

WHITEFISH YOUTH SOCCER ASSOCIATION

PO BOX 241 WHITEFISH, MT 59937

Administrator phone: 755 0200

2007 FALL RECREATION SEASON

Web Site- www.whitefishsoccer.org

E-Mail- wysa@aboutmontana.net

Applications are also available on web site. Fill out one application per player. Please watch pricing deadlines on back (2nd page) and pay the required fee based on date post marked.

Player's Name _____ DOB _____ M or F
Soccer Experience (all yrs) _____ Select Exp.(yrs) _____ Please specify any other activity you participate in that may conflict with games and practices _____
School _____ Grade in Fall _____ Age Group/Grade Level (see bottom box, Child must play with Grade Level)

- All JV players (9th through 12th grades) need to register with WYSA in addition to the High School. JV registration is due with in 5 days of the posting of the team Roster. 2008 Fees are \$350.00 per player and cover Coaching stipends, bussing, field paint, and referee charges.

Father's Name _____ Phone hm _____ wk _____

Mother's Name _____ Phone hm _____ wk _____

Mailing Address _____

Home Address _____

Email _____ Medical Problems _____

Person (w/address) to notify in emergency _____ Ph _____

VOLUNTEERS ARE REQUIRED TO KEEP THIS PROGRAM FUNCTIONING: Your willing support and participation are greatly appreciated by your kids and fellow members !!!

I will volunteer in the following area(s): **Board Member _____ (there are seats that need filling)**

Volunteer Level 1 (these volunteer positions require several hours of your time) Coach _____ Age Group Coordinator _____ End of season 5v5 Tournament _____ Wreath Coordinator _____ Referee Assignor _____

Volunteer Level 2 (these volunteer positions require a moderate amount of time)
Assistant Coach _____ Team Parent _____ Field Preparation _____ Referee _____ Co-Team Parent _____ Wreaths _____ Pictures _____

Individual/corporate sponsors: _____

Name _____ Phone _____

WAIVER OF LIABILITY

I understand that the Whitefish Youth Soccer Association is a volunteer recreational program. I have been warned and I am aware that there is a risk of being injured inherent as a result of participating in any sporting activity. I am aware that injury may be severe, including, but not limited to fractures, damage to internal organs, ligament, muscle and tendon injury, but nevertheless allow the named minor to participate in Association activities. I do hereby waive any and all liability on the part of Whitefish Youth Soccer Association, coaches, officials, and other volunteers, the City of Whitefish and the Whitefish School District. I also do hereby authorize the officers or coaches of Whitefish Youth Soccer Association to transport as required the named minor to Association sponsored activities.

Parent's (Guardian's) Signature _____ Date _____

CONSENT FOR MEDICAL TREATMENT- MINOR

I hereby give my consent for all medical treatment prescribed by a duly licensed Doctor of Medicine for _____ as his/her parent or guardian. This medical care may be given under whatever conditions are necessary to preserve the life, limb or well being of the named minor.

DOCTOR TO NOTIFY: _____

Phone _____

Parent's (Guardian's) Signature _____ Date _____

Age Group/Grade Level	Grade entering in fall:
U-6 (Co-Ed)	Kindergarten
U-8 (Co-Ed)	1 st – 2 nd
U-10 (Co-Ed)	3 rd – 4 th
U-12	5 th – 6 th
U-14	7 th – 8 th

Fees and Registration Dead Lines

Registration Date Deadlines *Kindergarten Only 9/1/08	First Child \$50.00	Additional Child \$35.00
By June 15 (Early Bird)	\$65.00	\$45.00
By July 15	\$75.00	\$55.00
By August 10 (after 8/10 wait listed)	\$90.00	\$65.00

All Registrations received after August 10 will be placed on a waiting list and assigned to a team on a space available basis. (On a first come, first placed basis by grade)

Order jersey: Child Med ____ Child Lg ____ Adult Sm ____ Adult Med ____ Adult Lg ____ = Subtotal \$ ____
 (\$20.00) (\$22.50)

WYSA is helping support Project Whitefish Kids, along with youth baseball and softball. Financial assistance is available with a written request to WYSA. Additional donations will be used for equipment and program operations.

CLUB USE ONLY

Fee enclosed: 1st Child \$ ____ Add. Child (same household) \$ ____, \$ ____, \$ ____ **Subtotal \$** ____
 Additional donation: \$ ____

Check# _____ Date _____ **TOTAL \$** _____

Please make checks payable to WYSA (Whitefish Youth Soccer Association) PO BOX 241 WHITEFISH, MT 59937.

Mail forms- **a separate form for each player-** along with registration fees/ jersey payments to above address.

Financial assistance may be available upon written request to WYSA at above address.

Equipment and Uniforms

Five S's: Shirt, shorts, shoes, socks, shin guards are required.

Jerseys are reversible green and gold nylon mesh, which are worn by all teams. They may be found through WYSA. If you have jerseys that no longer fit, please donate them back to WYSA, so they can be made available to those who need them. General athletic shoes or soccer cleats (no METAL cleats allowed) and shin guards are required. Both are sold at local sporting goods stores, thrift stores, or rummage sales.

PARENTS CODE OF CONDUCT

I will support my child, his/her coaches, all referees, assistant referees, and other spectators.

My child: I will **encourage** my child **positively**. Be responsible to drop off and pick up at games and practices **on time**, and work with my child on the skills of the game. (WYSA does not take responsibility for children instructed to walk home from WYSA activities.)

Coach: I will always show respect to coaches. If I have concerns, I will: 1) Talk privately with the coach; 2) Talk with the WYSA Board if I still have concerns. The WYSA Board of Directors will make all final rulings on conflicts or concerns between parents and coaches, and I will abide by these rulings.

Referee: I will respect the referees in my comments. Most of the referees are students trained by WYSA. They will make calls that are not always agreed with. **Referees are to be respected as the final authority on the field.** If I have concerns about referees or their calls in a match, I will address the WYSA Board with my concerns or complaints. I will abide by WYSA's rulings in all cases concerning referees.

WYSA'S goal is to develop good sportsmanship, a positive attitude, basic soccer skills, and to above all have fun!!!!!!!!!!!!

Parent's/Guardian's Signature

Date

Parent's/Guardian's Signature

Date

Parents must sign the Parents Code of Conduct in order for their child/ren to be enrolled in WYSA's recreation soccer program. If at any time parents intentionally violate the Parents Code of Conduct; WYSA has the right to remove their child/ren from the program.