

# ROMA FC



COME SEE WHY WE ARE THE FASTEST GROWING CLUB IN THE SOUTHWEST SUBURBS.

- Established 2008
- Boys NISL & Girls IWSL teams
- Ages 6-18
- 20 LICENSED, EXPERIENCED, PAID COACHES
- 22 total teams and growing
- Premier & Pre-Premier teams

GET MUCH MORE BANG FOR YOUR BUCK!

Full Year Package includes (discount for year round players)

- 3 sessions- Fall, Winter, Spring
- 2 practices weekly for Spring & Fall (3 practices per week for Premier and Pre-Premier teams)
- 1 practice weekly for winter, U11 & up includes SAQ (Speed, Agility & Quickness training with Professional Trainer)
- 8 game Fall Session
- 10 game Winter Session
- 8 game Spring Session
- 2 Tournaments (College Showcase tournament for High School Level teams )
- Our own State of the Art indoor facility (Roma Sports Club)
- Never miss a practice due to weather or daylight
- Professional Goalkeeper training weekly through Tiger Goalkeeper Academy
- Roma Fitness Center (free for all High School Players)
- Charities performed by teams to build well rounded boys and girls
- Family discounts: 3 kids or more, pay for two get half off additional family members
- Payment plans available - **\*First payment and uniform fee due at sign ups**
  - Option 1. 3 monthly payments of \$570 (due June, August and October)
  - Option 2. 5 monthly payments of \$342 (due June, July, August, September, October)

Sign up for a full year, 3 sessions, Fall/Winter/Spring. \$1710.00 total = \$100.00 savings

- o Fall \$600.00
- o Winter \$625.00 (U8 - U10 deduct \$40)
- o Spring \$585.00

*\*Uniform is additional \$140 for youth size and \$150.00 for adult size*

*\*\*Premier teams may have additional fees\*\**

Additional offerings:

- 2 - 3v3 tournaments annually. "Turkey Cup" & "Christmas Cup"
- 5 day summer camp
- Piccolo Roma (Little Roma Soccer) for siblings 4-6 years old
- Shooting Clinics
- Nutrition Clinics by an Athletico representative, our sponsor.

Roma Sports Club  
9115 Roma Ct.  
Frankfort, IL 60423  
815-469-ROMA (7662)  
[www.romasportsclub.com](http://www.romasportsclub.com)



# ROMA FC (FUTBOL CLUB)

ROMA FC, LLC. 9115 Roma Ct, Frankfort, IL 60423

815-469-ROMA(7662)

*Player Registration & Liability Waiver*

*Expires One Year after signature*

**Please Print – All information is required unless noted**

Name: \_\_\_\_\_ Age and Birth date: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

E-mail Address \_\_\_\_\_

## *AMATEUR & ATHLETIC WAIVER AND RELEASE OF LIABILITY*

In consideration of being allowed to participate in any way in the Roma Sports Club Facility Rental programs and related activities, each of the undersigned:

- A. Agrees that prior to participating, he or she will inspect the facilities and equipment to be used and if he or she believes anything is unsafe or presents a hazardous condition, he or she will immediately advise their coach or a facility representative of such condition and refuse to participate;
- B. Acknowledges and fully understands that each participant will be engaging in activities that involve risk of serious injury, including permanent disability, death and severe social economic losses which might result not only from their own actions, but also from the inaction or negligence of others, or from the rules of the play, or from the condition of the premises or due to the equipment used. Further, each of the undersigned acknowledges that there may be other unknown and/or unforeseeable risks, hazards or unsafe conditions;
- C. Assumes all the foregoing risks of injury and accepts personal responsibility for any and all damages following such injury, permanent disability or death; this pertains to any member or affiliate of the renting Club/Agency.
- D. Releases, waives, discharges, indemnifies and holds harmless ROMA SPORTS CLUB, ROMA FC, LLC; Xpress Holdings, LLC; Steve J Rotondi and their respective owners, managers, members, administrators, directors, agents, coaches, employees, representatives, other participants, sponsoring agencies, sponsors, advertisers and owners and lessors of the premises used to conduct any event, (hereinafter "Released Parties") from any demands, costs, losses, expenses, damages and any other liabilities on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the actions, inactions or negligence of the Released Parties; and
- E. Agrees to carry personal health insurance in case of sports injury.

