) \_\_\_\_\_ Age Group \_\_\_\_\_

**NO REFUNDS OR EXCHANGES WILL BE PERMITTED.**

**MAGIC & CHAMPION UNIFORM INFORMATION**

|   |  |
|---|--|
| 2 JERSEY'S (circle one) YM.. YL.. AS..AM..AL            | <u>COST \$45.00 each Total \$90.00</u> |
| 2 TRAINING T- SHIRT'S (circle one) YM.. YL.. AS..AM..AL | <u>COST \$20 each Total \$40.00</u>    |
| 2 SHORT SIZE(circle one) YM.. YL.. AS..AM..AL           | <u>COST \$25 each Total \$50.00</u>    |
| 2 SOCK SIZE (circle one) Youth or Adult                 | <u>COST \$8 each Total \$16.00</u>     |

**TOTAL COST OF MANDATORY ITEMS \$196.00**

**GIANT UNIFORM INFORMATION**

|   |  |
|---|--|
| 2 JERSEY'S (circle one) YM.. YL.. AS..AM..AL  | <u>COST \$20.00 each Total \$40.00</u> |
| 1 SHORT SIZE(circle one) YM.. YL.. AS..AM..AL | <u>COST \$25 each Total \$25.00</u>    |
| 1 SOCK SIZE (circle one) Youth or Adult       | <u>COST \$8 each Total \$8.00</u>      |

**TOTAL COST OF MANDATORY ITEMS \$73.00**

**ADDITIONAL ITEMS AREA**

|                      |                    |                  |
|----------------------|--------------------|------------------|
| ITEM NAME _____      | SIZE & COLOR _____ | COST _____       |
| ITEM NAME _____      | SIZE & COLOR _____ | COST _____       |
| <b>WARM UPS SIZE</b> |                    | <b>COST \$90</b> |
| <b>BAGS</b>          |                    | <b>COST \$40</b> |

**ORDER TOTAL ITEMS \_\_\_\_\_ COST \$ \_\_\_\_\_**

**PAYMENT INFORMATION (PLEASE MAKE CHECKS PAYABLE TO CHICAGO MAGIC SOCCR CLUB) No orders can be placed with out payment**

**CHECK NUMBER \_\_\_\_\_**

**VISA OR MASTER CARD # \_\_\_\_\_ EXP.DATE \_\_\_\_\_**

**CREDIT CARD HOLDERS NAME \_\_\_\_\_**



716 8th Ave. North  
 Myrtle Beach, SC 29577  
 Phone: (843) 429-0006  
 Email: [admin@usclubsoccer.org](mailto:admin@usclubsoccer.org)  
 Website: [www.usclubsoccer.org](http://www.usclubsoccer.org)

## YOUTH CLUB REGISTRATION CONFIRMATION

Club Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

I hereby consent to the above-named club registering me with US Club Soccer. I understand that I may be registered to only one US Club Soccer member club at any time. [Note: it will not be necessary to complete this form again as long as the player is with this club; which will hold this form unless requested by US Club Soccer.]

\_\_\_\_\_  
*Player's Signature*                      *Date*                      *Parent/Guardian Signature*                      *Date*

### PLAYER'S MEDICAL INFORMATION

Player's Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Email Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_ Bus Phone (    ) \_\_\_\_\_  
 Mother's Name \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_ Bus Phone (    ) \_\_\_\_\_

In an emergency when parent/guardian cannot be reached, please contact the following:  
 Name \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_ Bus Phone (    ) \_\_\_\_\_  
 Name \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_ Bus Phone (    ) \_\_\_\_\_

Allergies \_\_\_\_\_  
 Other Medical Conditions \_\_\_\_\_

Physician \_\_\_\_\_ Home Phone (    ) \_\_\_\_\_ Bus Phone (    ) \_\_\_\_\_  
 Medical/Hospital Insurance Company \_\_\_\_\_ Phone (    ) \_\_\_\_\_  
 Policy Holder's Name \_\_\_\_\_ Policy Number \_\_\_\_\_

### MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. *I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.*

*Signature* \_\_\_\_\_ *Date* \_\_\_\_\_

(Relation to player: father, mother, guardian)



# NORTHERN ILLINOIS SOCCER LEAGUE

545 Consumers Avenue, Palatine, IL 60074 ♦ Telephone # 847-398-4545 ext 106-108 ♦ Fax # 847-398-4593

30 YEARS OF EXPERIENCE IN ADMINISTRATION & DEVELOPMENT OF COMPETITIVE YOUTH SOCCER  
WE PROVIDE THE BEST SERVICE TO THE BEST ORGANIZATIONS

