

BYSC PARENTAL SUPPORT PROGRAM

www.burlingtonsoccer91.org

The success and continued existence of Burlington Youth Soccer REQUIRES the active participation of ALL Parents.

COACH Take the responsibility to uphold the beliefs of BYSC. Organize practices, teach the kids sportsmanship, skills and that winning is not the only reason to play the game. See that the players respect each other, the other Team, Coaches, Referees, and the Fans. Check game schedules, and confirm times and locations.

If not coaching, PARENTS need to PRIORITIZE two (2) activities, on the main registration form, that we can call you for help.

ASST. COACH Help the Head Coach to uphold the beliefs of BYSC. Organize practices, teach the kids sportsmanship, skills and that winning is not the only reason to play the game. See that the players respect each other, the other Team, Coaches, Referees, and the Fans.

TEAM PARENT Be a liaison for the Coach between the Parents. Hand out paper work, help communicate updates, changes, and make phone calls.

REFEREE Must be certified as a FIFA Referee. Attend certification classes as required. Referees are compensated for their efforts.

FUND RAISING Help or chair the fund raiser committee. Communicate with the team parent for distribution and collection of the program.

FIELD PREPARATION Prepare fields for play. This could include field lining, mowing grass, putting up nets, taking down nets, filling holes, and misc. needs.

BOARD MEMBER Work with all Board Members to set policy, organize and work for the Good of Soccer. BOD meets the 2ND Wednesday night of the month.

PICNIC COMMITTEE Help organize and communicate with Team Parents about games, food, ect.

DONOR Willing to donate money to BYSC for new equipment or to the scholarship fund.

BYSC GENERAL GUIDE LINES

- 1) All players will register and PAY IN FULL with this form.
- 2) Each Player will play in his/her U-age bracket, unless Board approval is given, and only for that registration year.
- 3) Traveling players MUST have a small (school) picture with each enrollment every year.
- 4) ALL NEW enrollments must have a COPY of the ORIGINAL CERTIFIED BIRTH CERTIFICATE.
- 5) If you are NOT able to play in the Fall Session DO NOT Register until Spring Registration.
- 6) Any player missing more than 3 Games/ season will be suspended & must meet with the BOD to get back on the team.
- 7) Tryouts required to join Select Teams.
- 8) Registration age is your age on July 31st of the registration yr +1 (If you are 8 add 1 = 9, you will play u09).



BYSC 2010 / 2011 Player and Family Sign Up

<p>RECREATIONAL <u>In-House & Travel</u> u06 - u14 will play 7 SAT in SEPT/OCT & 7 Sat in APRIL/MAY</p>	<p style="text-align: center;">SELECT Travel</p> u11-u14 will play 7 Weeks in SEPT/OCT & 7 Weeks in APRIL/MAY/JUNE Games are to be played on SAT or SUN or BOTH. Tryouts required to join Select Teams	<p style="text-align: center;">HIGH SCHOOL</p> u16, u17,u19 Usually play 7 or 8 weeks on SAT or SUN or BOTH GIRLS play in SEPT/OCT & BOYS play APRIL/MAY/JUNE
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Insurance REQUIRES Shin guards at ALL PRACTICES and GAMES.

Figure "U" age:

Your age on July 31st (of this registration yr) _____ add 1 = _____ (this is your "U" age)
(Example: If you are 8, then + 1 = 9, your "U" age is 9 and will play u09 soccer)

RECREATIONAL IN-HOUSE Training Program: EACH PLAYER RECEIVES A T-SHIRT. THIS GROUP PLAYS ONLY IN BURLINGTON ON SATURDAYS. Practices are usually 1 time/Wk

Co-ed ONLY: (circle one)	u05	Cost \$30.00	
	u06 u07 u08	Cost \$60.00	

RECREATIONAL TRAVELING TEAMS: Open to Boys & Girls u08 thru u14 and will play mostly on Saturdays. Practice 1 to 2 times/ wk and games are played in any of the following towns: LAKE GENEVA, BIG FOOT, EAST TROY, ELKHORN, DELAVAN, FORT ATKINSON, WHITEWATER, WILLIAMS BAY AND BURLINGTON.

