



Piedmont Middle School Soccer Tryouts



Thank you for your interest in Piedmont Middle School Soccer!

Tryouts will be held:

Girls

February 3rd – February 4th

Boys

February 5th – February 6th

Before your child will be allowed to tryout, you must fill out the following forms and bring them to the first day of try-outs. Forms can be found under the Piedmont Middle School Athletics Information web-site: <https://www.ucpsathletics.com/piedmontms> .

***** Completed forms must be turned in before being allowed to try-out.*****

1. Participation Form
2. Consent Form – Attached (**Filled Out**)
3. Players cannot be **15** years old before **AUGUST 31st 2019**

Team Information: Please initial next to each statement indicating that you have read and understand.

_____ We will be rostering 16 players on both the boys and girls teams.

Five additional players may or may not be selected as **“developmental players”**.

- Being selected as a developmental player means that the player may attend all practices and dress for every game but **playing time will not be guaranteed for any game.**
- Rostered players are guaranteed to play a minimum of five minutes per half

Making the Team: A list of Players who made the team(s) will be posted outside the main office the Sunday after completed tryouts (Both Boys and Girls). It will have information about the first practice. Please initial next to each statement indicating that you have read and understand.

_____ If selected, the cost to participate will be:

- \$260.00 per rostered player
- \$200.00 per developmental player.
- Payment will need to be made the first week of practice. If no payment is made, your child will not be eligible to practice or play in the games.
- Uniforms will not be ordered until first payment is made.
- Checks made payable to **PASA – Middle School Soccer**
- Ask for Credit Card Payment information

_____ Additional Forms that will need to be filled out once you have been selected for the team. These forms can be found <https://www.ucpsathletics.com/piedmontms> :

1. Copy of player’s birth certificate (**Need first week of Practice**)
2. Physical Form 2018 (**Filled out and Signed by Physician**) (**Once every 365 days**)
3. Student Insurance Waiver (**Needs to be Notarized**)
4. Student Athlete Concussion Statement (**Signed by Parent and Student**)

****Please go to <https://www.cdc.gov/headsup/highschoolsports/index.html> ** to read**

5. Concussion Test <https://www.impacttestonline.com/testing>
 - Enter code **“7U6J7P664U** Print out the “confirmation”
6. Emergency Contact Form

_____ Players will be required to be ready for practices and games, including proper attire (winter clothes if necessary), equipment (Cleats, Shin Guards), and provide proper hydration (Water Bottles) and will be required to respect the school facilities (Inside and Out).

Continued on Back - Please turn Sheet Over

Piedmont Middle School Soccer Tryouts



Thank you for your interest in Piedmont Middle School Soccer!

- Players missing one practice without a valid reason will not start or have playing time reduced.
- Players missing two practices without a valid reason will not play in the next game

_____ Practices will be twice a week:

- Monday and Wednesday or
- Tuesday and Thursday
- Parents must be at the school to pick their child up from practice at 5:00pm.

_____ Parents responsibilities:

- Must be at the school to pick their child up from practice at 5:00pm.
- Must provide their child's transportation to/from all games. Most game times will either be 6:00 or 7:30pm
- Will be asked to help man the gate or concessions at home games ... a schedule will be made to accommodate everyone.
- Will be respectful of other players, coaches and referees.

Goals:

The goal of this program is to create a boys and girls soccer team (made up of students enrolled at Piedmont Middle School) to play other similarly created teams from other Union County Middle Schools. Following NCHSAA rules and guidelines we strive to develop and prepare these players as the move on to the high school program.

Quick Rules and Information:

1. Both boys and girls games will be played on the same day.
2. Games will have 35 minute halves, 5 minute break in between and **NO OVERTIME**
3. Each GAME DAY ROSTERED PLAYER is guaranteed (minimum) 5 minutes of play per half.
4. Developmental Players are allowed to sit on the bench with the team during games. These players will not see any playing time unless the coach has assigned them to that GAME DAY ROSTER.
5. A 6 goal differential is all that will be tolerated, no running up the score.
6. Gate Fees will be **\$4** for Adults and **\$1** for Kids over 2 years, some schools will have higher gate fees.
7. Only players and coaches are allowed on the field. Parents and Visitors must stay in the stands.
8. Un-Sportsmanship Behavioral by anyone (Player, Parent, and Visitor) will not be tolerated and those persons will be removed from the facility.

Any additional questions can be directed to Rick Cantwell (rickc@odell-intl.com).

Parent Signature: _____

Date: _____

Student Name: _____

Grade: _____



Piedmont Middle School Soccer Tryouts



Thank you for your interest in Piedmont Middle School Soccer!

Middle Grade Soccer Team Try Outs Consent Form

Girls

Monday Feb 3rd 3:30pm - 5:00pm

Tuesday Feb 4th 3:30pm - 5:00pm

Boys

Wednesday Feb 5th 3:30pm - 5:00pm

Thursday Feb 6th 3:30pm - 5:00pm

@ PIEDMONT MIDDLE SCHOOL PRACTICE FIELD AREA IN FRONT

Please wear appropriate clothing, bring water and arrange transportation home.

*** PLAYERS MUST BRING***

This Consent Form signed, AND a COPY of Birth Certificate to tryouts.

