

Van Buren Youth Soccer Association

USYSA Membership Form

Youth Division of the United States Soccer Federation (USSF)

Affiliated with the Federation Internationale de Football Association (FIFA)

Please write legibly.

Players Last Name: _____ Players First Name: _____ Mid Initial: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ Birthdate: _____ / _____
Male Female

E-Mail Address _____ Child's Mother's Birthdate: _____ (MM/DD)
REQUIRED (no year)

Guardian's Name (Male): _____ Phone: _____

Guardian's Name (Female): _____ Phone: _____

Address (if different): _____

Any Medical Problem or Prohibition Player has: _____

Person to Notify in Emergency: _____ Phone: _____

Doctor to Notify in Emergency: _____ Phone: _____

School _____ Grade _____ New Player to VBYS: YES/NO

Played for Van Buren Youth Soccer before on (Team Name/Coaches Name): _____

As a player, I agree to conduct myself in a manner which exhibits good sportsmanship at all games, including tournament. This includes showing respect, through proper behavior and language, towards players, coaches, referees and spectators. I understand that any behavior on my part that is offensive, threatening, or disrespectful, may result in my immediate dismissal from the game area, and/or disciplinary action. Please note that coaches reserve the right to limit a player's actual playing time on the field for discipline purposes.

Player Signature: _____

Jersey Size U-6 ONLY	
____ Youth Small (6-8)	____ Youth Large (14-16)
____ Youth Medium (10-12)	

Jersey Size U-8 to U-19	
____ Youth Medium (10-12)	____ Adult Medium
____ Youth Large (14-16)	____ Adult Large
____ Adult Small	____ Adult X-Large

Jersey Agreement

The team Jersey received by your son/daughter is the property of Van Buren Youth Soccer Association. It is to be returned in a clean and wearable condition at the end of the soccer season. Failure to return the game jersey will result in a \$50.00 fee being assessed to you to replace it.

The Jersey is to be worn to games and pictures only. They may not be worn at practices or to school.

Consent for Medical Treatment (Minor)

As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Rules of the USYSA

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Program"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors (e.g. The Black Swamp Soccer League, Van Buren Youth Soccer Association and coaches, Allen Township Trustees and the Van Buren Community Sports Association), their employees and associated personnel, including owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to/from the same, which transportation I hereby authorize.

Parental/Guardian Support

Check the area(s) in which you would be willing to help; however, you may be assigned a different duty based on availability.

If you do not wish to participate by volunteering, you will be charged a \$75 deferral fee. The deferral fee is due at registration.

____ Coach () ____ Asst Coach () ____ Team Parent
____ Concession Worker/Field Paint ____ Field Set Up/Tear Down
____ Fall Tournament Committee Member

____ I DO NOT WISH TO VOLUNTEER AND HAVE INCLUDED THE \$75 DEFERRAL FEE WITH REGISTRATION

Please sign here to indicate you've read and agree to the above.

Name: _____ Signature: _____ Date: _____
Parent/Legal Guardian (please print)

Registrar Use:	Date:	CK#	Cash:	Div:
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VAN BUREN YOUTH SOCCER ASSOCIATION

Registration is under way for the Spring 2012 Soccer season. It is open to boys and girls ages 4-18 that live in the Van Buren district and the surrounding areas. The U-8 through U-19 season will consist of five Saturday games and three weeknight games with the **first game on March 31 and the last Saturday game on May 5**. The U-6 season (players under age 6) will be **April 2 through May 3** and will be two nights a week for an hour each night. The Bluffton Tournament will be May 12-13 for U12-U19. The Riverdale Tournament will be May 19-20 for U-8 and U-10.

