

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 2009 / 2010 Player and Family Sign Up

RECREATIONAL: u06 thru u14 will play 7 SAT in SEPT/OCT & 7 Sat in APRIL/MAY

SELECT: u11-u14 will play 7 SAT in SEPT/OCT & 7 Sat in APRIL/MAY/JUNE

Games are to be played on SAT or SUN or BOTH.

Tryouts required to join Select Teams

HIGH SCHOOL: u16, u17, u19 Usually play 7 or 8 weeks on SAT or SUN or BOTH

GIRLS play in SEPT/OCT & BOYS play in APRIL/MAY/JUNE

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)

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) **u06 @ \$55.00** **u07 @ \$55.00** **u08 @ \$55.00**

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, PALMYRA/EAGLE, AND BURLINGTON.

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

RECREATIONAL: (circle one) **Co-ed (Boys) or Girls Only**

(circle one) **U-09@ \$70.00** (u-09 Girls can play up to U10 Girls) **U-10@ \$70.00**
U-11@ \$75.00 **U-12@ \$75.00** **U-13@ \$75.00** **U-14@ \$75.00**

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. Try outs are held to roster teams. Dead line for registration is June 6th and tryouts are June 9 & 10th. (See www.burlingtonsoccer91.org for Tryout forms)

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

(Select) **Co-ed (Boys) or Girls Only**

(circle one) **U-11@ \$110.00** **U-12@ \$110.00** **U-13@ \$110.00** **U-14@ \$110.00**

High School: 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) Boys or Girls Only, (circle one) **U-16 U-17 U-19** **Cost \$95.00**

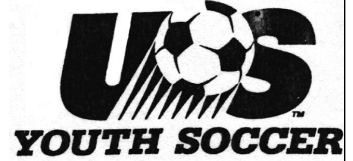
Registration Cost:	from above	
RECREATIONAL Uniform Cost: (includes Jersey, Shorts, Socks & Ball)	\$60.00	+
SELECT Uniform Cost: (includes Two (2) Jerseys, Shorts, Socks & Ball)	\$85.00	+
LATE CHARGES: APPLIES to 2008-09 players paying after June 30,2009. NEW PLAYERS ARE ALWAYS WELCOME AS ROOM ALLOWS.	\$15.00	+
	Sub Total:	_____
Discount for Second Player: If this is a 2 nd , 3 rd or 4 th child playing 1 st Players Name: _____ U-Age: _____	Deduct \$10.00	-
CREDIT for selling Discount Cards: _____ # of Cards sold (_____) x \$5.00		-

TOTAL DUE: _____

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.

ID #

(USE CODE ONLY)

→ Region State District League Club Team Competitive=C Recreational=R

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 AS AM AL AXL

Size Shirts: YM YL 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

IMPORTANT

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and /or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners 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.

Name _____
 Parent/Legal Guardian (please print)

Signature X _____ Date _____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent of legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or will-being of my dependent.

Signed X _____

Address _____

City _____ State _____ Zip _____

Phone: Home _____ Bus. _____

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 #: _____ \$ _____