



## 2019 – 2020 HFC Academy & Intermediate Programs Player and Family Financial Commitment Form

Player Name \_\_\_\_\_ Birth Date: \_\_\_\_\_

### 2019 - 2020 Intermediate & Academy Program Fees

Program fees cover all costs including coaching, fields, facility rental, facility maintenance, equipment, club and state registration, insurance and other administrative costs.

Level	Online Account Charge
9U-10U Academy	\$786.00
11U-12U Academy	\$786.00
13U-15U Intermediate Program	\$393.00 (Fall [girls] or Spring [boys])

Once a player has been offered a spot in the 2019-2020 Academy or Intermediate Programs, an acceptance email will be sent to the email address on file for the family. The family then simply needs to login and accept their position by paying the fees in full or pay the acceptance deposit and *setup automatic monthly payments*. **This financial commitment form is valid once a family accepts the position in the club.**

**Uniform:** The 2019-2020 year marks the second year in our two-year uniform cycle. Each new player will need to purchase a uniform kit in order to participate. Returning players only need to replace any worn or ill-fitting items. A link to the uniform purchase site (Lloyd's Soccer) will come from the HFC travel program administrator and be purchased directly by the family. The basic uniform kit is approximately \$90.00 and includes one jersey, one pair of shorts, and one pair of socks. Other items, including a rain jacket, sweatshirts, and fan gear can also be purchased for an additional cost.

### Please initial each item below and sign:

\_\_\_\_ All payments are expected to be paid on time to ABYSA. Any payment in excess of 30 days past due may result in the removal of the player from programming. Players will not be allowed to practice or play in games until the account is up to date.

\_\_\_\_ Each family, as a condition of their participation in HFC programming, is required to contribute 4 hours of service annually to the club or pay a service buyout fee of \$75. This fee may be added to the online account.

\_\_\_\_ Financial Aid is available for those families that demonstrate need. No full scholarships are provided. Applications must be received in the ABYSA/HFC office by July 15th for fall applications. Documentation will be required with your application for financial aid, and awards **cannot** be considered until the **acceptance deposit is made for the player.**

\_\_\_\_ The full responsibility for payment is accepted by the parent signing below. If there is more than one parent who is financially responsible for player's fees, both parents **MUST** sign or each must send in a separate form.

\_\_\_\_ I agree that by signing this Player Commitment & Financial Contract the player is committed to the Highland Football Club/ABYSA for the NCYSA seasonal year beginning **September 1, 2019** and ending **August 31, 2020**. By signing this form I understand that I am not only binding the player to the club, but **I am also making a commitment to fully meet all financial obligations to the club and team for the year except in cases of injury, sickness or if our family relocates out of the area.**

Parent/Guardian #1: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian #2: \_\_\_\_\_ Date: \_\_\_\_\_

# CONCUSSION INFORMATION FOR HFC PLAYERS & PARENTS/LEGAL CUSTODIANS



***Keep this form as a reference for you and your child.***

**What is a concussion?** A concussion is an injury to the brain caused by a direct or indirect blow to the head. It results in your brain not working as it should. It may or may not cause you to black out or pass out. It can happen to you from a fall, a hit to the head, or a hit to the body that causes your head and your brain to move quickly back and forth.

**How do I know if I have a concussion?** There are many signs and symptoms that you may have following a concussion. A concussion can affect your thinking, the way your body feels, your mood, or your sleep. Here is what to look for:

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**Thinking/Remembering:** Difficulty thinking clearly; taking longer to figure things out; difficulty concentrating; or difficulty remembering new information.

**Physical:** Headache; fuzzy or blurry vision; sick to your stomach/queasy; vomiting/throwing up; dizziness; balance problems; or sensitivity to noise or light.

**Emotional/Mood:** Irritability-things bother you more easily; sadness; being more moody; feeling nervous or worried; or crying more.

**Sleep:** Sleeping more than usual; sleeping less than usual; trouble falling asleep; or feeling tired.

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**What should I do if I think I have a concussion?** If you are having any of the signs or symptoms listed above, you should tell your parents, coach, or athletic trainer so they can get you the help you need. If a parent notices these symptoms, they should inform the coach or athletic trainer.

**When should I be particularly concerned?** If you have a headache that gets worse over time, you are unable to control your body, you throw up repeatedly or feel more and more sick to your stomach, or your words are coming out funny/slurred, you should let an adult like your parent or coach know right away, so they can get you the help you need before things get any worse.

**What are some of the problems that may affect me after a concussion?** You may have trouble in school or even with activities at home. If you continue to play or return to play too early with a concussion, you may have long term trouble remembering things or paying attention, headaches may last a long time, or personality changes can occur. Once you have a concussion, you are more likely to have another concussion.

**How do I know when it's ok to return to physical activity and my sport after a concussion?** After telling your coach, your parents, and any medical personnel around that you think you have a concussion, you will probably be seen by a doctor trained in helping people with concussions. Your parents can help you decide who is best to treat you and help to make the decision on when you should return to play or practice. HFC wants to make sure you do not return to play before it is safe.

