

2018-2019
ARSENAL
WELCOME KIT





WELCOME

We are excited to have you in the Arsenal family and look forward to the upcoming year.

Included in this kit are six forms that need to be completed and submitted electronically to your team manager by July 1. Team manager's will send their contact information to you. You can also bring the forms with you to our Open House that will be scheduled in June.

FORM CHECKLIST

- ☐ Classic Division Player Registration Form
- ☐ Code of Conduct for Players and Parents
- ☐ Injury Release and Waiver
- ☐ Medical Release Form
- ☐ Photo Release Form
- ☐ Youth Player Registration Form

When saving the Welcome Kit please save using the following naming format:

B/G-BY_Last Name_First Name_WelcomeKit.pdf

Diagram illustrating the naming format components:

○	○	○	○	○
B-Boy G-Girl	Birth Year	Player Last Name	Player First Name	Form Name

Example: B-2003_Smith_John_WelcomeKit.pdf

Along with the forms, we will need either a copy of the player's birth certificate or passport and a player headshot photo. (You can use your phone to take the photo with a neutral background or use a school picture). We will have a camera set up at the Open House if you would like to take the photo there.

Please submit a scan of the player's birth certificate or passport and player headshot photo to your team manager by July 1.



or



When saving the forms please save using the following naming format:

Birth certificate or passport

B/G-BY_Last Name_First Name_BC_Pass.pdf

Player photo

B/G-BY_Last Name_First Name_Photo.jpg



Classic Division Player Registration Form

ID#

Player Last Name:	First Name:	MI:
Street Address:	Apt. #	
City:	State:	Zip:
Phone:	Birth Date:	Gender/Age:
Mother's Name:	Day Phone:	
Father's Name:	Day Phone:	
Email address:		
Current Club/Team:	League:	Age/Div.

IMPORTANT (MUST READ)

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the US Youth Soccer, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the US Youth Soccer accepting the registrant for its soccer programs and activities (the "Program"), I hereby release, discharge and/or otherwise indemnify the US Youth Soccer, its affiliated organization 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 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.

TEAM/CLUB INFORMATION:

We, the parent/legal guardian and player listed above, have been given a copy of the Team/Club information for the team listed above. Parent/legal guardian and player have read and understand the information received from the Team/Club and what this means in way of commitment of time and money for the player and his/her family.

RELEASE FROM A CLASSIC DIVISION TEAM/CLUB:

We, the parent legal/guardian and player listed above, fully understand that a classic (select) player is obligated to his/her team/club for the soccer playing year (September 1 through August 31). Any release to transfer to another PA West Soccer Association classic division team is subject to classic division rules. An appeal is allowed under PA West Soccer rules and a request for an appeal is needed, in writing, to the classic division hearing and appeals committee. *Upon receipt of the appeal, the hearing and appeals committee shall request a written report from the player's current coach or manager. The hearing and appeals committee will schedule a hearing with all parties being invited to attend or respond, in writing.* Any appeal of the decision of the classic division hearing and appeals committee must be made directly to the Youth Board of PA West Soccer in accordance with their playing rules. A player may request a voluntary release and the team must grant such a request; however, the player is still considered previously rostered to that team and must go through the above procedure if he/she wishes to play for another classic division team during the same playing season. A player always has the right to play on a State ODP Team (a team or club cannot deny a player the right to participate on a State ODP Team).

We, the parent/legal guardian and player have read and understand the above and acknowledge that in signing below we acknowledge all information above set forth to be true and correct to the best of our knowledge, information and belief.

PRINT PARENT/LEGAL GUARDIAN NAME:

Parent/Legal Guardian Signature:

Date: _____

PRINT PLAYER'S NAME:

Player Signature:

Date: _____



Code of Conduct for Players and Parents

Both the parents/guardians of the soccer player and the soccer player will be required to agree to the Player's Code of Conduct as a condition of membership in Arsenal Football Club of Pennsylvania (Arsenal FC).

1. I the player understand that being allowed to play soccer with Arsenal FC is a privilege, and that I am expected to follow this Code of Conduct at all times.
2. I agree to abide by the rules of the game applicable to the level of play in which my team will participate.
3. I understand that I must abide by and respect the officials and their authority during games and will not question, or confront officials at the game field.
4. I understand that I am expected to attend every practice and game to the best of my ability, and participate in all skill development sessions. It is my responsibility to notify my coach if I am unable to attend knowing that repeated absence may result in discipline to be determined by my coach.
5. I understand that yelling, taunting, obscene gestures or language, racial or ethnic slurs, striking, attempting to strike or otherwise abusing an official, opposing player, spectator or coach will not be tolerated.
6. I understand that I must set an example, and conduct myself respectfully and courteously towards everyone associated with the game and that my team, the organization, and I will be judged by my behavior.
7. I understand that irresponsible or disrespectful behavior in any club facility and toward my coach, teammate, opposing players, referees or parents before, during or after a game or practice is inappropriate, and will not be tolerated.
8. I understand that I must win and lose with grace and dignity.
9. I understand that winning is not everything but having fun, improving skills, making friends and learning sportsmanship is the primary goal of the Soccer Club.
10. I understand that failure to abide by the aforementioned rules and guidelines will result in disciplinary action that could include, but is not limited to the following:
 - Verbal or written warning by official, head coach and/or Director of Coaching
 - Game suspension with written documentation of incident kept on file by Arsenal FC.
 - Multiple game or remainder of season suspension with written documentation of incident kept on file by Arsenal FC.
 - Any further disciplinary action to be determined by the Arsenal FC. Board of Directors.

