



REGISTRATION For Travel Spring SEASON 2012

Return this form to your travel coach or manager only

League Website: www.stamfordsoccer.org

Office Phone: **322-5455**

Player Name _____ Gender: _____ Birthdate: _____

ID Number: (For Travel Division): _____ My Grade Sept. '11 _____ Email Address _____

Address: _____ Stamford, CT (zip) _____ Is This A New Address ?

Telephone: _____ Is This A New Phone Number ? New Registrants – attach copy of birth certificate

SIGNATURE: (Parent/Legal Guardian) _____ Date: _____

*****You MUST also read and sign page 2 of this form or it will not be accepted*****

Enclosed is a donation to your non-profit organization. I'd like to contribute \$ _____ to your Scholarship Fund to help all kids get a chance to play. Thanks for your generosity!!!

YOU MUST SELECT A BOX BELOW:

Fees: Travel \$175 / Premier \$225 / Premier-non Stamford resident \$325

Returning Players: Forms go to manager!!!!

Travel Players1992/2002

Premier Players1994/1998

Forms due by Nov. 11th ...or team will lose tournament \$\$\$\$

New Players: bring this form to tryouts, with payment made out to SYSL

I would like to try out for:

_____ Travel Team or _____ Premier Team

New travel players will be required to show an original birth certificate upon selection and will leave a copy with SYSL

*****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). Check Payable to: "SYSL Summer Program"

Check below:

When tryouts are completed, if my child does not make the travel team, I would like SYSL to:

_____ **Place my child in the appropriate House League Division**

_____ **Send a refund*. I will download a refund form from www.stamfordsoccer.org and return.**

Refund Policy

**If the player does not make a travel team, he/she is entitled to a full refund*

All refunds for players that have made a travel team, but then withdraw, will be less expenses incurred (state player insurance, administrative expense, uniforms, etc.). Subject to the terms specified below, refunds will only be considered after notice of intent to withdraw has been provided to the Division Commissioner and upon receipt of a completed refund form. Refund requests should be mailed to the League as soon as possible in consideration of children who may be on a waiting list to play.

- A refund of 50% will be provided up to the first game of play.

- No refunds are given once the day of the first game of the season is reached.

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 Nov. 11th, 2011**

Parent / Guardian Code of Conduct Travel

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).....