

Shaker Youth Soccer Association



Girls and Boys Challenge Soccer Registration Details

Fall 2009 – Spring 2010

Welcome to SYSA! We are a volunteer, not-for-profit organization dedicated to developing and operating programs to provide education and training in the rules and skills of the game and to promote youth participation in organized soccer. We're proud of our soccer programs and our long standing relationship with Shaker Heights. SYSA's Challenge League is a developmental and recreational soccer league for Girls and Boys in grades 2-6 overseen by a nationally licensed Director of Coaching.

Challenge League

- A developmental league to learn soccer skills through motivating games, practices and footskill clinics.
- Children residing in Shaker Heights, as well as non-residents attending 2nd through 6th grade are eligible to participate.
- Boys and girls participate in separate leagues of 2nd-3rd graders and 4th-6th graders.
- Small-sided games (6 v. 6 for 2nd-3rd graders or 8 v. 8 for 4th-6th graders) are played Saturdays throughout each of two seven-week sessions in the fall and spring.
- Challenge 2nd-3rd grade teams play each other on local Shaker fields. Challenge 4th-6th grade teams will have the opportunity to play with other nearby communities on both local and away fields.
- Practices are one weekday evening per week during each season.
- Weekly Footskill clinics are offered in addition to weekly team practices and games. No additional fee.
- Teams are filled on a **first come, first served basis**. Special requests will be considered.

Registration for All players – Fall and Spring Sessions: Due August, 31st. Late Registrations will be Accepted.

Teams filled on *first come, first served* basis: \$160 (residents) or \$185 (non-residents).

The following must be completed before children can be assigned to a team:

- 2 (TWO) Registration forms – **all** information, including mother's date of birth!
- SYSA Release and Waiver of Liability
- Parent Volunteer Form *OR* Supporting Check for \$50
- Challenge Uniform order form (New sock color is mandatory). Players may use prior uniform shirts and any black soccer shorts.)
- Check for \$160 (residents) or \$185 (non-residents) payable to **SYSA**.
Please write your *child's name* in the Memo space on your check.

Registration Deadline August, 31st. Fall Season Begins Saturday, September 19th. Late Registration Accepted.

Mail all of the above using a separate envelope and check for each child to:

Brian Miller
SYSA Challenge Director
1315 W. Blvd.
Cleveland, OH 44102

Additional questions: bmillerSYSA@gmail.com or www.ShakerYouthSoccer.org



SYSA Challenge League

Registration and Emergency Medical Information

Fall 2009 - Spring 2010



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

PLAYER INFORMATION

LAST NAME: _____ **FIRST NAME:** _____ **BIRTH DATE:** _____
ADDRESS: _____ **CITY:** _____ **M/F:** _____
ZIP CODE _____ **TELEPHONE NUMBER** _____ **SCHOOL** _____ **GRADE (Fall '09)** _____

I am available to practice (circle)

Mon **Tues** **Wed** **Thurs** **Fri**

CONTACT INFORMATION

Primary Contact Name(s) (parent/guardian) _____ **E-mail:** _____
Mother's Date of Birth: _____ **MOST OF OUR CONTACTS WILL BE VIA EMAIL – Please check for SYSA Messages**
 Home phone: _____ Business phone: _____ Cell phone: _____
 Emergency Contact (if parent/guardian is not available) _____
 Phone: Day: _____ Evening _____ Cell _____

MEDICAL INFORMATION

Insurance Carrier _____ Policy Number _____
 Person responsible for Charges (if different from above) _____ Birth Date _____
 Date of last Tetanus Booster _____ Medications taken regularly _____
 Known allergies, including allergies to medicine _____
 Any Medical Problems _____

CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian of the above-named player, I request that in my absence the player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists and staff, duly licensed Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment.

 Signature of Parent or Guardian

 Date

Teams filled on a first come first served basis!

Fee Check for \$160 payable to SYSA. (\$185 Non-Residents)
 Please write your *child's name* in the Memo space on your check.

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 Cleveland, OH 44102

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SYSA RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT ("AGREEMENT")

IN CONSIDERATION of being given the opportunity to participate in any way in any soccer leagues or any related activities ("Activity") organized, conducted, supervised or managed by Shaker Youth Soccer Association ("SYSA") until September 30, 2011, for, myself, my personal representatives, assigns, heirs, and next of kin, I:

ACKNOWLEDGE, agree, and represent that I understand the nature of Soccer Activities, and that I am qualified, in good health, and in proper physical condition to participate in such Activity;

