

Team Name: \_\_\_\_\_

Start Date: \_\_\_\_\_ Jersey # \_\_\_\_\_

Sizing: Youth Women Men									
Jersey		Shorts		Jacket		Pants		Socks	



ATLÉTICO SANTA ROSA

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## Registration Packet

### Player's Information

#### Please Return:

\$200.00 Registration Fees  
US Club Registration Form  
Signed Code of Conduct Policy  
ACH Authorization Form  
Copy of Birth Certificate  
Void Check  
1 Digital Photo

### Información del Jugador

#### Favor Entregar:

\$200.00 Registracion  
US Club Forma de Registraci3n  
Firmar el C3digo de Conducta  
Formulario de Autorizaci3n ACH  
Copia de la Acta de Nacimiento  
Cheque Cancelado  
1 Foto Digital



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 18<sup>th</sup> birthday, whichever occurs last.

Club Name: Atletico Santa Rosa #1212 City: Santa Rosa State: CA

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

# AUTHORIZATION AGREEMENT FOR DIRECT PAYMENTS (ACH DEBITS)

I (We) hereby authorize **Atletico Santa Rosa**, to initiate debit entries to my (our) checking/savings account at the depository financial institution named below.

**The monthly due is \$100** and will be debited on the **5th of each month.**

**Annual registration renewal is \$100** and will be debited on **March 5th of every year.**

*\*Atletico Santa Rosa will no longer charge for the player pass renewal and lights in the winter turf practice.*

I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until Atletico Santa Rosa has received ACH Stop Payment Request form from me (us) of its termination.

*CANCELLATION of ACH requires 30 Days Advance Notice before the 5th of the month (ACH processing day) for Atletico Santa Rosa to process it.*

\*Note: If you need an ACH Stop Payment Request form, please request it from the coach or go to [Atleticosr.org](http://Atleticosr.org)

ACH Stop Payment Request form can be mailed, email or faxed to:  
Atlético Santa Rosa, PO Box 2215, Santa Rosa, CA 95405  
Email: [sheena@optimabuildingservices.com](mailto:sheena@optimabuildingservices.com)  
Fax: 707-586-6634

*\* A VOID CHECK IS NEEDED FOR ACH processing and only monthly dues and renewal fees can be collected.*

VOID CHECK PLEASE

**Names on the Account:**

Name: \_\_\_\_\_

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

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

Phone #: \_\_\_\_\_

Your Child's Name: \_\_\_\_\_

Your Child's Team Name: \_\_\_\_\_

*\* Return item fee (insufficient fund) is \$30.*



# ***Atlético Santa Rosa***

## **Player Code of Conduct**

It is the policy of Atlético Santa Rosa that members shall conduct themselves in a sportsmanlike and positive manner when representing the Atlético Santa Rosa Club at games, practices, tournaments, and other club related activities. No member of the club shall act in a way that brings discredit to the club. Club members are defined as players, parents, guardians, coaches, trainers, and other club supporters.

The following acts or activities are strictly prohibited. These rules apply directly to any member of Atlético Santa Rosa. Any club member that is found to have committed any of the below list of offenses, may be subject to disciplinary action.

- Falsification of records.
- Use, consumption, and/or possession of any illegal drug or alcoholic beverages.
- Use of tobacco in any form may not be consumed within 200 yards of practices or games.
- Foul or offensive language or gestures.
- Engaging in illegal activities while traveling with the club.
- Inappropriate dress or attire that violates social views on decency.
- Offensive, lewd or indecent acts.
- Hostile or abusive acts, language, or threats upon persons or officials.
- Firearms are prohibited.
- Littering.
- Provoking or inducing confrontation.
- Throwing, tossing, or propelling any object(s)
- Reckless or dangerous driving with club members present.

**Interference by Spectators:** Atlético considers encouraging of violent play, foul language, intimidation or unsportsmanlike behavior from a spectator as interfering with the game.

It is the responsibility of the head coach, with the aid of the assistant coach and team manager, to ensure that all members of the team uphold this policy.

### **Procedures:**

In order to ensure compliance with this policy the following procedures shall be instituted:

#### **Team Coaches Shall:**

- Exercise their authority to substitute any player who is in violation of this policy.
- Exercise their authority to direct that any non-player member of the club may be removed from the area of the field if that individual is in violation of this policy.

#### **The President Shall:**

- Investigate all reports of involving a player.
- Initiate a corrective action plan with the team coach and manager.

## Atletico Santa Rosa Members Code of Conduct

- Each club member (player, parent, coach, board member, or any person with approved “membership” to ASR) will be responsible for conducting themselves in accordance with the policy, as well as the following rules.
- As a member, I represent Atlético Santa Rosa, its teams, and Santa Rosa Community as a whole. My behavior must be exemplary at all games and club functions. I will conduct myself as a role model at all times. I understand that I am obligated to follow all ASR rules, and all rules of US Soccer, US Youth Soccer, NCPL and US Club Soccer.
- I understand that as member, punctuality is critical to each team’s success, and that I will do my part to assures that punctuality in the appropriate capacity (weather as a player or parent etc.).
- I understand that I am responsible for and agree to pay all team fees and any fines. Failure to pay team fees/fines in a timely manner may result in being suspended from the team until said fees are paid.
- I recognize the importance of volunteer treasurers and managers. They are essential to the development of each team and player. I agree to be respectful to these treasurers/managers and encourage a positive and enjoyable experience for all.
- I will encourage good sportsmanship by demonstrating positive support for all players, coaches, and officials at every game, practice, or other soccer events. I will applaud a good effort both in victory and defeat. I will refrain from using abusive or profane language at all times. I will accept decisions of the game officials on the field as being called fair, and to the best ability of said officials. I will not criticize officials, opposing teams, players, coaches, or fans by word of mouth or by gestures. I will never verbally abuse a player, parent, coach or official.
- I will report all injuries to the coach in a timely manner. I will place the emotional and physical wellbeing of players and teammates ahead of my personal desire to win.
- I will refrain from use of alcohol, tobacco and drugs at all youth soccer events. I hereby pledge to provide positive support, care, and encouragement for my child when participating in the ASR club by following the Code of Conduct.
- I understand that if I do not follow these rules of conduct, my membership in the ASR Club may be affected, as determined by the club board or president.