*EACH OF THE UNDERSIGNED HAS READ THE ABOVE WAIVER AND RELEASE AND UNDERSTANDS THAT EACH IS GIVING UP CERTAIN AND SUBSTANTIAL RIGHT BY SIGNING IT. EACH REPRESENTS THAT HE OR SHE HAS SIGNED THIS WAIVER AND RELEASE FREELY AND VOLUNTARILY.*

PLAYER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN (IF UNDER 18): \_\_\_\_\_

PRINT PARENT/GUARDIAN NAME: \_\_\_\_\_ DATE: \_\_\_\_\_



## Emergency Medical Release & Liability Waiver

Participant's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

### EMERGENCY INFORMATION

Father's Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Cell/Bus Phone (\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Cell/Bus Phone (\_\_\_\_) \_\_\_\_\_

***In an emergency when parent/guardian cannot be reached or is not applicable, please contact the following:***

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Cell/Bus Phone (\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_ Cell/Bus Phone (\_\_\_\_) \_\_\_\_\_

Allergies \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Physician \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Bus Phone (\_\_\_\_) \_\_\_\_\_

Medical/Hospital Insurance Company \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Policy Number \_\_\_\_\_

**THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT (PLAYER/COACH/REFEREE) CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.**

I the undersigned participant and parent/guardian of the above listed minor (if participant is under the age of 18) acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Illinois Youth Soccer Association, its directors, officers, employees, coaches, managers, agents, sponsors and associated personnel including those of its affiliated organizations, and the owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant 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, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasees from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasees because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasees. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alternation without the express written consent from the Illinois Youth Soccer Association will cause the participant to be removed from the Program. (revised 7/14/06)

Parents/Guardians Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parents/Guardians' Signature is required if participant is under the age of 18)

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Participant's Signature is required)

**NOTE: ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT.**



## Parent Code of Conduct

Soccer is a wonderful sport and a passionate game. We must always remember our attitude is contagious. The referees, the players, the coaches and the fans should come together to match wits and skills. The other team is our opponent not our enemy and thus should be treated with respect.

While winning is important, playing well and fairly is the essence of the game.

I/we will set a good example to my/our child in his soccer development by adhering at all times to the following:

- We will not criticize the referee openly or directly ... during or after games. Any criticism shall be done in writing to Roma Sports Club, not verbally. This is especially critical if the referee is under the age of 16.
- We will only give positive feedback to players.
- We will cheer at all games within the spirit of fair play and shall do our best to cheer the effort regardless of the outcome.
- We will be mindful in "lopsided" games where cheering our own "winning" team might be misunderstood.
- We shall do our best to teach our players to become students of the game.
- We shall find the "little successes" that our children have during each match.
- We shall show the quality of our sportsmanship during and after each and every match and will remind our child to thank the referee after the match without regard to the result.
- We shall do our very best to have our child prepared for every match.
- We shall do our best to get our child to practices and games on time.
- We shall not consume alcohol or smoke at any game or on Roma grounds.
- We shall support the learning effort of the players, coaches, and the referees by demonstrating our patience.
- We understand that improper behavior at a match may result in a parent being asked to leave the field by the referee or a club official so the coach does not receive a yellow card caution or even a red card ejection due to the actions of the parent spectator.
- **We shall leave the coaching to the coach during match. We shall do our best not to give our child instructions during the match.**
- We understand that (upon review) the Roma FC Club can, and will if necessary, suspend our individual privilege to watch our child play should we behave in a manner that is rude or otherwise offensive.
- We agree to do our best to have as much fun watching the game as the players should have playing the game.

Parent signing acknowledges that signature conveys that both parents have read and understand the above and that they will ensure that any participating family members, to a game, will follow all said rules as well.

Printed Name (Circle one Mother, Father, Guardian) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_