

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).
- 9) All players must bring a ball to Practice (Size 3 u04-u08, Size 4 u09-u12, Size 5 u13 & UP)



BYSC 2011 / 2012 Player Sign Up – High School

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)

Open to all High School age Boys and Girls

Boys play in Spring

Girls play in Fall


Games will play on Saturday or Sunday or Both in SE Wisconsin

EACH PLAYER RECEIVES A T-SHIRT

(circle one) Boys or Girls Only **U-16 U-17 U-19** **Cost \$110.00**

Fund Raising Cards (5 card pack) Pay \$25.00 - Sell for \$10.00 and keep the \$50.00 **\$25.00**

Additional Discount Cards (5 cards per pack) # of Packs _____ @ \$25.00 ea.

2nd Family Member Discount: _____ U-Age _____ **Deduct \$10.00** 

Make Checks Payable to: BYSC

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.

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: YL AS AM AL AXL
Size Shorts: YL 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, it's 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 Discount \$ - _____

Discount Cards \$ _____

Total \$ _____

Cash: \$ _____ or

Check #: _____ \$ _____

Date _____ Recv'd by _____

All players must bring a ball to Practice:
(Size 3 u04-u08, Size 4 u09-u12, Size 5 u13 & UP)