



Upson Soccer Association Registration Form

Player's Name:		Birthdate:	
Address:		Male () Female ()	
City:	County:	Zip Code:	Home Phone: ()
Parent's Name: Mother:		Cell Phone: NEEDED for weather & emergencies ()	
Father:		()	
Please Provide current email address. This will be used to disperse team information, practices, game schedules and cancellations!!!! EMAIL ADDRESS:			
Any medical conditions that would affect your child's participation?			
How many years has participant played soccer?			
Insurance Information:			
Company Name:		Policy Number:	
Shirt Size: (Please circle one) YS YM YL YXL AS AM AL AXL		Short Size: (Please circle one) YS YM YL YXL AS AM AL AXL	
Payment:		Mike Salter Donation: \$	
Check # _____ Cash _____		Payment Amount: \$ _____	

I hereby give approval for the participation of my child in any and all GSSA and affiliated associations or league activities and I assume all risk and hazards incident to such participation, including transportation to and from said activities, waive, release, absolve, indemnify and agree to hold harmless the GSSA, USA, Thomaston-Upson Recreation Department and affiliated association league, the organizers, supervisors, officers, directors, participants and persons or parents supervising or transporting participants to or from such activities from any claim, arising out of injury to my child – I understand that a player who registers with affiliated league is bound to that league for the entire seasonal year unless a transfer is required for extenuating circumstances.

The Thomaston-Upson Recreation Department would like to notify parents/guardians that photos of individual players or teams will be taken for our sponsors and promotional projects and may be placed on department website.

I/We, the parents of the above named child, hereby give my/our permission to the person in charge of the activity to take my/our child to the doctor or hospital in case of injury. I/We understand I/We will be responsible for any and all cost incurred by emergency transportation or medical treatment provided. I have received the Heads Up Concussion Fact Sheet.

I understand and agree. (Required Parent Signature) _____ Date: _____

_____ I choose not to participate in the Rec One Insurance.

Volunteers:

USA depends on your participation. 99% of USA consists solely of volunteers. Without these volunteers, children may be turned away, which could include your child. We are especially in need of coaches and/or assistant coaches in the younger age groups. With USA training, guidance, and support, coaching a USA team is not beyond your abilities. Remember, without you, our volunteer, there is no USA.

I would like to: COACH _____ ASST COACH _____ AGE GROUP: U6 U8 U10 U12

****** No Guarantee requests can be honored
NO REFUNDS AFTER TEAMS ARE DRAFTED******

**FEEES INCLUDE JERSEY/SHORTS/SOCKS—players must wear issued uniforms at games
Younger Players should not be left with coaches during practices/games. Make sure coach has cell phone contact for
emergencies and to notify if weather conditions change.**

PLEASE NOTE:

AGES 10U, 12U & 14U TRAVEL-----HAVE BOTH HOME AND AWAY GAMES ---parent responsible for transportation

PARENTAL CODE OF CONDUCT & RESPONSIBILITIES

******Contract******

The Thomaston-Upson County Recreation Department would like to share with you standards, procedures and policies for our **YOUTH SOCCER PROGRAM**. Soccer is a sport that belongs to the players.

REFEREES:

Parents should not use foul or abusive language toward any referees. Referees are trained to make calls. At times it will be a judgment call or an opinion of that referee. **Remember that a parent has never over ruled an official and never will.** Understand that no one (including a referee) is perfect...referees call games as they see them to the best of their ability. We encourage anyone interested in becoming a referee to take the entry-level course and become a referee for our youth program. Parents' conduct should be conduct that you would want your child or other children to model. Please remember this in your tone, your words and your actions. Youngsters are watching you and will be influenced by your behavior. .

PLAYERS

Your player has registered to play soccer. Playing a sport requires practice, conditioning and perseverance. Playing a team sport requires having team members present at practice to be conditioned, evaluated and trained for positions. It is important for a team sport to have all members present for practice. Players may have limited playing time if they do not adequately attend and participate in practices. . Please make sure you can get your player to practices and games.

Players/parents need to let coaches know as soon as possible if they will not be able to play in a game or will miss scheduled practice. This will allow coach adequate time to revise team strategy. A coach may limit/restrict playing time for missed practices and games.