I have discussed this Code of Conduct with my parents or guardian. They have also agreed to be bound by it and to be supportive of me, my teammates, coaches, opponents and referees. Nor will they publicly criticize, question, or harass in any way my coach, teammates, opponents or officials, but agree to raise any concerns privately in a civil and respectful manner.

Signature, player _____

Signature, parent or guardian _____ (if under age 18)



Injury Release and Waiver

SECTION A: PARTICIPANTS AGED 18 AND ABOVE

I, _____, understand and agree that I am using the Athletic Facilities at 709 N. Aiken Avenue, Pittsburgh, PA 15206 at my own risk.

By using the Athletic Facilities, I agree to waive, release and discharge all claims of any kind against The Neighborhood Academy and Pittsburgh Soccer in the Community, their respective officers, directors, trustees, employees, agents, representatives and their respective heirs, legal representatives, successors and assigns, arising from and by reason of any and all personal injuries, damages and losses (including permanent disability and death) and/or property damages that, directly or indirectly, in whole or in part, are caused by, result from, or arise out of my use of the Athletic Facilities or any other part of the property at 709 N. Aiken Avenue, Pittsburgh, PA 15206.

SECTION B: PARTICIPANTS UNDER 18

I/We, the undersigned, understand and agree that _____ (“Participant”) is using the Athletic Facilities at 709 N. Aiken Avenue, Pittsburgh, PA 15206 at his/her own risk.

By allowing Participant to use the Athletic Facilities, I/we agree to waive, release and discharge all claims of any kind against The Neighborhood Academy and Pittsburgh Soccer in the Community, their respective officers, directors, trustees, employees, agents, representatives and their respective heirs, legal representatives, successors and assigns, arising from and by reason of any and all personal injuries, damages and losses (including permanent disability and death) and/or property damages that, directly or indirectly, in whole or in part, are caused by, result from, or arise out of Participant’s use of the Athletic Facilities or any other part of the property at 709 N. Aiken Avenue, Pittsburgh, PA 15206. This waiver shall be binding on myself/ourselves, Participant, his/her heirs, legal representatives, successors and assigns.

SECTION C: ALL PARTICIPANTS

I certify that I have read this Waiver & Release and that I agree to its terms.

PARTICIPANT’S NAME (PRINTED)

PARTICIPANT’S SIGNATURE

NAME OF PARENT/LEGAL GUARDIAN
(PRINTED)

SIGNATURE OF PARENT/LEGAL GUARDIAN

PARTICIPANT’S DATE OF BIRTH

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 or medical 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 _____
Month Day Year Month Day Year

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 # _____

Signature of Parent/Guardian _____

PLEASE NOTE: This form no longer needs to be notarized



Photo Release Form

Permission to Use Photograph

I grant to [Arsenal Football Club of PA](#) the right to take photographs of my child in connection with Arsenal soccer training and games. I authorize [Arsenal Football Club of PA](#), its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that [Arsenal Football Club of PA](#) may use such photographs of my child for any lawful purpose, including: publicity, illustration, advertising and Web content.

I have read and understand the above:

Printed name _____

Address _____

Date _____

Signature, parent or guardian _____
(if under age 18)



This form should be submitted to your home team's club.

YOUTH PLAYER REGISTRATION FORM

This form must be retained by the club for at least five (5) years or the player's 18th birthday, whichever occurs last.

Club Name: _____ City: _____ State: _____
League Name: _____

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: _____ Gender: ☐ Female ☐ Male
Street Address: _____ City: _____
State: _____ Zip : _____ Email Address: _____

Parent Name: _____ Home Phone: _____ Bus Phone: _____
Email Address: _____ Cell Phone: _____ Receive texts? ☐ Yes ☐ No
Parent Name: _____ Home Phone: _____ Bus Phone: _____
Email Address: _____ Cell Phone: _____ Receive texts? ☐ Yes ☐ No

In an emergency when parent/guardian cannot be reached, please contact the following:

Name: _____ Phone 1: _____ Phone 2: _____
Name: _____ Phone 1: _____ Phone 2: _____

Please list Allergies the player has: _____

Please list other medical conditions: _____

Physician _____ Phone 1 _____ Phone 2 _____
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