

PARTICIPANT CODE OF CONDUCT

US Youth Soccer Olympic Development Program

Proud Member of the U.S. Soccer Federation, Inc.

Participants Agreement to Accept and Abide by Rules of the Program

Players, coaches and chaperones participating in the Olympic Development Program with US Youth Soccer are exercising a privilege afforded them by US Youth Soccer in pursuit of Regional and National recognition as youth soccer players. These players must exhibit the maturity to be successful in this pursuit. Thus, the following guidelines and rules shall apply in all activities within the Olympic Development Program.

I. GENERAL GUIDELINES:

Participants are expected to conduct themselves at all times in a manner which is in keeping with representing US Youth Soccer and will not bring discredit upon the Association.

When traveling with the ODP Program, each participant is expected to dress appropriately as befits representing US Youth Soccer or as directed by the Coach.

Respect for property of others, adherence to the rules and guidelines as specified here or by the Coach/Administrator and observance of State and Federal laws are required for participation in this program.

II. DISCIPLINE RULES:

1. Substance use and/or possession thereof [drugs, alcohol and/or tobacco (by minors)] is cause for immediate dismissal from the program.
2. Persistent irresponsible and disrespectful behavior is cause for dismissal from the program.
3. Destruction of property or violation of State and Federal laws is cause for dismissal from the program.
4. Failure to comply with any and all camp or team rules (curfew, attendance, dress code, schedules, etc.) may be cause for disciplinary action. Persistent failure will be cause for dismissal from the program for the remainder of the current season of this program and could affect a player's future participation.

NOTE: If dismissal from the program or an event occurs while traveling, the participant may be sent home immediately at the participant's cost by whatever means is most convenient for the Program Administrators. No reimbursement of program fees will be made to the dismissed participant or the participant's family.

We, the undersigned, have read, understand and agree to abide by the above guidelines and rules. We also agree to accept actions taken for failure to abide by these guidelines and rules.

(Please Print Participant's Name)

(Please Print Parent's or Legal Guardian's Name)

Signature

Date

Signature of Parent/Legal Guardian

Date

TEAM CONTACT FORM

DEADLINE: December 15, 2008: Regions I and II
January 25, 2009: Regions III and IV

State Association: _____ Birth Year: 1991 Gender: Girls

Primary Team Contact: _____

Address: _____

City/State/Zip: _____

Primary Phone: _____ Cell Phone: _____

Fax: () _____ E-mail: _____

PHONE NUMBERS AND EMAILS BELOW MUST BE PROVIDED.

Team Administrator: _____ Cell Phone: () _____ E-mail: _____

Head Coach: _____ Cell Phone: () _____ E-mail: _____

Assistant Coach: _____ Cell Phone: () _____ E-mail: _____

Team Administrator: _____ Cell Phone: () _____ E-mail: _____

Please Note: The Team Contact person will be responsible for getting all forms to the National Office by the due dates. This person will also be the main contact for all official communications.

ROSTER RELEASE FORM

DEADLINE: FEBRUARY 22, 2009

I, _____, the head coach of the _____ from _____, hereby authorize US Youth Soccer to duplicate our official team roster for distribution to college coaches and members of the media at the 2008 US Youth Soccer ODP Championships. I understand that this roster will be distributed **ONLY TO REGISTERED COLLEGE COACHES AND MEMBERS OF THE MEDIA BETWEEN THE DATES OF MARCH 19 AND MARCH 22, 2009, AND ANY EXTRA ROSTERS LEFT AT THE END OF THE EVENT WILL BE DESTROYED.**

NAME:

ADDRESS:

CITY/STATE/ZIP:

HOME PHONE:

WORK PHONE:

E-MAIL ADDRESS:

STATE ASSOCIATION:

AGE:

GENDER:

COACH'S SIGNATURE

E-mail to Rob Martella at rmartella@usyouthsoccer.org February 22, 2009.

**THIS FORM MUST BE RETURNED WITH A
SIGNATURE**



ROOMING LIST

6 Rooms for Players
2 Rooms for Coaches/Administrators

Embassy Suites Frisco
7600 John Q. Hammonds
Frisco TX 75034
972.712.7200

Check In Time: 3:00 PM
Check Out Time: 12:00 NOON

Deadline: January 23, 2009

Team: _____ Boys/Girls: _____

SAMPLE

ROOM	PLAYER 1 LAST NAME/FIRST NAME	PLAYER 2 LAST NAME/FIRST NAME	PLAYER 3 LAST NAME/FIRST NAME	ROOM NUMBER (FOR OFFICE USE ONLY)
1				
2				
3				
4				
5				
6				
PLEASE LIST COACHES/ADMINISTRATOR NAMES BELOW. Rooms will be a king with a pullout sofa bed.				
7				Double
8				

Please note, Each room is required to leave a credit card for any incidental purchases.