CONCERNS

If as a parent you have questions or concerns..please be courteous and professional. Periods prior to practices or games are not appropriate times to discuss problems you may have with you players' soccer experience. Coaches should be focusing attention on practice and or the game. We suggest either a telephone call, email or arrange a time to meet/discuss concerns at a mutually convenient time. Please speak with your coach first. Follow the chain of command. If you still have concerns then bring them to the attention of the League Administrator. Please submit concerns in writing using the Youth Sports Complaint Form. He/She will review, make recommendations and respond. If after this course of action, your concerns have not been sufficiently addressed, then present your written concerns to Director, Mindy Daniel. She will review and respond.

PARENT CONDUCT

Enthusiasm for the sport is admirable, but controlled enthusiasm is best. Always show respect for other team players, spectators and coaches. Loud and abusive yelling will not be tolerated. Parental and spectator comments should be positive and controlled. Spectators must sit on the side of field opposite the players. Only coaching staff is allowed on the side with players. Spectators are subject to disciplinary actions including warning, probation, suspension and expulsion from soccer program activities. ***Disciplinary actions for inappropriate behavior are available upon request. UPSON SOCCER ASSOCIATION also has a referee abuse policy. This policy is provided to families at registration.***

I (we) have read the above information and accept these conditions as part of my player's commitment to the Thomaston-Upson County Recreation Department's Youth Soccer Program and acknowledge the consequences of my (our) actions.

CHILD'S NAME PARTICIPATING: _____

FATHER'S (guardian) SIGNATURE/DATE _____

MOTHER'S (guardian) SIGNATURE/DATE _____

LEGAL GUARDIAN SIGNATURE/DATE _____

Zero Tolerance Referee Policy

Upton Soccer Association supports the following Zero Tolerance Referee Policy, which governs the behavior of coaches and spectators toward referees. The policy is designed to foster good sportsmanship, provide a friendly and safe environment, and support the development of referees, many of whom are relatively young and inexperienced. The policy is reprinted below. It is also available on the Thomaston-Upton web site.

All individuals responsible for a team and all spectators shall support the referee. Failure to do so will undermine the referee's authority and has the potential of creating a hostile environment for the players, the referee, and all the other participants and spectators.

- No one, except the players, is to speak to the referee during or after the game.
Exceptions: Coaches may ask questions before the game, call for substitutions and point out emergencies during the game, or respond to the referee if addressed.
- Absolutely no disputing calls, during or after the game, no remarks to the referee to watch certain players or attend to rough play. NO YELLING at the referee, EVER, and no criticism, sarcasm, harassment, intimidation, or feedback of any kind during or after the game.
- Violators may be ejected and are subject to disciplinary action by Upton Soccer Association Board and the Thomaston-Upton Recreation Department.
- If coaches or spectators have questions regarding particular calls, rules, or a referee, or wish to give feedback regarding a referee, please contact the Upton Soccer Association Assignor –

Ben Cochran bencochran3263@gmail.com

PLAYER NAME:

PARENT or GUARDIAN

DATE:

Sports / Recreation - Plus ACCIDENT

INSURANCE

Standard Life and Casualty Insurance Company P.O. Box 510690 Salt Lake City, UT 84151-0690
Fax: 801-538-0392 Toll Free: 800-327-0695

VOLUNTARY \$250,000 COVERAGE

- 1) PRIMARY COVERAGE - Pays regardless of other insurance, directly to you, your doctor, or hospital.
- 2) NO DEDUCTIBLE - Pays from first visit.
- 3) ALL ACTIVITIES - Sponsored and supervised by the recreation organization - except 10-12th grade football.

The policy covers participants enrolled for activities conducted by the policyholder for bodily injury caused by accidents while:

- . Attending or participating in any regularly scheduled or authorized group activity of the policyholder which is conducted under the supervision of a leader;
- . Traveling with other members of the policyholder as a group under the supervision of a leader.

