

# PFC REGISTRATION CHECKLIST

- ☐ Registration Form
- ☐ Medical Release Form
- ☐ Publicity Wavier
- ☐ US Youth Soccer Medical Waiver
- ☐ Copy of Insurance Card
- ☐ Copy of Player's Birth Certificate
- ☐ Signed Player Contract
- ☐ Signed Social Media Contract
- ☐ Parents Expectations Agreement

\*\*\* **ALL MUST** be included for registration to be complete \*\*\*

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

\_\_\_\_\_  
Club Signature

\_\_\_\_\_  
Date Received



**PLATTSBURGH  
FOOTBALL CLUB**  
P.O. Box 2013,  
Plattsburgh, NY 12901  
infopfcsoccer@gmail.com

# 2025-2026 REGISTRATION FORM

## U8 Co-ed Academy

Player's Name: \_\_\_\_\_ Check One: ☐ U6 ☐ U8

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Check One: ☐ Male ☐ Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Primary E-mail: \_\_\_\_\_

School: \_\_\_\_\_ Grade entering in September: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Father's Phone: \_\_\_\_\_ Mother's Phone: \_\_\_\_\_

Who shall be the primary contact?: \_\_\_\_\_

Provide your child's soccer experience: \_\_\_\_\_

### CLUB MISSION STATEMENT

Plattsburgh F.C. is a community of soccer families dedicated to providing instructional and competitive youth soccer opportunities that enhance character, community, and love of the game of soccer. Integrated in this is the building of self-esteem, self-confidence, teamwork, respect for self and others, and all the inherent benefits of physical exercise. Top local coaches and players will be sought to coach and play within the club. Refund Policy: If a player withdraws from the program, there is no refund available. If a player is injured their parent/guardian must contact the Club within one week of injury. The player must supply a doctor's note and a pro-rated refund will be granted based on the date of the doctor's confirmation. If a competitive player is injured prior to April 1, they'll be refunded all their soccer fees except for the \$40 player pass fee, and a \$35 administrative fee. · If a competitive player is injured after the season begins there is no refund available. child to authorize appropriate medical treatment.

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

\_\_\_\_\_  
Date:



**PLATTSBURGH  
FOOTBALL CLUB**

P.O. Box 2013,  
Plattsburgh, NY 12901  
infopfcsoccer@gmail.com

# 2025-2026 REGISTRATION FORM

U10-U18

Player's Name: \_\_\_\_\_ Age level: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Check One: ☐ Male ☐ Female

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_ Primary E-mail: \_\_\_\_\_

School: \_\_\_\_\_ Grade entering in September: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Father's Phone: \_\_\_\_\_ Mother's Phone: \_\_\_\_\_

Provide your child's soccer experience: \_\_\_\_\_

## CLUB MISSION STATEMENT

Plattsburgh F.C. is a community of soccer families dedicated to providing instructional and competitive youth soccer opportunities that enhance character, community, and love of the game of soccer. Integrated in this is the building of self-esteem, self-confidence, teamwork, respect for self and others, and all the inherent benefits of physical exercise. Top local coaches and players will be sought to coach and play within the club. Refund Policy: If a player withdraws from the program, there is no refund available. If a player is injured their parent/guardian must contact the Club within one week of injury. The player must supply a doctor's note and a pro-rated refund will be granted based on the date of the doctor's confirmation. If a competitive player is injured prior to April 1, they'll be refunded all their soccer fees except for the \$40 player pass fee, and a \$35 administrative fee. · If a competitive player is injured after the season begins there is no refund available.

Signature of Parent/Guardian

Date

Player Signature

Date



**PLATTSBURGH  
FOOTBALL CLUB**

P.O. Box 2013,  
Plattsburgh, NY 12901  
infopfcsoccer@gmail.com

# MEDICAL RELEASE FORM

Player's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## EMERGENCY INFORMATION

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

### In an emergency when parents can not be reached, please contact:

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Player's Pediatrician: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Medical and/or Hospital Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

## PARENT'S APPROVAL AND MEDICAL RELEASE

Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS/USSF/CDYSL/ENYISA/ VERMONT SOCCER LEAGUE and PLATTSBURGH F. C. and any Tournament Host and its affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify CDYSL/ENYISA/USSF/USYS/VERMONT SOCCER LEAGUE and PLATTSBURGH F. C., 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 within the last year and has been found to be 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 or treatment and agree to be responsible financially for the reasonable cost of each assistance or treatment.