Uniforms are required and can be used from year to year. Uniforms are purchased separately (See Below).

<u>RECREATIONAL Travel:</u> (circle one)	Co-ed (Boys) or Girls Only		
(circle one) U-09 (u-09 Girls play up to U10 Girls)	U-10 -----	Cost \$75.00	
	U-11 U-12 U-13 U-14 -----	Cost \$85.00	
RECREATIONAL Uniform Cost: (includes Jersey, Shorts, Socks & Ball)		Cost \$65.00	

SELECT/COMPETITIVE TRAVELING TEAMS: Open to Boys & Girls u11 thru u14 and will play on Saturdays or Sundays or Both. Practice 1 to 2 times/ wk and games are played mostly in SE WI, but can reach to Madison and Green Bay. Possible winter play and may have some tournament play at extra cost to Players. Tryouts may be held to fill teams. Dead line for registration is June 15th.

Two (2) Uniforms are required and can be used from year to year. Uniforms are purchased separately (See Below).

(Select) U-11 U-12 U-13 U-14			
(Select) Co-ed (Boys) or Girls Only		Cost \$130.00	
SELECT Uniform Cost: (includes Two (2) Jerseys, Two (2) Shorts, Socks & Ball)		Cost \$110.00	

<u>High School:</u> Open to Boys & Girls in HS and will play on Saturday and/or Sunday. Practice is up to the Coach and games are played mainly in SE WI. Boys play in the Spring and Girls play in the Fall. EACH PLAYER RECEIVES A T-SHIRT	(circle one) u16 u17 u19	
(Choose) Boys or Girls	Cost \$110.00	

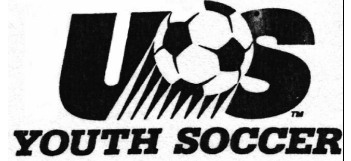
LATE CHARGES: APPLIES to 2009-10 players paying after June 30,2010.	
NEW PLAYERS ALWAYS WELCOME WITH NO LATE FEE, AS ROOM ALLOWS.	\$15.00

Discount for Second Player: If this is a 2 nd , 3 rd or 4 th child playing	Sub Total:	
1 st Players Name: _____ U-Age: _____	Deduct \$10.00	
CREDIT for selling Discount Cards: _____ # of Cards sold (_____) x \$5.00		

USYSA Membership Form

www.burlingtonsoccer91.org

FOR LEAGUE USE ONLY
 TRANSFER
 NEW
 REREGISTRATION
 CHANGE/CORRECTION



Your Division of the United States Soccer Federation (USSF) affiliated with the Federation Internationale de Football Association (FIFA)

StateLine Soccer District

Burlington Youth Soccer Club
 317 Hickory Dr.
 Burlington, WI 53105

For Information Call
 After 6:00 PM
 763-7224
 763-2065

Age Group

Div.

Last Name _____ First Name _____ Init _____

Address _____ City _____

Eddress (email) _____ @ _____ . _____ Cell Phone: _____

State _____ Zip Code _____ Area Code _____ Telephone Number _____ Month / Day / Year _____

Male=M Female=F Player=P Coach=C Coach's License level _____

Father's Name _____ Occupation _____ Cell Phone _____

Mother's Name _____ Occupation _____ Cell Phone _____

List any medical problem or prohibition player has _____

Person to notify in emergency _____ Telephone _____

Doctor to notify in emergency _____ Telephone _____

Number prior seasons played _____ Last Team _____ Last League _____ Date of Last Season _____

Height _____ Weight _____ School _____ Grade _____

Uniform Shirts: YM YL YXL AS AM AL AXL

Size Shorts: YM YL YXL AS AM AL AXL

Socks: Youth Adult

IF YOU HAVE A UNIFORM

ENTER #: _____

Parental Support

You MUST number your top two (2) choices of the following to register.

