



MERIDIAN FUTBOL CLUB

Letter of Intent

_____ Team Name

You have been invited to play for a Meridian Futbol Club (Meridian FC) Division I (select) or D2a (primary) soccer team. Your completion of this form indicates your acceptance of this invitation and your agreement to play for the team during the 2013-2014 soccer season (Fall, 2013 through Spring, 2014). Further, your acceptance indicates your agreement to fulfill all financial obligations to the team and club for the 2013-2014 season. In order to register, you must provide the following information (registration is not completed until all necessary forms are completed). **PLEASE PRINT.**

NAME : _____

ADDRESS: _____

CITY: _____ ZIP CODE: _____

DATE OF BIRTH: _____

HOME PHONE: _____

FATHER'S NAME: _____ PHONE: _____

EMAIL: _____

MOTHER'S NAME: _____ PHONE: _____

EMAIL: _____

SIGNATURE of PLAYER DATE

SIGNATURE of PARENT/GUARDIAN DATE

SIGNATURE of COACH DATE

MERIDIAN FUTBOL CLUB APPROVAL DATE



MERIDIAN FUTBOL CLUB

Medical Release Form

I, _____ (Parent/Guardian's Name) hereby give permission for any and all medical attention to be administered to my child, _____ (Child's Name) in the event of an accident, injury, sickness, etc. under the direction of the person(s) listed below, until such time as I may be contacted. I also, assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

PARENT/CHILD ADDRESS: _____

INSURANCE COMPANY: _____
POLICY NUMBER: _____

PLEASE INCLUDE COPY OF INSURANCE CARD FRONT AND BACK

In case I cannot be reached, any of the following persons is designated to act of my behalf:

COACH : _____
ASST COACH : _____
MANAGER : _____
LEAGUE REP : A LEAGUE REPRESENTATIVE WHERE MY CHILD IS PLAYING
TOURNAMENT REP: ANY TOURNAMENT REPRESENTATIVE WHERE MY CHILD IS PARTICIPATING IN A TOURNAMENT.

PHYSICIAN : _____
ADDRESS & PH#: _____

KNOWN ALLERGIES: _____

SIGNATURE : _____
PARENT/GUARDIAN DATE

WITNESS : _____
DATE

NOTARY PUBLIC: _____
SIGNATURE DATE

NOTARY'S SEAL AND/OR STAMP:



MERIDIAN FUTBOL CLUB

Parental Consent to Travel

FROM (DATE): August 1st 2013
TO (DATE): July 31st 2014

Our child, _____,

Has permission to travel with you as chaperon to various tournaments where he/she will participate in, among other things, soccer in various modes of transportation, accommodations and physical activities in addition to playing soccer. We further acknowledge that our child participates in this trip at his/her own risk. Our child is in good health and we release you, your heirs, executors and assigns of any responsibility you or they might have regarding the health and physical condition of our child during his/her participation in the trip.

On behalf of ourselves, our child, our heirs, executors and assigns, we further release and forever discharge you, your heirs, executors and assigns, and demand right or cause of action of whatsoever kind of nature, either in law or in equity, arising from or by reason of any bodily and/or personal injury sustained by our child and/or lost or damaged property, or otherwise directly or indirectly arising from participation of our child in the trip.

We agree to indemnify you, your heirs, executors and assigns, and any chaperons, their heirs, executors and assigns on account of any claims that might be asserted by us or our child. Permission is given to take any action you may deem necessary in the event of injury to or the illness of our child and for emergency anesthesia and/or operation, which might become necessary, which action shall include giving the permission to any doctor to hospitalize, provide proper treatment, order injections, anesthesia or surgery for our child.

SIGNATURE OF BOTH PARENTS:

MOTHER DATE

FATHER DATE

SIGNATURE DATE

NOTARY PUBLIC

NOTARY'S STAMP AND/OR SEAL:



MERIDIAN FUTBOL CLUB

Parent Code of Conduct

As a parent, you represent the Meridian Futbol Club. The action of one parent can affect the image of all of us. This Code of Conduct requires you to act with good sportsmanship and to treat players, coaches, referees and parents with respect. These rules are in addition to MYSO's Player Code of Conduct.

48 Hour Rule - If there is a question about coaching during practice or games, the Team Manager or Coach will be available for a conference after 48 hours to discuss. This rule has the benefit of allowing all parties to discuss the issue in a calm manner that does not occur on the field or in front of other players or parents.

Playing Time – It is the coach's discretion how to place the team/players on the field. Some things that hinder playing time are as follows:

- Not dressed properly.
- Missing/Late to practice or a game (with the exception of pre-arranged coach-approved activity or doctor's excuse)
- Improper conduct of any kind (i.e. disrespectful/uncooperative behavior) regarding coaches, referees, team members, etc.

Tournament Rules –

- Team Manager must be informed of your hotel accommodations and estimated time of arrival.
- Team Manager will notify players of curfew time after game schedules are received.
- Swimming is prohibited.
- Conduct at the hotel should not include horse playing or loud talk/running in hallways. Remember, your child is representing The City of Meridian, as well as the Meridian Youth Soccer Organization.

Parent Signature

Date



MERIDIAN FUTBOL CLUB

Player Code of Conduct

As a player, you represent the Meridian Futbol Club in all team activities. The action of one player can affect the image of all of us. This Code of Conduct requires you to play with good sportsmanship and to treat players, coaches, referees and parents with respect. These codes are in addition to MYSO's Player Code of Conduct.

