

**Coach's Code of Conduct for Middle Country Children's Soccer**

1. I will treat each player as an individual, remembering the large range of emotional and physical development within each age group.
2. I will do my best to provide a safe playing environment for my players.
3. I will promise to review and practice basic first aid principles needed to treat injuries of my players.
4. I will do my best to organize practices that are fun and challenging for all my players.
5. I will lead by example in demonstrating fair play and sportsmanship to all my players.
6. I will be knowledgeable in the rules of each sport that I coach, and I will teach these rules to my players.
7. I will use those coaching techniques appropriate for all the skills that I teach.
8. I will remember that I am a soccer coach, and that the game is for children and not adults.

Coach sign and Date \_\_\_\_\_

Print name \_\_\_\_\_

**Parent's Code of Conduct for Middle Country Children's Soccer**

1. I will not force my child to participate in soccer.
2. I will remember that children participate to have fun, and that the game is for youth, not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or others.
4. I will learn the rules of the game and the policies of the league.
5. I will be a positive role model for my child, and encourage sportsmanship by showing respect and courtesy.
6. I will not engage in any unsportsmanlike conduct with any official, coach, player or parent, such as booing and taunting, refusing to shake hands, or using profane language or gestures.
7. I will not encourage any behaviors or practices that would endanger the health or wellbeing of the players.
8. I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
9. I will demand my child treat players, coaches, officials and spectators with respect regardless of race, creed, color, sex or ability.
10. I will teach my child that doing one's best is more important than winning, so my child will never feel defeated by the outcome of a game or by his or her performance.
11. I will praise my child for competing fairly and trying hard, and make my child feel like a winner every time.
12. I will never ridicule or yell at my child or other participant for making a mistake or losing a competition.
13. I will emphasize skill development and practices, and how they benefit my child, over winning.
14. I will promote the emotional and physical wellbeing of the players ahead of any personal desire I may have for my child to win.
15. I will respect the officials and their authority during games and will not question, discuss or confront coaches at the game field. I will speak with coaches at an agreed time and place.
16. I will demand a sports environment for my child that is free from drugs, tobacco and alcohol, and I will refrain from their use at all sports events.
17. I will refrain from coaching my child or others during games and practices unless I am an official coach.

Parent sign and date \_\_\_\_\_

Print name \_\_\_\_\_

Child's name and birth year \_\_\_\_\_

# Middle Country Children's Soccer

PO Box 52 Centereach, NY 11720 ~ 631-938-MCCS(6227) ~ [www.mccsoccer.org](http://www.mccsoccer.org)

## Player Registration Form

### PLAYER INFORMATION: Please PRINT clearly!

Last Name:		First Name:		Nickname:	
Street Address:		Town:		State:	Zip:
Date of Birth: _____/_____/_____		Male <input type="checkbox"/> Female <input type="checkbox"/>		Home Phone:	
Has registrant played soccer before? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "Yes", is registrant a returning MCCS Player? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has registrant played travel soccer? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is registrant a goalkeeper? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Child login Email: (Optional - to allow children to log into the SI Play Mobile App and Team Website)					

### PARENT/GUARDIAN INFORMATION

Father/Guardian Full Name:		Mother/Guardian Full Name:	
Home phone: (if different from above)		Home phone: (if different from above)	
Cell Phone:		Cell Phone:	
Email:		Email:	
Does registrant have any medical issues, special needs or carpool requests? Yes <input type="checkbox"/> No <input type="checkbox"/>	If "yes" please explain:		

### EMERGENCY CONTACT

Last Name:		First Name:	
Home phone:		Cell Phone:	

### VOLUNTEER SUPPORT

Middle Country Children's Soccer (MCCS) is run completely by volunteers. Without your help, the children in your soccer program suffer. Please consider supporting your child's soccer league by volunteering for one (or more) of the following volunteer positions:

**Name of person volunteering:** \_\_\_\_\_

Coach    
  Assistant Coach    
  Team Parent    
  Field Maintenance    
  Board Member    
  Sponsor

Please list experience you may have to carry out any of the above: (Current coaches/assistant coaches **MUST** list whom they wish to coach with):