I authorize \_\_\_\_\_ and/or **Club Coaching Staff** to act as my surrogate for my child to authorize appropriate medical treatment. I also assume the financial responsibility for any medical treatment for my child

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

\_\_\_\_\_  
Print Name of Parent/Guardian



**PLATTSBURGH  
FOOTBALL CLUB**  
P.O. Box 2013,  
Plattsburgh, NY 12901  
infopfcsooccer@gmail.com



## PARENT/GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE FORM

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent Email: \_\_\_\_\_

### **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 HEALTH INSURANCE CARD AND ATTACH TO THIS FORM**

### **PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE**

Recognizing the possibility of injury or illness, and in consideration for US Youth Soccer and members of US Youth Soccer accepting my son/daughter as a player in the soccer programs and activities of US Youth Soccer and its members (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify US Youth Soccer, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs. I hereby authorize the transportation of my son/daughter to or from the Programs.

My player son/daughter has received a physical examination by a licensed medical doctor and has been found physically capable of participating in the sport of soccer. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Programs. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

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

\_\_\_\_\_  
Date

# PHOTOGRAPH / SOCIAL MEDIA PUBLICITY WAIVER

PFC participant's names and/or photos may be posted on the PFC website, Facebook page, or publicized in local media outlets.

Please check one option below, sign, and return the letter to your parent rep as soon as possible. This waiver will remain in effect for one (1) year from the date signed or until otherwise revoked.

—Thank you for your cooperation.

☐ **Yes, I give permission** that my child's name or photograph can be published on the PFC website, Facebook page, or used for publicity purposed in local media outlets.

☐ **No, I do NOT give permission** for my child's name or photograph to be published on the PFC website, Facebook page, or used for publicity purposed in local media outlets.

Child 1: \_\_\_\_\_

Child 2: \_\_\_\_\_

Child 3: \_\_\_\_\_

Child 4: \_\_\_\_\_

I, \_\_\_\_\_, am the parent/legal guardian of the minor(s) named above, and I have read this release and approve of its terms on their behalf.

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

\_\_\_\_\_  
Date:



**PLATTSBURGH  
FOOTBALL CLUB**  
P.O. Box 2013,  
Plattsburgh, NY 12901  
infopfcsoccer@gmail.com

# STUDENT-ATHLETE SOCIAL MEDIA AGREEMENT

Social media can be a useful tool to communicate with teammates, fans, friends, coaches, and more. Social media can also be dangerous if you are not careful. Every picture, link, quote, tweet, status, or post that you or your friends put online is forever part of your digital footprint. You never know when that will come back to hurt or help your reputation during the recruitment process, a new job, school application, or other important areas of your life.

Recognizing the above:

- ☐ I take responsibility for my online profile, including my posts and any photos, videos or other recordings posted by others in which I appear.
- ☐ I will not degrade my opponents before, during, or after games.
- ☐ I will post only positive things about my teammates, coaches, opponents and officials.
- ☐ I will use social media to purposefully promote abilities, team, community, and social values.
- ☐ I will consider "Is this the me I want you to see?" before I post anything online.
- ☐ I will ignore any negative comments about me and will not retaliate.
- ☐ If I see a teammate post something potentially negative online, I will have a conversation with that teammate. If I do not feel comfortable doing so, I will talk to the team captain, or a coach.
- ☐ I am aware that I represent my sport(s), school, team, family and community at all times, and will do so in a positive manner.

Player Name: \_\_\_\_\_ Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**PLATTSBURGH FOOTBALL CLUB**  
P.O. BOX 2013, PLATTSBURGH, NY 12901 • INFO@PFCsoccer@gmail.com

# PLAYER FINANCIAL ASSISTANCE APPLICATION

(To be completed by parent/guardian child is living with)  
(One application per player)

Financial assistance is potentially available to players who otherwise could not afford the fees associated with joining a Plattsburgh F.C. Soccer Club team. It is the goal of Plattsburgh F.C. that all youth soccer players that are interested and highly committed to participating in PFC's travel soccer program not be denied because of financial circumstances.

Complete this application in its entirety and mail it to the address provided above.  
This application will remain confidential.

Player's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Father/Guardian's Name: \_\_\_\_\_

Father/Guardian's Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Father/Guardian's Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother/Guardian's Name: \_\_\_\_\_

Mother/Guardian's Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Father/Guardian's Place of Employment: \_\_\_\_\_ Occupation: \_\_\_\_\_

Player's School: \_\_\_\_\_ Grade: \_\_\_\_\_

Year's played with PFC: \_\_\_\_\_ Team for this year: \_\_\_\_\_

Amount family can contribute: \_\_\_\_\_ Amount of assistance being requested: \_\_\_\_\_

Player lives with: ☐ One Parent ☐ Both Parents ☐ Other \_\_\_\_\_

Dependants Living in household:( Include name, age, relationship) \_\_\_\_\_

Gross Family Income: (Circle one)

Under \$15,000   \$25,000-\$35,000   \$45,000-\$55,000   \$65,000-\$75,000   \$15,000-\$25,000   \$35,000-\$45,000   \$55,000-\$65,000   Over \$75,000