## ★ PLAYER REGISTRATION FORM ★

NEW PLAYER

RETURNING PLAYER

CLUB NAME: \_\_\_\_\_

AGE DIVISION: \_\_\_\_\_ TEAM NAME: \_\_\_\_\_

GENDER OF TEAM:

MALE

FEMALE

PLAYERS REGISTRATION ID #:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

PLAYERS FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

PLAYERS LAST NAME: \_\_\_\_\_

PLAYERS ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PLAYERS PHONE NUMBER: \_\_\_\_\_

BIRTHDATE: \_\_\_\_ / \_\_\_\_ / 19 \_\_\_\_

GENDER

MALE

FEMALE

PLAYERS EMAIL ADDRESS: \_\_\_\_\_

FATHER

MOTHER

NAME: \_\_\_\_\_ NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PROOF OF AGE PROVIDED

PREVIOUS PASS ENCLOSED

PASS NUMBER:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
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|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

THIS PLAYER IS NOT REGISTERED WITH ANY OTHER US CLUB SOCCER REGISTERED TEAM / CLUB THIS PLAYING YEAR

I UNDERSTAND THAT BY SIGNING THIS DOCUMENT I (OR MY CHILD) IS OBLIGATED TO PLAY FOR ONLY THIS TEAM UNTIL AN APPLICABLE RELEASE FOR ANOTHER TEAM OR CLUB IS OBTAINED

PLAYERS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENTS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

COACHES SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



**Medical Release Form**

As the parent/legal guardian of \_\_\_\_\_, I Request that in my absence the above-named player be admitted to any hospital facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Date of Players Birth \_\_\_/\_\_\_/\_\_\_ Date of last Tetanus Booster \_\_\_/\_\_\_/\_\_\_

Known allergies of this player, including any allergies to medicine \_\_\_\_\_

Any other medical problems which should be noted \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Name of Parent/Guardian \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ H ( ) \_\_\_\_\_ W ( ) \_\_\_\_\_ F

Person responsible for charges (if different from above) \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ H ( ) \_\_\_\_\_ W ( ) \_\_\_\_\_ F

Person to notify if Parent/Guardian is unavailable \_\_\_\_\_

Phone ( ) \_\_\_\_\_ H ( ) \_\_\_\_\_ W ( ) \_\_\_\_\_ F

Insurance carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Signature of Parent/Gaurdian \_\_\_\_\_

**JURAT**

STATE OF \_\_\_\_\_ §

§

COUNTY OF \_\_\_\_\_ §

Sworn to and subscribed before me on the \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public in and for State of \_\_\_\_\_  
Commission expires \_\_\_\_\_



## Chicago Magic Code of Conduct for Parents

Parents, Players, Coaches and Spectators represent the Chicago Magic Soccer Club when they are participating in or watching our teams on the game or practice field, on the way to or from a Chicago Magic Activity. We encourage all of our Chicago Magic Family to always conduct themselves with respect for the officials, families and players of all soccer clubs.

I therefore agree:

1. I will remember that children participate to have fun and that the game is for youth, not adults.
2. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
3. I will learn the rules of the game and the policies of the league.
4. I (and my guests) will be a positive role model for my child and encourage sportsmanship by showing respect and courtesy, and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or other Chicago Magic Events.
5. I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player, or parent such as booing and taunting; refusing to shake hands; or using profane language or gestures.
6. I will not encourage any behaviors or practices that would endanger the health and well being of the athletes.
7. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
8. I will demand that my child treat other players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
9. I will teach my child that doing one's best is more important than winning, so that my child will never feel defeated by the outcome of a game or his/her performance. Win or Loose with honor and integrity.
10. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
11. I will never ridicule or yell at my child, coaches, officials or opposing teams members for making a mistake or losing a competition.
12. I will emphasize skill development and practices and how they benefit my child over winning. I will also de-emphasize games and competition in the lower age groups.
13. I will promote the emotional and physical well being of the athletes ahead of any personal desire I may have for my child to win.
14. I will respect the officials and their authority during the games and will never question or confront them for any reason. I will under no circumstance confront coaches at the game field, and will take time to speak with coaches at an agreed upon time and place.
15. I will demand a sports environment for my child that is free from drugs, tobacco, and alcohol and I will refrain from their use at all sports events.
16. I will refrain from coaching my child or other players during games and practices. Soccer decisions are made quickly on the field it is a thinking game, it confuses a player to be listening to his/her parent when they should be listening to their team mates & coach
17. I will ensure my child has all of his/her equipment and will be on time or early when dropping my child off for a practice or game. I understand the importance of picking up my child on time.

I have read, understand, and will adhere to this Parent Code of Conduct. My continued participation in club activities and that of my child is dependent on following this Parent Code of Conduct.

Players Name \_\_\_\_\_ Parent Signature \_\_\_\_\_

Date \_\_\_\_\_