PLEASE PRINT INFORMATION

*STUDENT NAME: _____

*DATE OF BIRTH: _____ GRADE: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

*MOTHER'S NAME: _____

*MOTHER'S EMAIL: _____

*PHONE (Home): _____ Work: _____

*FATHER'S NAME: _____

*FATHER'S EMAIL: _____

*PHONE (Home): _____ Work: _____

*EMERGENCY CONTACT NAME: _____

*PHONE: _____

* Required Information

Parent's signature indicates consent for their child to try out and play soccer on the Middle Grades Soccer Team.

We, the parents or legal guardian, release, discharge, and agree to hold harmless and indemnify the Piedmont High Booster Club, Piedmont Middle School and/or any coach or manager of the team from any or all liability, claims or demands arising from the minor child participating in the soccer program.

PARENT'S SIGNATURE: _____

DATE: _____

Contact us by phone or email if you have any questions:

Rick Cantwell 704-724-2667

email: rickc@odell-intl.com



Piedmont Middle School Soccer Tryouts



Thank you for your interest in Piedmont Middle School Soccer!

Student-Athlete & Parent/Legal Custodian Concussion Statement

Because of the passage of the Dylan Steiger’s Protection of Youth Athletes Act, schools are required to distribute information sheets for the purpose of informing and educating student-athletes and their parents of the nature and risk of concussion and head injury to student athletes, including the risks of continuing to play after concussion or head injury. North Carolina law requires that each year, before beginning practice for an organized activity, a student-athlete and the student-athlete’s parent(s)/legal guardian(s) must be given an information sheet, and both parties must sign and return a form acknowledging receipt of the information to an official designated by the school or school district prior to the student-athletes participation during the designated school year. The law further states that a student-athlete who is suspected of sustaining a concussion or head injury in a practice or game shall be removed from play at the time of injury and may not return to play until the student-athlete has received a written clearance from a licensed health care provider.

Student-Athlete Name: _____

This form must be completed for each student-athlete, even if there are multiple student-athletes in each household.

Parent/Legal Custodian Name(s): _____

We have read the Student-Athlete & Parent/Legal Custodian Concussion Information Sheet. This can be found at <https://www.cdc.gov/headsup/highschoolsports/index.html>

**If true, please check box

After reading the information sheet, I am aware of the following information:

Student-Athlete Initials		Parent/Legal Custodian Initials
	A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available.	
	A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.	
	A concussion cannot be “seen.” Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.	
	I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.	N/A
	If I think a teammate has a concussion, I should tell my coach(es), parents, or licensed health care professional about the concussion.	N/A
	I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.	N/A
	I will/my child will need written permission from a licensed health care professional to return to play or practice after a concussion.	
	After a concussion, the brain needs time to heal. I understand that I am/my child is much more likely to have another concussion or more serious brain injury if return to play or practice occurs before concussion symptoms go away.	
	Sometimes, repeat concussions can cause serious and long-lasting problems.	
	I have read the concussion symptoms on the Concussion fact sheet.	

Signature of Student-Athlete

Date

Signature of Parent/Legal Custodian

Date



Piedmont Middle School Soccer Tryouts



Thank you for your interest in Piedmont Middle School Soccer!

IMPORTANT: THIS NOTIFICATION MUST BE SIGNED AND RETURNED BEFORE YOUR SON/DAUGHTER CAN PARTICIPATE IN THIS PROGRAM

TO: Parents of Students Participating in Athletics

DATE: _____

SUBJECT: STUDENT INSURANCE

SCHOOL: _____

SPORT: _____

The Union County Board of Education requires that the student insurance offered will be compulsory for all students participating in junior and senior high school athletics unless a notarized insurance waiver form is signed by the parent indicating adequate personal insurance and releasing the Board of Education and its employees from responsibility for any claim due to injuries received while participating in a school sponsored athletic program. Please be sure that you understand the following before deciding whether to permit your son or daughter to participate:

1. There are limitations in the Student Accident Insurance coverage. It will not always pay all charges for every accident. Read the description of the current Student Accident Insurance carefully and be sure that you understand it.
2. Neither the Board of Education nor any of its employees will assume responsibility for claims resulting from injury to your child while he/she is participating in this program. This means that you will have to pay for any necessary medical treatment not covered by the Student Accident Insurance or any personal insurance coverage that you might have.

In view of this Board policy and the current Student Accident Insurance coverage, I wish to proceed as follows (check one, sign, No. 3 must have notary signature, and return promptly):

1. _____ Enclosed please find \$_____ for Student Accident Insurance. I understand that I am responsible for payment for any charges not covered by this policy.
2. _____ My son/daughter is already enrolled in the Student Accident Insurance Program, and I understand that I am responsible for payment of any charges not covered by this policy.
3. _____ I have adequate personal insurance and release the Board of Education and its employees from any responsibility in this matter.

SIGNED (Parent or Legal Guardian): _____

ADDRESS: _____

STUDENT'S FULL NAME _____

DATE: _____

(if Item No. 3 is checked, the following must be completed.)

I, _____, a Notary Public of _____ County and State of _____ do certify that _____ personally appeared before me this day and acknowledged the due execution of the foregoing instrument.

Witness my hand and official seal, this the _____ day of _____, 20_____.

NOTARY PUBLIC

My Commission Expires: _____

Each player must also receive a MEDICAL EXAMINATION by a physician licensed to practice medicine each calendar year (once every 365 days) in order to be eligible for practice or participation in interscholastic athletic contest. This verification **must** be in hands of Athletic Director prior to participation.