

**SVSC ECLIPSE SOCCER CLUB  
PLAYER/PARENT/CLUB AGREEMENT**

Date \_\_\_\_\_

**I have reviewed and discussed with my child the rules and regulations of the club, and I agree to accept and will abide by these rules.**

\_\_\_\_\_  
**Player Name**

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

\_\_\_\_\_  
**Parents Name**

\_\_\_\_\_  
**Parents Signature**

\_\_\_\_\_  
**Team & Age Group**