Signature of Team Manager: _____ Date: _____

ROOMING LIST

PLAYER INFORMATION & MEDICAL RELEASE FORM

Player's Name: _____ Date of Birth: _____ SSN: _____
Address: _____ City: _____ State: _____ Zip: _____

EMERGENCY INFORMATION

Father's Name: _____ Home Phone: _____ Work Phone: _____
Mother's Name: _____ Home Phone: _____ Work Phone: _____

In an emergency, when parents cannot be reached, please contact:

Name: _____ Home Phone: _____ Work Phone: _____
Name: _____ Home Phone: _____ Work Phone: _____

Allergies: _____

Other Medical Conditions: _____

Player's Physician: _____ Home Phone: _____ Work Phone: _____

Medical and/or Hospital Insurance Company: _____ Phone: _____

Policy Holder: _____ Policy #: _____ Group #: _____

PLEASE COPY BOTH SIDES OF YOUR MEDICAL INSURANCE CARD & ATTACH TO THIS FORM

PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and in consideration for the USSF/US Youth Soccer and its affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USSF/US Youth Soccer, its affiliated organizations and sponsors, their employees and associated personnel, including the owner of fields and facilities utilized for 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 I hereby authorize.

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

Signature of Parent/Guardian

Date

VAN RENTAL FORM

Deadline: January 24, 2009

US Youth Soccer will not provide teams any vehicles unless all driver information is supplied by the deadline. All drivers must be over 25 years of age.

State Association	
Age Group	

Please enter information for four (4) drivers. **PLEASE TYPE THE NAME EXACTLY AS SHOWN ON THEIR DRIVER'S LICENSE.**

Name			
Date of Birth			
Driver's License #		Expiration Date	
State of Issuance		SSN#	

Name			
Date of Birth			
Driver's License #		Expiration Date:	
State of Issuance		SSN#	

Name			
Date of Birth			
Driver's License #		Expiration Date	
State of Issuance		SSN#	

Name			
Date of Birth			
Driver's License #		Expiration Date	
State of Issuance		SSN#	

Drivers will be required to complete and return the Consent to RELEASE and Request for CHECK of DRIVING RECORDS which is available at www.usyouthsoccer.org.

DRIVER CONSENT FORM

I. AGREEMENT AND CONSENT TO RELEASE DRIVING RECORD

I, _____, agree to be a VOLUNTEER of the United States Youth Soccer Association, Inc., ("US Youth Soccer") in the position of DRIVER. I consent to obtaining and releasing to US Youth Soccer my driving motor vehicle record (MVR) for the past 3 years for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Following is the information about me that I am providing in order to obtain my MVR:

PLEASE PRINT

NAME OF DRIVER: _____

ADDRESS: _____
(Number & Street) (City) (State) (ZIP Code)

FORMER ADDRESS: _____
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH _____ SSN _____ License State & No. _____
License Expiration Date _____

(Volunteer's Signature) (Date)

II. REQUEST FOR CHECK OF DRIVING RECORD

The person named above is a VOLUNTEER of US Youth Soccer in the position of DRIVER. In accordance with Sections 391.23 and 391.25, Federal Motor Carrier Safety Regulations, please furnish the undersigned with the VOLUNTEER'S driving motor vehicle record (MVR) for the past three years.

In accordance with the provisions of Sections 604 and 607 of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I certify the following:

1. The consumer (volunteer) has authorized in writing the procurement of this report;
2. The information requested below will be used for a "permissible purpose" (i.e., information for volunteer purposes) and will be used for no other purpose;
3. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
4. Before taking an adverse action based in whole or in part on the report, the consumer (volunteer) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also certify that this MVR request and the above VOLUNTEER'S agreement and consent meet the definition of "permissible uses" of state motor vehicle records under the provisions of the Driver's Privacy Protection Act of 1994 (Public Law 103-322, Title XXX, Section 300002(a)).

United States Youth Soccer Association, Inc.
9220 World Cup Way
Frisco, Texas 75034

REQUESTED BY:

United States Youth Soccer Association, Inc.

By _____
(Signature)

Printed Name: _____

Date: _____

7/3/08