



HENRY COUNTY SOCCER ASSOCIATION PLAYER REGISTRATION FORM

League Use Only	U5
Out of County Fee _____	U6
Uniform _____	U7
Registration _____	U8
Multi-player Discount _____	U9
Amount This Player _____	U10
Check # _____	U11
Check Amount \$ _____	U12
	U13
	U14
	U15
	U16
	U17
	U18
	U19

How did you hear about HCSA? _____

Player Information First Time HCSA player Returning HCSA

PLAYERS FIRST NAME _____

PLAYERS LAST NAME _____

Player Gender Male Female Player Date of Birth _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____ COUNTY _____

Parent/Guardian Information

Parent's phone number or email address has changed since last registration Yes No

Father's/Guardian Name _____ Best Phone# _____

Email Address: _____

Employer/Occupation: _____

Mother's Name _____ Best Phone# _____

Email Address: _____

Employer/Occupation: _____

Other Siblings & Age that play(ed) with HCSA _____

VOLUNTEER INFORMATION (Your team MUST HAVE one parent to volunteer to be the coach. Classes are offered.)

I Will volunteer to coach team I Will volunteer to coach only if this will allow my child to be able to participate

I have received a Parent/Player policy package. This Package includes:
Participation Policy, Zero Tolerance Policy, Refund Policy, Special Requests

**Initials
Required**

**Henry County Soccer Association does not accept responsibility
for any child being left unattended at our facilities at any time.
We strongly recommend that no parent leave their child/children unattended.**

By signing below, I hereby agree to the terms as stated in the Zero Tolerance Policy, the Refund Policy, and the Participation Policy, and will abide by their premise while associated with HCSA. I hereby give approval for the participation of my child in any and all GSSA and affiliated associations or league activities and I assume all risk and hazards incident to such participation including transportation to and from said activities waive, release, absolve, indemnify and agree to hold harmless the GSSA and affiliated association league, the organizers, supervisors, officers, directors, participants and persons or parents supervising or transporting participants to or from such activities from any claim arising out of injury to my child. I understand that a player who registers with a league is bound to that league for the entire fall or spring season, unless a transfer is requested under extenuating circumstances. I agree to all the terms as stated above.

Parent or Guardian Signature: _____ Date: _____



Player/Parent Policy Package

Participation Policy:

My child will be rostered with his/her team as a returning player if the following criteria are met:

- (1) He/She registers and funds are collected in full within the OPEN registration dates. Payments made by Checks or Credit Cards during open registration that are returned/declined will be treated as **non-payment** and the player **may not** be rostered as a returning player.
- (2) The players previous season Team returns/reforms.
- (3) The child played on the team the previous season and is age appropriate to stay with the team

I understand that all recreational teams are coached by parents/volunteer coaches. No particular team is guaranteed to a player. Special requests can be submitted in person during on-site registration dates in January or July only on a HCSA special request form.

Requests are allowed for removal from a Team/Coach or Practice night(s) only.

No email/fax/text/phone requests will be considered.

I understand and agree that if parents do not volunteer to coach in recreation soccer, my child may not be able to be placed on a team.

I understand that I will be refunded my registration fees when HCSA determines that all reasonable efforts have been exhausted to place my child on a team. HCSA encourages you to volunteer for your child & others.

Zero Tolerance Policy:

No coach, parent, player or spectator will be allowed to exhibit any type of hostile behavior towards any other party while visiting the parks held in trust by Henry County Soccer Association. A **MINIMUM MANDATORY one game suspension** will be enforced. The act of combative or threatening physical conduct will require a **one-year expulsion** from the HCSA facilities. A Disciplinary & Protest hearing will be called to determine whether additional sanctions are necessary.

Special Request Policy:

Special requests cannot be guaranteed. HCSA will make our best efforts to fulfill the requests, but no refund is available because requests cannot be met.

Refund Policy:

I have 72 hours after submitting registration forms and fees to submit a written request to cancel registration. Request must be faxed to 404-585-3097 or emailed to ed@hcsa.org. A 100% refund will be given.

After the 72 hour window has elapsed and prior to opening day a 50% refund will be given if written request is provided as mentioned previously.

A 100% refund may be given up to opening day, if a valid physician excuse excludes participation of the player for more than 50% of the games played in a season is provided. Excuse must be approved by the Board of Directors.

No Refunds after 8 a.m. on opening day. No Exceptions.