(SEE PROGRAM EXPLANATION)

Coach or Asst. or Referee
 Name: _____

Team Parent Picnic Committee

Board Member Fund Raising

Field Preparations Donor

Office Use Only

Picture Received: Yes ___ No ___

Birth Certificate: Yes ___ No ___

Registration Fees:
 Player Fee \$ _____

Uniform Cost \$ _____

Family Membership Discount \$ - _____

Fund Raiser Discount \$ - _____

Total \$ _____

Cash: \$ _____ or

Check #: _____ \$ _____

Date: _____ Recv'd By: _____



Release of Liability

The undersigned parent or legal guardian of _____ (print full name), the "Registrant," recognizes that soccer is a vigorous contact sport and that the Registrant may suffer temporary or permanent serious physical injury including, but not limited to sprains, fractures, brain or spinal damage, paralysis or even death while playing soccer or attending a game, tournament, practice, or scrimmage. I, the undersigned Registrant recognizes that the types of injuries and harm mentioned in the preceding sentences of this Release can arise from a wide spectrum of causes in regard to the sport of soccer including, but not limited to: head injuries suffered by players impacting each other, goalposts or the ground; players getting hit by motor vehicles in parking lots or roads near fields, violent or overly rough play; playing in weather that may be too dark, too hot, too wet, or too slippery; player fights; injuries caused by poor field conditions including potholes, protruding sprinkler heads, holes or the like; lighting; or negligence or misconduct by coaches, parents, referees or other players. The undersigned further acknowledge and understand that travel to and from games, practices, and tournaments by motor vehicle or other means of transportation may be necessary and that such travel carries with it inherent risks of injury. With full knowledge of the above-reference risks, and in consideration for the United States Soccer Federation ("USSF"), United States Youth Soccer Association ("USYSA"), and the Wisconsin Youth Soccer Association and their member soccer clubs accepting the Registrant in their soccer programs, and pursuant to the recreational assumption of the risk statute, sec. 895.525, Wis. Stats., I, the Registrant hereby accept and assume full responsibility for any and all harm caused by negligence, and release, discharge, and/or otherwise indemnify the United States Soccer Federation, United States Youth Soccer Association and the Wisconsin Youth Soccer Association, and their respective clubs, coaches and staff, directors and officers, league and tournament sponsors and their directors and officers and any of their facilities utilized for soccer as to any claims and causes of action based on allegations of negligence by or on behalf of the Registrant. This release includes transportation to and from soccer games and tournaments, which I hereby authorize.

If you have any questions regarding any of the provisions of this Release, or otherwise wish to discuss or negotiate about any of the provisions of this Release, please contact the Wisconsin Youth Soccer Association's Executive Director. Please note that the Registrant shall not be permitted to participate in any Wisconsin Youth Soccer Association sponsored program or game unless and until this form is signed and returned to an authorized Wisconsin Youth Soccer Association representative or other satisfactory arrangements are made with regard to the subject matter of this Release in a writing signed by both you and Wisconsin Youth Soccer Association's Executive Director.
This Release shall remain in effect for the Current Soccer Year, the start of next year's fall soccer season, and shall be interpreted under Wisconsin law.

Consent for Medical Treatment

With full knowledge of the risks of injury in the game of soccer, I hereby authorize the following persons to administer emergency medical treatment to my child, the Registrant, for any injury or other medical emergency while at a practice, game, tournament, scrimmage, or while attending or traveling to or from any of those activities: All coaches and manager; all officers and officials of the soccer club to which I belong; all United States Soccer Federation ("USSF"), United States Youth Soccer Association ("USYA"), and Wisconsin Youth Soccer Association officers, directors or other league or District officials; and all directors, officers, sponsors, officials or agents of any league or tournament that I may participate in. This consent also extends the right to those persons listed above to arrange for immediate medical treatment by a licensed physician and/or other trained medical personnel, and for them to provide such emergency medical care as they deem appropriate to preserve my life or well-being. I hereby release, hold harmless and indemnify the above-listed persons for any injury or damage related to administration of emergency medical care as authorized herein.

This Consent for Medical Treatment is in effect for the Current Soccer Year, the start of next year's fall soccer season, and shall be interpreted under Wisconsin law.

I have read and full understand the above statements. I acknowledge that before signing I had an opportunity to contact Wisconsin Youth Soccer Association to discuss any questions I had about the above Release and Consent.



Dated: _____

Signature of parent or legal guardian

Print Name