Are you receiving Federal or State assistance such as AFCD, Social Secutring, SSI and/or food Stamps: ☐ Yes ☐ NO

If Yes, What Type: \_\_\_\_\_

Is the applicant receiving child support payments? ☐ Yes ☐ NO

**Please continue to page 2 of 2 to complete the  
Player Financial Assistance Application**



**PLATTSBURGH  
FOOTBALL CLUB**  
P.O. Box 2013,  
Plattsburgh, NY 12901  
infopfcsooccer@gmail.com



# PLAYER FINANCIAL ASSISTANCE APPLICATION

Page 2 of 2

**Please advise the basis of your financial assistance request in the space below to support your application.**

Particular circumstances, which make financial help necessary such as medical bills, unemployment, needs of several children, etc...

Add additional sheet(s) if needed.

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page, typical of notebook or legal stationery. There are no margins, text, or other markings present.

I understand this information will be kept confidential and will only be reviewed by authorized P.F.C. Board Members who are on the Scholarship Committee in deciding financial assistance.

Signature of Father/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Mother/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**ALL APPLICANTS ARE REQUIRED TO PAY CDYSL REGISTRATION FEE**

**Application should be emailed to [infopfcsooccer@gmail.com](mailto:infopfcsooccer@gmail.com) no later than January 1st of each year!**

Families are still responsible for uniforms and all travel costs such as gas, hotels, food, etc...

**FOR OFFICE USE ONLY**

Financial Award Granted:\_\_\_\_\_ Date: \_\_\_\_\_

Signature



# PLATTSBURGH FOOTBALL CLUB

P.O. Box 2013,  
Plattsburgh, NY 12901  
infopfcsoer@gmail.com

# PLAYER EXPECTATIONS

The coach under the guidance of the Director of Coaching selects the players. The coach's commitment to the player and the player's commitment to the team and Plattsburgh Football Club are for the entire competitive season. It is important that players observe the guidelines established by the team, Plattsburgh Football Club, leagues and UYSA. All players are responsible for participating in fundraising activities.

## As a player I will....

- Train and play to the best of my ability
- Have a positive attitude and never quit
- Win without boasting and exemplify sportsmanship
- Respect officials and accept their decisions without question
- Only give positive encouragement to fellow teammates
- Arrive prepared for all games and training sessions, i.e. proper mental attitude and equipment
- Respect my coach, teammates and opponents
- Learn and obey the Laws of the Game
- Practice soccer skills and condition on my own
- Notify the coach if I will be tardy or unable to make a practice, game or meeting

## As a player I will never...

- Allow my enthusiasm and commitment for soccer to override my responsibilities to my education
- Use profane or vulgar language
- Use a controlled substance unless prescribed by a physician
- Leave the field or a session without the permission of the coach
- Disregard any instructions of my coach
- Forget that I represent Plattsburgh Football Club

## Player Expectations

- Players are expected to learn the rules for their age group games and play by these rules.
- We are here to have fun, but not at the expense of other participant's fun. Play hard, try your best!
- Players are to show proper respect and sportsmanship to others involved in the game including other players, coaches, spectators and especially the officials.
- Winning is not the most important part of soccer in the Plattsburgh Football Club. Being the best you can be is!
- Do your best always, so you do not let the others of your team down and so your opponents enjoy the best you can give as well.
- Showing up on time consistently with proper equipment to games and especially practices shows you care about the well being of your team.
- Come prepared to play, with a good attitude, water bottle, shin pads and clothing suited to weather conditions and rules of the game.
- If you have a concern with a referee, voice it through the coach and if it is with a coach, discuss it privately after a game or practice or at some other mutually convenient time in a positive, calm manner.
- Soccer is an excellent activity for promoting fitness and building up a sweat is normal and good for you.
- Team sports provide excellent opportunities to make friends, encourage the building of good character and provide an outlet for excess energy.
- No one player makes the difference between winning and losing.
- Fulfill your team and Plattsburgh Football Club's expectations

Player Name: \_\_\_\_\_

\_\_\_\_\_  
Player Signature

Date: \_\_\_\_\_



**PLATTSBURGH FOOTBALL CLUB**

P.O. BOX 2013, PLATTSBURGH, NY 12901 • INFO@PFCsoccer@gmail.com

# PARENTS EXPECTATIONS

The parents are an integral part of the Plattsburgh Football Club support system. It is important that parents observe the guidelines established by the Club, Leagues and UYSA. All families are responsible for participating in fundraising activities.

