

Briarwood Soccer Club

(Club Name)

Player Name: _____

AGE: _____

Team Name: _____

BIRTHDAY: _____

**ALABAMA SOCCER ASSOCIATION
PLAYER AND PARENT COMMITMENT FORM**

Congratulations on being selected to join the (_____) for the 2024-25 Seasonal Year! Our coaches and Board of Directors hope that this will be an enjoyable year for you and your family. As part of our registration process, we want to ensure that you are fully aware and understand the commitments of playing on this team.

By initialing and signing below, you state that:

- ⊛ You agree to abide by the rule that there is no guest playing with out the express written approval of the Director of Coaching.

Players Initials

Parents Initials

- ⊛ Your signature indicates you are agreeing to play on the above team the entire soccer year of (Aug 1 – July 31). Should you wish to be released or to transfer to another club prior to the end of the seasonal year, you will be required to send to the state office a Request to Transfer form completely filled out along with any fees required to process the request. Before starting the transfer process, please read and become familiar with the transfer policy (3:02:09) found at www.alsoccer.org. **All players/parents should make themselves aware of the transfer rules and any deadlines/dates involved.**

Players Initials

Parents Initials

- ⊛ **INSURANCE NOTICE:** All injuries must be reported to ASA within 90 days of the date of the injury.

Players Initials

Parents Initials

- ⊛ You understand that ASA has its own Code of Ethics and Disciplinary rules. Refer to ASA rules at www.alsoccer.org.

Players Initials

Parents Initials

- ⊛ You have been advised about the required fees, and you agree to pay all fees associated with the club and team, unless you are approved for a scholarship.

Players Initials

Parents Initials

PLAYER NAME (PRINT)

PLAYER SIGNATURE

Date

PARENT NAME (PRINT)

PARENT SIGNATURE

Date

(CLUB REPRESENTATIVE)

(TEAM COACH)

Date