1. **ACKNOWLEDGE** that but for the time, diligence, dedicated efforts and expense put forth by SYSA, I would not have an opportunity to participate in Soccer Activity provided by SYSA;
2. **FULLY UNDERSTAND** that: (a) **SOCCER ACTIVITIES INVOLVE RISKS AND DANGERS** of serious bodily injury; including permanent disability, paralysis, and death ("Risks"); (b) these Risks and dangers may be caused by my own actions, or in actions, the actions of others participating in the Activity, the condition in which the Activity takes place, or the negligence of others associated with SYSA; (c) there may be other risks and social economic losses either not known to me or not readily foreseeable at this time; and I **FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES** I incur as a result of my participation in the Activity;
3. **AGREE AND WARRANT** that I will examine and inspect each Activity in which I take part and that, if I observe any condition which I consider to be unacceptably hazardous or dangerous, I will notify the proper authority in charge of the Activity and will refuse to take part in the Activity until the condition has been corrected to my satisfaction;
4. **HEREBY RELEASE**, discharge, and covenant not to sue SYSA and their respective members, managers, directors, agents, officers, volunteers, and employees, other participants, league organizers, any sponsors, advertisers and lessors of premises on which the Activity takes place, (each considered one of the "Releasees" herein) from all liability, claims, demands, losses, or damages on my account caused or alleged to be caused in whole or part by the negligence of the Releasees or otherwise, including negligent rescue operations; and I further agree that if, despite this release and waiver of liability, assumption of risk, and indemnity agreement, I, or anyone on my behalf, makes a claim against any of the Releasees, I **WILL INDEMNIFY, SAVE, AND HOLD HARMLESS** each of the Releasees from any litigation expenses, attorneys fees, loss, liability, damage, or cost which any may incur: (i) as the result of such claim, and (ii) as a result of any claim asserted against any of the Releasees arising out of any conduct of mine alleged to have been negligent, improper, or unlawful.
5. I **HAVE READ** this Agreement, fully understand its terms, understand that I have given up substantial rights by signing it and have signed it freely and without any inducement or assurance of any nature and intend it to be a complete and unconditional release of all liability to the greatest extent allowed by law and agree that if any portion of this agreement is held to be invalid the balance notwithstanding, shall continue in full force and effect

PARENTAL CONSENT

AND I, the minor's parent and/or guardian, have read and agree to the forgoing provisions. I understand the nature of Soccer Activities and the Minor's experience and capabilities and believe the minor to be qualified to participate in such Activity. I hereby release, discharge, covenant not to sue, and **AGREE TO INDEMNIFY AND SAVE AND HOLD HARMLESS** each of the Releasees from all liability, claims, demands, losses, or damages on the minor's account caused or alleged to be caused in whole or in part by the negligence of the Releasees or otherwise, including negligent rescue operations, and further agree that if, despite this release, I, the minor, or anyone on the minor's behalf makes a claim against any of the above Releasees, I **WILL INDEMNIFY, SAVE, AND HOLD HARMLESS** each of the Releasees from any litigation expenses, attorney fees, loss liability, damage, or cost any may occur: (i) as the result of any such claim; and (ii) as a result of **the** minor's alleged negligent, improper or unlawful conduct.

Player's Name _____

Address _____

Signature of Parent/Guardian _____



Shaker Youth Soccer Association Challenge Uniform Order Form

Player's Name _____

Phone Number _____

Email Address _____

Grade _____

Team (Circle) Boys Girls

UNIFORMS

<u>Jersey</u>	Reversible Red/White Jersey Includes SYSA Logo	(Mandatory)	\$15.00
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Size: YS YM YL AS

<u>Shorts</u>	Black soccer shorts	(Optional)	\$10.00
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Size: YS YM YL AS

<u>Socks</u>	Color determined by team assignment	(Mandatory)	\$5.00
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Size: Youth Adult

ADDITIONAL ITEMS AVAILABLE FOR PURCHASE

Additional Item(s) _____

Please make Check Payable to SYSA:

Total Amount

\$



Shaker Youth Soccer Association VOLUNTEER FORM

VOLUNTEERS NEEDED

SYSA is a volunteer run, charitable organization dedicated to developing and operating programs to provide education and instruction in the rules and skills of the game and to promote youth participation in organized soccer.

Undoubtedly few of us realize how much time is involved in bringing these soccer opportunities to our children. There is a small group of individuals who donate 10 to 20 hours *each and every week* to ensure your child has the opportunity to play soccer. We are all fortunate that there is a core of extraordinarily dedicated individuals committed to the soccer playing children in Shaker Heights. Your commitment to volunteer is vital to SYSA.

VOLUNTEER REQUIREMENT

We ask every family to volunteer a minimum of 10 hours over the course of the soccer year. Your family may choose not to volunteer and can pay a \$50 fee. The fee will help defray the costs of hiring people to do some of the jobs for which we have no volunteers.

VOLUNTEER OPPORTUNITIES

- Coach/Assistant Coach: Coach a Challenge Team. Extremely Important!
- Publicity Assistants: Assist with Publicity and Recruitment efforts in the community.
- Trophy Coordinator: Assist in the ordering and logistics of trophies
- Photo Coordinator: Assist in the communication, organizing and set-up of the SYSA Photo Day
- Challenge Uniform Manager: Manage ordering and distribution of Challenge uniforms to Challenge Players
- Done in a Day Project: Varied projects including mailings, registration, field/equipment help, special events such as the Memorial Day Parade and End of the Year Picnic, etc.
- Other ((i.e. legal contract review) 'Other can only be selected as choice #3')

Volunteer Job Choices	Players Name
1.	Parent's Name(s)
2.	Parent's Email
3.	Phone Number
I elect to help by enclosing a \$50 CHECK	Challenge Team (Circle) Boys Girls 2-3 4-6