## **I will....**

- Be encouraging, supportive and affirmative in regard to my child's play on the field
- Respect officials and accept their decisions
- Support the coach, manager and the team
- Volunteer my services and talents to the team and the Club when possible
- Familiarize myself with the Laws of the Game
- Comply with the rules, policies and procedures of the team, club, leagues and UYSA as they apply to me
- Follow and obey the Problem Solving Procedures
- Act in the spirit of the game. Support all players on your child's team and do not criticize ANY player. Do not criticize the opponents, their parents, coaches or the officials
- Let the coach run the team. Attempting to coach or instruct our child from the sideline is distracting and counterproductive for the player.
- **Your vocal support and positive encouragement are welcome**

## **I will never...**

- Engage in dissent directed to an official
- Engage in any kind of unsportsmanlike conduct with any official, coach, manager, player or parent
- Interfere at any time with the duties and responsibilities of the coach or manager
- Act in any way that is detrimental to the team or The Plattsburgh Football Soccer Club

## **Nurture independence and responsibility**

- Make it your child's responsibility to pack their own uniform in their soccer bag
- If is appropriate, please have your child communicate directly with the coach about issues, concerns, conflicts or simply missing upcoming practices or games
- Players should be reminded to take responsibility for their own performance and to not place blame on others
- You will provide your child with another opportunity to behave independently of your scrutiny
- This "responsibility taking" is a significant part of maturing. Your child's handling of these tasks on and off the field complete his/her "ownership" of all aspects of being a soccer player
- Monitor your child off of the field. Their representation of the club goes beyond the field
- Keep an eye on your child to make sure that they are handling any stress resulting from their participation with the club effectively
- Ask your child to focus on the execution of skills and themes addressed at practice i.e. collecting and passing balls, combination play, shots on goal, successful tackles

## **Uphold your commitments**

- Foster an environment focused on development, enjoyment, and good sportsmanship
- Fulfill your financial commitments
- Support and maintain Plattsburgh Football Club's philosophy on youth development
- Fulfill your team and Plattsburgh Football Club's expectations



**PLATTSBURGH FOOTBALL CLUB**

P.O. BOX 2013, PLATTSBURGH, NY 12901 • INFO@PFCsoccer@gmail.com

## Problem Solving Procedure

Remember, there is a time and place for everything. If you need information or wish to ask questions concerning coaching decisions, arrange a meeting with the coach. Concerns or criticisms are welcome, but should be expressed away from training sessions and games. Every effort will be made to address problems or concerns of our members in a fair and consistent manner. In the event of a disagreement the following procedure should be followed when addressing concerns

24 Hour Rule- Games are extremely emotional for players, parents and coaches. Parents and coaches should not discuss individual player problems concerning the team or their child for 24 hours following a game or training session. This allows all a cooling off time and opportunity to discuss the child without the emotion of the game or training session as well as avoid regrettable public confrontation.

- **Step 1-** Discussion with Team Coach: The member first discusses his/her issues or concerns with the coach.
- **Step 2-** Discussion with respective Director of Coaching: If after discussing the issue with the coach the issue is not resolved, he/she can present the issue to the appropriate Director of Coaching.
- **Step 3-** Discussion with club Technical Director: If the member is not satisfied with this discussion, it can then be presented to the club Technical Director This will be the final step to resolve the situation before the matter goes to the Executive Board.

## Parent / Spectator Expectations

- All spectators are expected to know the basic rules and expectations for children of the age group they are watching. (see age group expectations) A good idea is to spend a little time getting familiar with the game by reading, watching soccer or using the internet.

- All participants are here to have fun, including spectators by enjoying their child's successes on the field. Be positive and supportive to all participants.
- Show support for your child's team by volunteering for duties and responsibilities associated with the game.
- Be on time for games and practices with the proper equipment. This shows appreciation for the time and efforts of the coach.
- Be willing to get actively involved in the practices and games if the coach provides the opportunity.
- It sure doesn't hurt your relationship with your child to practice a little extra during the week.
- Sportsmanship is taught by example. Your children learn this from you, the most significant individual in their lives.
- Also by example, you, the parent, show what it means to live a healthy lifestyle and to be active.
- Communication of an idea or concern is necessary at times, so be constructive and respectful and encourage your child to approach the coach if they are having difficulties.
- Try to focus on what is being done well and not yelling about mistakes of other participants, coaches, or officials.
- Let the coach, coach! Yelling instructions, even if meant well, can confuse and frustrate players.
- Avoid public conflicts. More can be accomplished by communicating to the coach and through the coach to the referee. Other parents and spectators are there to enjoy the game as well without unnecessary stress.

Player Name: \_\_\_\_\_

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

\_\_\_\_\_  
Parent/Gardian Signature

Date: \_\_\_\_\_



**PLATTSBURGH FOOTBALL CLUB**

P.O. BOX 2013, PLATTSBURGH, NY 12901 • INFOFCSOCCER@GMAIL.COM