

2025 Wicomico County Soccer – Fall **Individual Player Contract**



PARTICIPANT INFORMATIO	ıN .				
Full Name:	Birth Date:	Age: Gender: Shirt Si	ze:		
Parent/Guardian Name:	nt/Guardian Name: School or Daycare:				
Phone #:	Email (required):				
Address:					
	– Select your division based on your ch	ild's grade.			
2's (Born in 2023) U5 (U11 (Born in 2015-2016)	Born in 2021-2022) U7 (Born in 2019-2 U14 (Born in 2012-2014)	(2020) U9 (Born in 2017-2018)			
Request coach to play with:					
PAYMENT INFORMATION,	MEDICAL INFORMATION & WAIVER (A	ug. 22 Deadline)			
Payment Amount: \$70.00	\$40.00 (2's) \$5 Late Fee after Aug.	16 (*Registration after Aug. 16 base	ed on availability)		
	Check Credit Card (MC or Visa)	_ ` `	•		
Credit Card #:	Ехр:	Verification Code (3 digit):			
Signature:					
MEDICAL INFORMATION Please	list clearly any medical conditions or medications taken that v	would affect participant's involvement in this proc	gram:		
May the Program Director call to discuss	s this accommodation? Yes No May the coac	ch be informed of the above listed condition	ns? Yes No		
the United States Department of Health and I 232-4636 or go to www.dcd.gov/concussionirgeness/by-number-2 GENERAL WAIVER In consideration of the the principles of sportsmanship and fair ple hereby expressly stipulate and agree to ind agents, officers and employees, against low listed above, or by anyone on behalf of sai out of his participation in the program. In si of the risks and hazards inherent in participa for participants. Arrangements for any suddivulging any confidential medical informat Photograph Waiver: Wicomico County, Maryladigital reproductions (collectively the "likeness website, social media and print content, and in irrevocably waive your right to inspect or applebelow, you waive the right to royalties, other of forever discharge Wicomico County, Marylan administrators or other persons acting on your programments."	execution of a similar contract by all persons participating in the ay, and abide by the County Code of Conduct. I further agree demnify and hold forever harmless Wicomico County and the ses from any and all claims, demands, or actions in law or equid participant for the purpose of enforcing a claim for damages igning this Release and Hold Harmless Agreement, each of the ating in the program including exposure to the potential risk of the insurance would have to be made individually by the understion. Tyland may photograph or record your child during programs a land. You hereby irrevocably authorize Wicomico County, Manses") for educational, informational, public relations, or other lafurther authorize Wicomico County, Maryland to edit, alter, corove the finished product, including written or electronic copie compensation, or other considerations arising from or related d from all claims, damages, demands, and causes of action war behalf or on behalf of your estate, have or may have by reasul parent or guardian of the child named below, have authority	(CDC). For additional information I understand this program/league, I hereby I agree to abide by that the medical information given above is correctly with the medical information given above is correctly with the program of the medical information given above is correctly with the made or brown and account of any injuries received or sustained the undersigned hereby acknowledges and repress from the concussion. No insurance covering accident or signed, and at no time will my participation in a part and activities. You understand and agree that the yland to use your child's likeness in photographs awful purposes, including but not limited to within py, exhibit, publish or distribute the likenesses. In s, wherein your child's likeness appears. On bet to the use of the likenesses. You hereby hold have the program of such likenesses.	that I may call 1-800- y all rules, uphold rect. The undersigned do arks and Tourism, its ought by the participant d by the participant arising sents that they are aware r injury has been provided program be contingent on nese materials become s, video images, or other in its publications, in addition, you half of the child named armless and release and resentatives, executors,		
Particinant Name/Printed)	Parent/Guardian's Name (Printed)	Parent/Guardian's Signature			

I hereby pledge to provide a positive attitude and be responsible for my participation in Youth Sports by following this Youth Player's Code of Conduct.

Parents: Please read and explain this to your youth athlete if they are too young to do so themselves.

- → I will encourage good sportsmanship from my teammates, coaches, officials, and parents at every game and practice by demonstrating good sportsmanship.
- + I will attend every practice and game that s reasonably possible and will notify my coach if I cannot.
- **→** I will do my best to listen and learn from my coaches.
- → I will treat my coaches, other players, officials, and fans with respect regardless of race, sex, creed, or abilities and I will expect to be treated accordingly.
- + I will help my coach is setting up the field and gathering equipment.
- ◆ I will help in cleaning the bench are after a game or practice and will make sure no trash is left behind.
- ★ I will always try to do my best!
- ♦ I deserve to have fun during my sports experience and will alert my parents or coach if it stops being FUN!
- + I deserve to play in an alcohol, tobacco, and drug free environment and expect adults to respect that wish.
- ♦ I will encourage my parents to be involved with my team in some capacity because it's important to me.
- + I will remember that sports are an opportunity to learn and have fun.

Child's Name		

PARENT CODE OF CONDUCT

I hereby pledge to provide support, care, and encouragement for my child participating in youth recreational sports by following this Parent's Code of Conduct

- + I will demonstrate positive support and encourage good sportsmanship to all players, officials, and coaches at every game and practice.
- + I will place the physical and emotional well-being of all participants ahead of a personal desire to win.
- + I will support a recreational sports environment for my child that is free of drugs, tobacco, and alcohol, and will refrain from their use at all youth sports events.
- + I will recognize that my child's coach is a volunteer, trained in responsibilities of being a youth sports coach and deserves my support.
- + I will support coaches and officials working with my child by ensuring my child plays by the rules, and is a team player, encouraging a positive and enjoyable experience for all.
- ★ I will remember that the games are for the children and not the adults.
- **★** I will do my very best to make youth sports fun for my child.
- + I will help my child enjoy the youth sports experience by doing whatever I can, such as being a respectful fan, assisting with coaching, or providing transportation.
- + I will see to it that my child treats other players, coaches, fans and officials with respect regardless of race, sex, national origin, or ability.

Print Name	
Parent/Guardian Signature	Date

PARENTS: Your signature above verifies that you and your youth athlete have read and understand the Code of Conduct for the Wicomico County Spring Soccer League. Failure to follow the above Code of Conduct could result in dismal from the program. Wicomico County Recreation & Parks Department and the Wicomico County Soccer Federation endorse a zero tolerance towards unsportsmanlike behavior exhibited during the program.