REGISTRATION

1. **Completely fill out the BSSL registration form and the VBYSA registration form and sign in all of the appropriate places. Entry fees listed below must be returned with the completed form in order to be eligible to participate. In order for the registration to be processed, all forms and fees must be submitted.**
2. Registration days are **Saturday, January 7th and January 14th**. All registrations can be delivered during the hours of 10:00 a.m.-12:00 noon to the Allen Township Building No. 2 at the Allen Township SportsPlex. **Any registrations received after January 14th will be accessed a \$10.00 late fee per player.**
3. After registration is complete, **players U8 and older, will be notified in late February or early March** of which team you are on. The coaches who are donating their time will determine when practices will be. As soon as we get the schedules, they will be made available to you. **U-6 Division coaches, will notify you in mid March.**
4. **NEW players in Van Buren Youth Soccer Association must include a copy of their birth certificate with the Registration Form to be eligible to participate.**
5. **Registrations will only be accepted after January 31st on an as needed basis.**
6. We have had a real problem in the past few seasons with not having enough coaches. We try to keep the teams as small as possible so all the players will have more playing time. If we don't have parents who are willing to help with the children, we will need to increase the number of players on each team, thus decreasing playing time. **Please volunteer your time!**
7. For more information about Van Buren Youth Soccer Association, please visit **www.vanburensportscomplex.com** or contact **Brian Fleck at 419-257-4003. soccerfleck@gmail.com**

REGISTRATION FEES

Fees are as follows:

<u>Division</u>	<u>Birth Dates</u>	<u>Ages</u>	<u>Fees</u>
U-6	8/1/05 through 7/31/07	4 & 5	\$25.00 per player
(U6 players born after 7/31/06 will be placed on teams on an as needed and on a first come first serve basis.)			
U-8	8/1/03 through 7/31/05	6 & 7	\$32.00 (U8 player)
U-10	8/1/01 through 7/31/03	8 & 9	\$32.00 (U10 player)
U-12	8/1/99 through 7/31/01	10 & 11	\$37.00 (U12 player)
U-15	8/1/96 through 7/31/99	12, 13 & 14	\$42.00 (U15 player)
U-19	8/1/92 through 7/31/96	15,16,17 & 18	\$47.00 (U19 player)

Family Discount: Deduct \$5 for each additional player. First family member pays full price.

- Due to the fact that we have to turn rosters in to the Black Swamp Soccer League on time, there will be no refunds after the rosters are sent in on **February 21st.**
- Make checks payable to: **Van Buren Youth Soccer Association.**
- Return completed forms and check to: **Van Buren Youth Soccer Association at P.O. Box 52, Van Buren, Ohio 45889**

LEAGUE NAME: BLACK SWAMP	AGE GROUP: U-	CLUB NAME: VAN BUREN YOUTH SOCCER
2B	11	004
007	005	0000
REGION	STATE	DISTRICT
LEAGUE	CLUB	TEAM
		RECREATIONAL

Black Swamp Soccer League

Club Name: **VAN BUREN** Team Name: _____
Registrar will fill in team name

Child's Name: _____ Birth Date: _____

Address: _____

Phone #: _____

RULES OF THE USYSA

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Please sign here to indicate you've read and agree to the above:

Name: _____
Parent/Legal Guardian (please print)

Signature: _____ Date: _____



Van Buren Youth Soccer
PO Box 52, Van Buren, OH 45889

The VBYS is a non-profit youth soccer organization. We are a sanctioned club under the Black Swamp Soccer League. We are members of the US Youth Soccer Association and US Soccer. The purpose of the club is to organize, promote and administer the game of soccer in Van Buren, OH and the surrounding area. We accomplish this by: encouraging the development of the recreational player and ensuring that soccer is available to all interested participants, encouraging the development and practice of good sportsmanship, developing the principles of fair play and building good character, promoting the growth of soccer and by instructing, training and educating players, coaches, referees, managers, administrators, league and club officials to develop and improve their abilities.

The VBYS is under the supervision of the VBCSA (Van Buren Community Sports Association). The VBCSA maintains all sports at the Allen Township Sports Plex. They oversee the fundraising and maintenance of the complex.

The VBYS would not be possible without all the parents/guardians of the players of the club. Without everyone volunteering from painting a field, to working the concession stand, being a coach or being a board member, this club would not exist.

The purpose of everyone volunteering is needed to keep the cost to play at a minimum.

If you are interested in getting more involved or have any questions, please see a board member.

Thank you for volunteering and also for your support of this program.

VBYS Board

Brian Fleck - Director, Tom Rinebolt, Matt Missler - Asst. Director's, Dean Durliat - Treasurer, Lesley Bresler - Concession Coord., Heather Nessler - Team Parent Coord., Jennifer Strapp - Jersey Coord, Brooke Franks - Registrar