**You should not return to play or practice on the same day as your suspected concussion. You should not have any symptoms at rest or during/after activity when you return to play, as this is a sign your brain has not recovered from the injury.**

*Carolina Athletic Trainers' Association, Brain Injury Association of North Carolina, North Carolina Neuropsychological Society, and North Carolina High School Athletic Association. Table is adapted from the Centers for Disease Control and Prevention (<http://www.cdc.gov/concussion/>)*



## 2019-20 HFC Player & Parent/Legal Custodian Concussion Statement

If there is anything on this sheet that you do not understand, please ask an adult to explain or read it to you. This form must be completed for each HFC Player, even if there are multiple club members in each household.

HFC Player Name: \_\_\_\_\_

Parent/Legal Custodian Name(s): \_\_\_\_\_

Player: \_\_\_\_ Parent: \_\_\_\_ we have read the HFC Player & Parent/Legal Custodian Concussion Information Sheet. After reading the information sheet, I am aware of the following information:

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Player: \_\_\_\_ Parent: \_\_\_\_ A concussion is a brain injury, which should be reported to my parents, my coach(es), or a medical professional if one is available.

Player: \_\_\_\_ Parent: \_\_\_\_ A concussion can affect the ability to perform everyday activities such as the ability to think, balance, and classroom performance.

Player: \_\_\_\_ Parent: \_\_\_\_ A concussion cannot be "seen." Some symptoms might be present right away. Other symptoms can show up hours or days after an injury.

Player: \_\_\_\_ Parent: \_\_\_\_ I will tell my parents, my coach, and/or a medical professional about my injuries and illnesses.

Player: \_\_\_\_ Parent: \_\_\_\_ If I think a teammate has a concussion, I should tell my coach(es), parents, or medical professional about the concussion.

Player: \_\_\_\_ Parent: \_\_\_\_ I will not return to play in a game or practice if a hit to my head or body causes any concussion-related symptoms.

Player: \_\_\_\_ Parent: \_\_\_\_ I will/my child will need written permission from a medical professional trained in concussion management to return to play or practice after a concussion.

Player: \_\_\_\_ Parent: \_\_\_\_ Based on the latest data, most concussions take days or weeks to get better. A concussion may not go away right away. I realize that resolution from this injury is a process and may require more than one medical evaluation.

Player: \_\_\_\_ Parent: \_\_\_\_ I realize that ER/Urgent Care physicians will not provide clearance if seen right away after the injury.

Player: \_\_\_\_ Parent: \_\_\_\_ 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.

Player: \_\_\_\_ Parent: \_\_\_\_ Sometimes, repeat concussions can cause serious and long-lasting problems.

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Signature of Student-Athlete

Date

Signature of Parent/Legal Custodian

Date

# NORTH CAROLINA Medical Consent / Waiver of Liability and Release

(To be given to your local association)

20 \_\_\_\_ - 20 \_\_\_\_

## NCYSA

PO Box 18229  
Greensboro, NC 27419  
336.856.7529

NCYSA Policy # \_\_\_\_\_

Excess policy to any valid and collectible insurance. If there is no primary insurance on insurance on a player, this policy is primary after the deductible.

Player First Name (AS APPEARS ON BIRTH CERTIFICATE)	M Initial	Last Name	Full Association Name	Jersey #
[ ] Academy [ ] Challenge [ ] Classic [ ] Recreation [ ] Male [ ] Female				
Birth Date	Level		Sex	
Address of Player	City	State	Zip	
Parent/Legal Guardian Full Name	Home Phone	Work Phone	Cell Phone	
Additional Person to Contact in an Emergency	Address	Home Phone	Cell Phone	
Date of Last Tetanus Shot	Medications now being taken			
Player is Allergic to these Medications and Substances				
List any Unusual Health Information			Parent Email For Soccer Information	

I (we), the undersigned, residing in the county of \_\_\_\_\_, state of \_\_\_\_\_, the parents/legal guardian of the above Registrant, a minor, who resides with us, do hereby declare our intent to allow that child to practice, train, play and participate in all soccer-related activities with the above mentioned soccer team affiliated with the North Carolina Youth Soccer Association and the United States Youth Soccer Association.

I (we) agree that we and the Registrant will abide by the rules of the USYS, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS and NCYSA accepting the Registrant for their soccer programs and activities (the "Programs"), we hereby jointly and severally release, discharge and/or otherwise indemnify the USYS, NCYSA, their affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized by 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 we hereby authorize.

I (we) further, jointly and severally, as parents and legal guardians of the Registrant, release, discharge, and agree to hold harmless and indemnify the above-named individuals or any of the designated coaches of the above Team from any and all liability, claims or demands arising from the Registrant participating in the Programs with the above Team specifically to include any and all claims for personal injuries sustained while present or participating in the Programs or traveling to or from events in the Programs or while on trips sponsored by or in conjunction with the Programs.

In addition, I (we) do hereby authorize any one of the designated adults of the Team, if after a reasonable attempt has been made to reach a parent or guardian to obtain consent or if sound medical practice decrees that there is not time to make such an attempt, to consent to any x-ray examination, anesthetic, medical or surgical procedure, treatment, and/or hospital care, to be rendered to the Registrant under the general or special supervision of and/or on the advise of any physician, surgeon or dentist duly licensed to practice.

The undersigned have read and fully understand and agree to the foregoing.

Insurance Information:

Name of Insurance Company: \_\_\_\_\_

\_\_\_\_\_  
\*\*Parent/Legal Guardian Signature

ID Number: \_\_\_\_\_

\*\*No Electronic Signature Permitted

Confirmation Number: \_\_\_\_\_

\_\_\_\_\_  
Date

Original (Team)

Copy (Association)