TREAT REFEREES WITH RESPECT

- Never touch a referee except to shake hands.
- Always address referees as "sir" or "ma'am" no matter how old they are.
- Do not talk back to referees. If a referee speaks to you, your response should be respectful and to the point.
- Do not question calls that referees make during play. It is possible that the referee made a mistake; this is part of the game and will not change. Do not let it affect your play or attitude of sportsmanship.

TREAT YOUR TEAM WITH RESPECT

- Listen to your coach. Do what the coach asks of you without complaining.
- Be at practice and games on time.
- Be responsible for your own equipment.

TREAT YOUR TEAMMATES AND OPPONENTS WITH RESPECTS

- Whether you win or lose, do so with class. Shake hands after the game.
- Never yell or criticize a member of the opposing team.
- Never criticize your own teammates.
- No alcohol, drugs, profanity or fighting are ever permitted at a soccer game/practice or off the field. Always conduct yourself in an appropriate manner.

TREAT FIELDS WITH RESPECT

- Fields are expensive to build and maintain. The fields and equipment are paid for by your families through community taxes and club dues. Never damage the fields, goals, nets, benches, fences and corner flags.
- Do not leave litter on the fields or grounds. Always pick up any litter in your area after a practice or game. A quality team or player should not leave behind athletic tape, paper trash, empty drink containers and worn out equipment ect..on the grounds after a game or practice. Offenders may be required to do field service duty.

PRACTICE GOAL SAFETY

- Do not hang, jump or climb on goals. Do not attempt to reattach nets t goal frame.
- Report and damaged or unstable goals to your coach right away.
- Never move or tip goals on your own.
- Practice only with approved goals from the Community Parks.

GRIEVANCES AND CONSEQUENCES

If you can't play by the rules in this Code of Conduct, there will be consequences. The penalties may include reprimands, suspensions of playing privileges, and expulsion from a team or a club. The MYSO may respond to certain actions that take place during events that they sanction, such as the following:

- Verbal or physical abuse or referees including physical contact, threats or profanity.
- Confrontations between players of opposing teams.

This governing body has the authority to impose fines and suspensions above and beyond those imposed by the Meridian Futbol Club.

SIGNATURE: As a player in the Meridian Futbol Club, I acknowledge.....

- That I have read, understand and will adhere to this Code of Conduct.
- That my continued participation in club activities is contingent upon my ability to comply.
- That I will help my parents and coaches when they need to be reminded of their own commitment to this Code of Conduct.

PLAYER SIGNATURE : _____

PRINT NAME : _____

DATE : _____



MERIDIAN FUTBOL CLUB

Fee Schedule

Club Fees:

\$75 – Registration and Player Passes (One Time Fee – Due Aug 1st)

Uniforms:

Uniforms are to be ordered from and paid to “Third Coast Soccer” (www.ThirdCoastSoccer.net). Ordering information made available by team manager.

Team Finances:

Team finances will be collected and handled by the Meridian FC Division Administrator. Team finances will be used to pay referees, coach’s travel expenses and tournament fees.

Monthly Fee – Due 10th of each month

\$90 per month for U11-U12

\$85 per month for U9-U10

2nd, 3rd, 4th, child will receive a \$20/month discount. If monthly payments are not received by the 10th of each month, the player's pass will be pulled and the player cannot participate in training or games until paid by cash or check.

Fees Cover

- Trainer fees for 2-3 training sessions per week
- All tournament and registration fees and all referee fees for friendlies (Meridian FC teams will play 6-10 tournaments and numerous friendlies)
- Coach’s travel expenses
- Player pass fees
- Team equipment

I understand the financial information listed above. I have chosen one of the payment options above and understand that I am committed for the full year and there will be no refund of fees. I further understand that by signing below I want to be registered by Meridian Futbol Club and that this is a binding agreement with their organization. I understand that this registration is an obligation for the entire 2013-2014 soccer season. If a payment is delinquent, the player will not be allowed to practice or play or be transferred/released to another club or team until the payment has been received in full. The player pass will be held by the club until the delinquent payments are received.

Parent/Guardian Signature _____ Date _____

Player’s Name _____

Parent’s Name _____

Address _____

Team _____

AUTHORIZATION TO WITHDRAW MYSO

___ New authorization
(Complete A, B, C and F)

___ Changes to existing authorization
(Complete A, B, D and F)

___ Cancellation
(Complete A and E)

A. Participant Information

_____ Participant's Name (please print)

_____ Social Security Number

_____ Business or Organization

B. Banking/Financial Institution Information

_____ Name of Bank/Financial Institution

_____ Phone Number of Institution

_____ Routing number

_____ Account number

_____ Checking

_____ Savings

C. New Authorization Statement

I authorize and request _____ to withdraw the amount due from my account at the financial institution indicated above. I understand I may terminate this agreement at any time by completing another Direct Draft Authorization form, allowing a reasonable time for the authorized to act upon my request for termination.

_____ Parent or Guardian's signature

_____ Date signed

D. Change Authorization Statement

I authorize and request _____ to make the changes indicated on this form for automatic withdrawal of my account.

_____ Parent or Guardian's signature

_____ Date signed

E. Cancellation Statement

I request that _____ terminate my authorized direct draft of the monthly amount due from my account. I will allow a reasonable time for the authorized to act upon my request to terminate this agreement.

_____ Parent or Guardian's signature

_____ Date signed

F. Attach a voided check only and return the form to address above. NOTE: Deposit slips are not accepted. If you do not have checks, your financial institution must fax notification on letterhead to the fax number above providing the name on the account, the type of account (saving or checking), routing number and account number with the contact name, number and signature of the authorizing person at your financial institution.