

Fall 2010 Registration Form

Decatur County Youth Soccer Club

PO Box 152 Greensburg, IN 47240
www.dcysc.net
(812) 663 0765

Sponsored in part by Decatur County Parks and Recreation, Decatur County United Fund and the Decatur County Community Foundation

From ages 4 through 13. U6 for ages 4 and 5 requires parent or guardian participation

Registration deadline is June 1, 2010. Registration fee is \$40 for first player and \$35 for each additional sibling. Applications must be postmarked no later than June 1, 2010 to guarantee participation. There will be a \$25.00 returned check fee. Mail checks or money orders with completed applications to Decatur County Youth Soccer Club, PO Box 152, Greensburg, IN 47240.

Player Last Name: _____ Male Female (Please Circle)
Player First Name: _____ Age as of July 31, 2010: _____
Street Address: _____ Telephone: _____
City: _____ State: _____ Zip: _____
Medical Problems: _____ Date of Birth: _____/_____/_____
Emergency Contact: _____ Telephone: _____
Emergency Doctor: _____ Telephone: _____
Last Years Coach: _____ # of seasons soccer experience: _____

Father's Name and Work Information	Mother's Name and Work Information
Name: _____	_____
Home Phone: _____	_____
Work Phone: _____	_____
Mobile: _____	_____
Email: _____	_____

Important: Please circle the uniform size (Note: Get one size larger than youth usually wears)

Shirt Size: YS YM YL AS AM AL AXL **Short Size:** YS YM YL AS AM AL AXL

Note: Uniforms are a part of the equipment of the club and must be returned at the end of the season. Lost uniform charge is \$25.00. Uniforms for U14 and U12 consist of shirts, shorts and socks. Uniforms for U10, U8 and U6 consist of shorts only. U10 and below teams with sponsors get to keep sponsored shirts. See your team coach for additional details.

Volunteers, Sponsorships, Donations

The Decatur County Youth Soccer Club depends on volunteer help, sponsorships and donations. In order to keep fees as low as possible please consider contributing in one of the following areas (Please circle choice):

Coach Assistant Coach Referee Team Mom Fields and Equipment Fundraising Concession Stand

Contact Name: _____ Position: _____ Contact Name: _____ Position: _____

Note: Classes to certify new coaches and referees will be held prior to the beginning of the season.

Sponsors: Team Sponsor Contact Name: _____ Phone Number: _____

Donations: Contact Name: _____ Phone Number: _____

For more information on sponsorships and donations, please contact Tracy Howard at 812-593-5956 or
thoward2536@yahoo.com

PLEASE TURN OVER. READ THE ENTIRE PAGE. SIGN AT THE BOTTOM.

Safety is our Primary Concern

- **Players are not allowed to wear jewelry, earrings, watches, hard barrettes, etc. when practicing or playing.**
- Players are required to wear shin guards when practicing and playing. Socks must be worn **over** and must completely cover the shin guards.
- Cleats are recommended but not required. **Cleats may not be made out of metal or have sharp points.**
- **Players are required to bring water or drinks with them to games and practice. Food and gum are not allowed.**
- Medical Release/Consent must be signed and in the possession of the team coach before a player can practice or play.
- Practice may be held in the rain at the coach's discretion. Games will be played in the rain/snow. Practice and games are not allowed when there is lightening or thunder.
- Players with a known medical condition (sprains, etc) must provide a written release from their **doctor** to be eligible to play. **Releases from parents or guardians are not acceptable.** Written medical release from the doctor must be provided to the referee prior to the start of the game. The referee makes the final decision if a player can play.

Participation is Guaranteed

- All players must play a minimum of ½ game.
- U10, U12 and U14 are traveling teams and will have away games. All teams are required to play scheduled games. Exceptions or changes to game schedules must have board approval.
- All players must be given the opportunity to play all positions. Players will not be forced to play positions they do not want to play, but will not be denied play at any position they want to try. Players are expected to attend all team practices.
- Parents or guardians are required to actively participate in the U6 league.
- Players are expected to bring their own soccer balls to practice. Ball Sizes by age division are: U6 - #3, U8 - #3, U10, U12 - #4, U14 - #5.

Coaches will contact players and provide practice schedules prior to the first practice. Home games will normally be held on Saturday at Washington Fields. Tournament game locations and times will be announced during the fall season.

The DCYSC is a nonprofit organization that exists to support and promote the sport of soccer among interested youth of the area. The learning and development of soccer skills is the primary goal of Club play. When drafting players, age, experience and level of play will be the primary considerations. The DCYSC will make every attempt to create evenly matched teams.

As the parent or spectator of a DCYSC player, I understand and agree that I will be ejected from any DCYSC, SAY or EISA venue where games are being held for any of the following reasons at the sole discretion of any DCYSC, SAY or EISA board member or field monitor:

- Using foul or abusive language
- Using threatening actions or words
- Use of alcohol or drugs or displaying actions that indicate an individual may be under the influence drugs or alcohol
- Any unsportsmanlike conduct directed toward a referee, player, coach or club official

Release/Consent for Medical Treatment

WE HEREBY AGREE THAT THE SOCCER ASSOCIATION FOR YOUTH SAY) ITS MEMBERS, COACHES OR OFFICERS SHALL NOT BE LIABLE FOR ANY INJURY OR LOSS WHICH MY CHILD MAY SUSTAIN WHILE PARTICIPATING IN ACTIVITIES OF ANY KIND WHETHER SPONSORED BY OR UNDER THE SUPERVISION OF SAY AND WE AGREE TO INDEMNIFY AND TO HOLD HARMLESS SAY, ITS MEMBERS, COACHES, OFFICERS OR DESIGNATES OF ANY KIND FROM ANY CLAIM WHATSOEVER.

As parent (s) or legal guardian of _____ I/we, by signing below, give permission for emergency medical treatment of this child for illness/accident if I/we cannot first be contacted. In emergency, if the parent/guardian is unavailable, contact the emergency contact listed above. Further, I/we agree to the registration fee, pledge to return DCYSC equipment, and do endorse the Medical Treatment Release/Consent form. I/we give consent for my child to be photographed, videotaped or filmed while participating in DCYSC activities and for the resulting images to be used by DCYSC for promotional purposes and on our website.

Signature(s) of Parent(s)/Guardian(s): 1. _____ 2. _____

Financial Assistance

If a player's family currently qualifies for free or discounted school lunch program or currently receives state or federal assistance through TANF, food stamps or similar programs CHECK HERE _____ Note: Waiver requests are limited and cannot be guaranteed.