



Stamford Youth Soccer League

146 Gaymoor Drive, Stamford 06907

REGISTRATION FOR SYSL INDOOR 2012

Website: www.stamfordsoccer.org
 Sign up online at: www.bluesombrero.com/stamfordsoccer

Office phone: 322-5455

Office Use only:

Date received: _____
 Amount paid: _____
 Check number: _____

All City Divisions (includes G4) : Jan-April Fee \$70(+30) = \$100* after 12/31 fee is \$125.00*
Division 4 Mixed: play twice per week: Feb-April Fee \$90 (+ 30) = \$120* after 12/31 fee is \$145.00*

Player Name (please print) _____ * includes \$30.00 surcharge for custodial fees

Email Address: _____ Gender _____ Birthdate ____/____/____

Address _____ Stamford, CT (zip) _____ Is this a New Address ?

Telephone _____ New Number ? New Registrants - copy of birth certificate attached

SIGNED (Parent/Legal Guardian) _____ Date _____

****You must also read and sign back of form or registration will not be accepted****

I'd like to contribute to the **SYSL Scholarship Fund** to help all kids get a chance to play. Enclosed is my contribution of \$ _____

Thanks for your generosity!! Every donation helps. We are a non-profit organization.

I would like to contribute to SYSL's Summer Program for "inner city" kids: \$ _____
5 weeks, Mon-Fri: (\$100 pays for one child for 5 weeks) checks payable to: "SYSL Summer Program"
*******remember we are a non-profit organization*******

All City Divisions:

REGISTER MY CHILD IN: Check One Box Below

- | | | |
|----------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------|
| <input type="checkbox"/> Div I Girls . . 2003/2004 | <input type="checkbox"/> Div I Mixed . . 2003/2004 | <input type="checkbox"/> Junior Div Mixed... (D6) 2005 / (D5) 2006/07 |
| <input type="checkbox"/> Div II Girls . . 2000/2001/2002 | <input type="checkbox"/> Div II Mixed . . 2000/2001/2002 | <input type="checkbox"/> Div IV Girls 1993 - 96 |
| <input type="checkbox"/> Div III Girls . . 1997/98/99 | <input type="checkbox"/> Div III Mixed . . 1997/98/99 | <input type="checkbox"/> Div IV Mixed 1993 - 96 |

- NOTES:**
- Season runs **1/28- 3/28/2011** (off school vacation weekend of 2/19 & 2/20)
 - Schedule **minimizes conflict with Youth Basketball**. Players may participate in **both leagues**.
 - You will hear from your Coach about one week prior to start of season. Team assignments final!
 - Forms received after 12/31 are late**, and these registrants cannot be guaranteed a place on their previous team. **The first 9 players to sign up from Fall team (not Div 4) will be together.**
 - Shinguards are mandatory for all age groups!**

I WOULD LIKE TO HELP: Circle below/print name here: _____

Daytime phone # _____ email _____

- | | | |
|-------------------------------------|------------------------------------------|--------------------------|
| a. Head Coach (date of birth _____) | b. Assistant Coach (date of birth _____) | c. Field Commissioner |
| d. Administration | e. Sponsorship Committee | f. Soccer Shoe Recycling |
| g. Phone Calls | h. Newspaper articles | |
| i. Referee (over 13) | j. Fundraising | k. Annual League Banquet |
| | | l. Auction Item |

MY COMPANY IS INTERESTED IN SPONSORING A TEAM. Tell me more:

Name: _____

Daytime phone # _____ email _____

LEGAL AUTHORIZATION AND CONSENT: INSURANCE RELEASE: I hereby give my consent and agree to release, indemnify and hold harmless, the Stamford Youth Soccer League and the Stamford Parks and Recreation Department, its officials, coaches, and representatives, from any claim arising out of injury to the above named individual, except to the extent and in the amount covered by the Accident Reimbursement Program provided by the League. If a child has a PRE-EXISTING MEDICAL CONDITION, which has required treatment or been recommended for treatment, and that condition is not indicated on this form and accompanied by a doctor's certificate stating that the child may participate in the program, then the league insurance will not cover any injury incurred during the playing season related to that condition. Your signature on this form indicates that there is no pre-existing condition of which you are aware which would disqualify your child from insurance coverage. ***This form must be returned, completed and with fee, by December 31st***

Parent / Guardian Code of Conduct

MUST READ AND SIGN BELOW BEFORE REGISTRATION FORM WILL BE ACCEPTED

As a parent or guardian of a child registering in SYSL, I have read and accept the following code of conduct:

Behavior

I will act in a respectful and polite manner towards all players, coaches, referees and spectators. I understand that SYSL will not tolerate any behavior detrimental to our sport including: vulgarity, harassment or belittling of officials, coaches or players; physical violence or the threat of such towards anyone before, during or after a match; verbal abuse directed towards anyone before, during or after a match; and the taunting of opposing players, coaches and parents. We require the utmost self-restraint on the part of players and especially adults.

Discipline for such acts may include not being allowed to attend my child's games.

Team commitments

I respect that one of the objects of team sports is to develop in children such qualities as responsibility, cooperation and dependability. I therefore will do my best to be on time for games and practices and will inform my coach when that is not possible.

Be a supportive soccer parent

To the best of my ability I will give consistent encouragement and support to my child regardless of the degree of success, the level of skill or time on the field.

I will stress the importance of respect for coaches through discussions with my child, and highlight the critical nature of contributing to the team and its success.

I will serve as a role model and see the "big picture" and support all players.

I will leave the coaching to the coaches and will not criticize coaching strategies or team performance.

I will avoid putting pressure on my child about playing time and performance.

Medical Information

I will inform my child's coach of any relevant medical information about my child, for example: asthma or allergies.

Picture Use

I release to SYSL any pictures taken of my child during the season for use on the league website.

I understand that during the *Indoor Season only* my child may play both in the House League and with his/her Travel team.

Signed Parent / Guardian..... Date.....

Name of player (please print).....