As the parent or legal guardian of the above registrant, I hereby give full consent for my child to participate in Middle Country Children's Soccer's programs. I understand there are risks of injury in the practice and play of soccer. I am willing to accept these risks on my child's behalf as a condition of my child's participation in MCCS's soccer program. I hereby declare that my child has no physical or mental disabilities that would restrict full participation in soccer, except as listed above, and that he/she is capable of full participation. I understand the coaches are volunteer parents and they are not trained to handle children with special medical or emotional needs. I do hereby waive, release and hold harmless Middle Country Children's Soccer, its officers, coaches, sponsors, and representatives for any injury that may be suffered by my child in the course of participation in soccer and the activities incidental thereto, whether the result of negligence or any other cause. I have read and agree to the above waiver. I have also read the Code of Conduct on the reverse of my copy of this Player Registration form. I realize that my failure to comply with MCCS's rules will result in my child being ineligible to participate in this program. I understand noncompliance on my part, or the non-compliance of any spectators I may bring as guests, forfeits all privileges of participation and all fees. I also recognize that:

1. Proof of Age (copy of Birth Certificate) is **required** for first time registrants.
2. MCCS **does not** entertain any **special requests** for team assignments.
3. Carpools requests are closely scrutinized and are **not guaranteed**.
4. There are **no refunds** once season starts.
5. There is **no switching** of teams for any reason.
6. Uniforms are **not included** in registration fees
7. MCCS is **NOT** responsible for bounced check fees, fees to be paid prior to your child being placed on a team.
8. No Travel players are allowed to play intramural.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

FOR LEAGUE USE ONLY	
Registration fee \$ _____	Received By _____
Discount \$ _____	Date _____
Total \$ _____	Cash <input type="checkbox"/> Yes <input type="checkbox"/> No
Total received \$ _____	Check # _____
Name on check _____	
Birth Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No      Returning player: <input type="checkbox"/>	
Division _____	Birth Year _____

**MIDDLE COUNTRY CHILDREN’S SOCCER COMMUNICABLE DISEASE  
RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT**

In consideration of being allowed to participate in any way in any Middle Country Children’s Soccer, Inc. (“MCCS”) related events and activities I, the undersigned participant, parent, or legal guardian, acknowledge, appreciate, and agree that:

By participating in MCCS related events and activities, there are certain risks to me arising from or related to possible exposure to communicable diseases including, but not limited to, the virus “severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)”, which is responsible for the Coronavirus Disease (also known as COVID-19) and/or any mutation or variation thereof (collectively referred to as “Communicable Diseases”). I am fully aware of the hazards associated with such Communicable Diseases and knowingly and voluntarily assume full responsibility for any and all risk of personal injury or other loss that I may sustain in connection with such Communicable Diseases.

I, for myself or for my minor child(ren) or ward(s), and on behalf of my/our heirs, assigns, beneficiaries, executors, administrators, personal representatives, and next of kin, **HEREBY EXPRESSLY RELEASE, HOLD HARMLESS, AND FOREVER DISCHARGE MIDDLE COUNTRY CHILDREN’S SOCCER INC.** and its officers, officials, agents, representatives, employees, other participants, sponsors, advertisers, and, if applicable, owners and lessors of premises upon which MCCS related events and activities take place (the “Released Parties”), from any and all claims, demands, suits, causes of action, losses, and liability of any kind whatsoever, whether in law or equity, arising out of or related to **any ILLNESS, INJURY, DISABILITY, DEATH, OR OTHER DAMAGES** incurred due to or in connection with any Communicable Diseases, **WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASED PARTIES OR OTHERWISE**, to the fullest extent permitted by law.

I agree that this Agreement is intended to be as broad and inclusive as is permitted by the laws of the State of New York, and if any portion hereof is held invalid, it is agreed that the remainder shall continue in full legal force and effect.

**I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

X \_\_\_\_\_  
Participant’s Signature/Name Age Date

**FOR PARENTS/GUARDIANS OF PARTICIPANT OF MINOR AGE (UNDER AGE 18 AT TIME OF REGISTRATION)**

I certify that I am the legal parent/guardian with responsibility for this participant, and that I have read the foregoing Agreement and do consent and agree to his/her release of all the Released Parties as provided above. I further agree that, for myself, my heirs, assigns, beneficiaries, executors, administrators, personal representatives, and next of kin, I expressly release and agree to indemnify and hold harmless the Released Parties from any and all liability incident to the above Participant’s involvement or participation in MCCS related events or activities as provided herein, **EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES**, to the fullest extent permitted by law.

X \_\_\_\_\_  
Parent/Guardian Signature Date Emergency Phone Number(s)