ACCIDENT MEDICAL EXPENSES BENEFIT \$250,000 - NO DEDUCTIBLE

Pays expenses incurred within 24 months after the date of accident for doctors, dentists, surgeons, hospitals, ambulance or registered nurse for treatment (commencing within 30 days) of any covered injury, with the following limitations:

- 1) Doctor's Calls - \$40.00 first visit and \$25.00 per daily visit thereafter for non-surgical treatment.
- 2) Surgeon's fees according to schedule - \$1,300 maximum.
- 3) Anesthesiologist - 25% of the surgical allowance.
- 4) Out-patient X-ray \$25.00 per X-ray - \$125.00 maximum.
Radiologist \$25.00 per X-ray - \$125.00 maximum.
- 5) Hospital room and board limited to \$175.00 daily maximum.
- 5) Hospital miscellaneous - \$325.00 first day confined, \$225.00 second and \$100.00 daily thereafter.
- 7) Emergency Room - \$135.00 maximum.
- 3) The maximum limit for dental expenses as result of injury to natural teeth is \$500.00.
- 7) Ambulance - \$100.00 each trip - \$200.00 maximum.

HOW THE PLAN WORKS - A policy is issued to the Recreation organization. You will be either insured from the effective date of the policy or from the date on which premium is paid, whichever is later. Because of the small charge for this protection, there is no reduction in cost for late enrollment. Your insurance will expire at the end of the Recreation Organization's policy term.



Send All Claims To:

Standard Life and Casualty
PO Box 510690
Salt Lake City, UT 84151-0690

PARTIAL DESCRIPTION ONLY - RECREATION ORGANIZATION HAS POLICY.
ONE PREMIUM per person insures that person for ALL sports and ALL other activities in which he / she participates throughout the policy period.

Please Complete Enrollment Form &
Return To The Recreation Office With
Correct Premium

Through Age 18
\$10.00
Per Person

ENROLLMENT FORM

I do want _____ insured
(name)

I do not want _____ insured
(name)

X _____ Date _____

(Signature of insured, parent or guardian)

Please make check payable to your recreation organization.

ACCIDENTAL DEATH, DISMEMBERMENT AND LOSS OF SIGHT INDEMNITY

For Loss within 180 days of accident:

Life.....	\$5,000
Both hands, both feet, or sight of both eyes.....	5,000
One hand and one foot.....	5,000
One hand or foot, and sight of one eye.....	2,500
One hand or one foot.....	1,000
Sight of one eye.....	500
Two or more fingers or toes.....	250
One finger or one toe.....	150

NOT COVERED — (1) War, riot, civil disorder, suicide, any intentionally inflicted injury, or non-commercial air travel; (2) play, practice or travel in connection with any form of organized football in which any 10th, 11th or 12th grade student participates or adult football; (3) artificial aids such as crutches, braces, artificial limbs, hearing aids and eye glasses or prescription therefore, orthodontic treatment and appliances, or dental treatment except for injury to natural teeth, except as specifically provided for in the policy. Damage to teeth caused by biting, chewing or grinding is not covered; (4) disease, mental or bodily infirmity, aggravation of an existing condition, or hernia, regardless of cause; (5) injuries occurring while under the influence of or affected by intoxicants or narcotics; (6) insect bites, poison oak, poison ivy, warts, blisters, in-grown nails, food poisoning or any other similar condition; (7) bacterial infections except infections occurring through an open wound; (8) injuries sustained while operating or while a passenger on or on any two or three wheel motorized vehicle, or any 4-wheel motorcycles; (9) injuries resulting from fighting and/or activities in violation of any law are not covered; (10) payment of medical expenses incurred as a result of injuries suffered in automobile or motorized boat accidents shall be limited to \$2,500.00. This plan will pay against unpaid balances

according to the schedule of benefits. No benefits are payable for any expense which is paid or payable by any automobile insurance policy; (11) expense incurred for out-patient prescription drugs and medicines; (12) any charges the insured person is not legally obligated to pay; (13) elective surgery except cosmetic surgery made necessary as a result of a covered injury; (14) any loss covered under the Workmen's Compensation Act or similar law, nor confinement in a hospital owned or operated by the Federal, State, County or Local Government unless, in the absence of insurance, there is a legal obligation to pay for treatment or service; (15) traveling directly between home and the place where any activity is conducted for the purpose of attending or returning from such activity. Dependents are not covered. There is no conversion privilege.

CLAIMS — Notice of claim must be given to the Recreation Organization within thirty days after the date of the accident. The policy requires that proof of claim be filed within ninety days of loss. Claim payment can be made directly to the insured or benefits may be assigned to either a doctor or hospital. Claims will be paid promptly by the company.



SPORTS

