

Shelton Youth Soccer Organization Registration Form – Fall 2014

P.O. Box 2375, Shelton, CT 06484 WWW.SYSONET.ORG

Registrations postmarked after July 15th, 2014 will be subject to team availability and a \$25 late fee

Register Online at WWW.SYSONET.ORG



see web site for further information.

ONE FORM PER CHILD - PLEASE PRINT LEGIBLY

Last Name: _____ First Name (as on Birth Cert): _____ New to SYSO

Street Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Date of Birth: Month ____ Day ____ Year ____ Male Female

Player must be born on or before 7/31/2010 to be eligible. ALL registrants now required to submit Birth Cert beginning Spring 13 -see back

Email Address: _____ (for SYSO and coach use only PLEASE PRINT LEGIBLY)

Father's First Name: _____ Business Phone : _____ Ext. _____ Cell Phone _____

Mother's First Name: _____ Business Phone : _____ Ext. _____ Cell Phone _____

Person to notify in emergency (optional-after parents): _____ Telephone: _____

Cell Phone: _____ Relationship: _____

Doctor to notify in emergency: _____ Telephone: _____

List any medical problem or prohibition player has: _____

VOLUNTEERS NEEDED – A successful SYSO depends on volunteers - Please Help (write first name below)

Coach Assistant Coach Field Preparation Concessions Other _____

Name: _____ name: _____ name: _____ name: _____ name: _____

IMPORTANT

I, the parent/guardian of the registrant, a minor, agree that I, and the registrant will abide by the rules of the USYS, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS accepting the registrant for its soccer programs and activities (the Programs), I hereby release, discharge and/or otherwise indemnify the USYS, its affiliated organizations and sponsors, their employees and associated personnel, including the 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/or from the same which transportation I hereby authorize.

Name of Parent or Legal Guardian (please print) _____

Signature: _____ Date: _____

FEES (Please X)

Rec. Player **\$ 60**

2nd and additional **\$ 50**

Player-same family(Travel or Rec.)

Trav. player-Rec. Also **\$ 25**

For Late Fee Add \$ 25

if postmarked after 07/15/14

One Late fee per Family

-Registrations postmarked and received after the late date without the late fee **will be returned.**

-Late fees are non-refundable unless there is no room in the league

-Refund requests of registration fees must be in writing or email to registrar@sysonet.org and prior to participation in any games and before the 2nd week.

Refunds requested after Sept 1st are reduced by CJSA insurance fee(\$7)

Email refund requests acknowledged in 24 hours

Amount Enclosed: _____

Please make checks payable to SYSO

CONSENT FOR MEDICAL TREATMENT OF MINOR

As the parent or 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.

Signature: _____ Date: _____

LEAGUE USE ONLY

Player fee	/
Check# / Amt	/
Rec'd by/ Date	/
Processed	/

Same team as prior season Different team **Notes:** _____



SHELTON YOUTH SOCCER

Fall 2014 Registration

SYSO (Shelton Youth Soccer Organization) invites all school age children to come play soccer.

(Non Shelton residents pay additional \$10 fee)

The SYSO recreation league welcomes all levels of ability and experience.

The cost is \$60 /child with a \$10 discount for additional children.

Financial Aid is available – information available on the web site or at the Shelton Community Center

Register online at www.sysonet.org

or fill out the registration form on the back and mail to SYSO, PO box 2375, Shelton CT 06484.

Forms MUST be postmarked by July 15th, 2014 to avoid a late fee.

Birth Dates		LEAGUE	
08/01/00	07/31/01	L-4	U-14
08/01/01	07/31/02	L-4	U-13
08/01/02	07/31/03	L-4	U-12
08/01/03	07/31/04	L-3	U-11
08/01/04	07/31/05	L-3	U-10
08/01/05	07/31/06	L-3	U-9
08/01/06	07/31/07	L-2	U-8
08/01/07	07/31/08	L-2	U-7
08/01/08	07/31/09	L-1	U-6
08/01/09	07/31/10	L-1	U-5

Registration / Birth Certificate info

Beginning Spring 2013 season, all player birth date dates must be verified by CJSA via copy of birth certificate, or passport. Once a player has submitted a birth certificate, it will not be required in future seasons. Player must be registered with name as it appears on the birth certificate.

Registrations postmarked after July 15th or received after July 20th without late fee payment will be returned. Leagues DO fill fast so all late registrations will be subject to availability. **Online registration without late fee is available until July 15th** * SYSO is not responsible for any unavailability of the online registration process beyond our control and Late fees will be collected online beginning on July 16th. An 800 telephone support line is provided by the online registration provider to assist anyone having trouble completing the registration process.

In Person registration will be available Sat. July 12th from 10am to Noon at the Shelton Community Center Coaches will contact players near the end of August once team assignments and rosters are finalized.

Season Schedule

Games are every Saturday beginning early September for 10 weeks and are played between 8am and Noon**.

**Note League 4 games are NOW played on Saturdays

Games are approx. one hour and are played most likely at Capewell Park, The Nike Site Rec. area, or White Hills Rec. area. depending on league.

Practice Schedule

Coaches will contact players in Late August/ early Sept. and practice at various fields one evening per week for about an hour. Fields and practice times are not determined until team rosters are final therefore **we can not honor requests for specific practice days and times.**

Equipment

An SYSO Reversible jersey (available at Blanchette's Sporting Goods) is required, as well as shin guards and socks that cover the guards. Soccer cleats are not required but are recommended. Baseball shoes are NOT allowed.

Refunds

Registration fees are refunded in full, if made in writing **prior** to participation in any games and before the 2nd week, to the registrar and mailed to the address on the registration form, or emailed to registrar@sysonet.org. Late fees are not refundable unless there is no room in the league. Refund request emails will be confirmed by us within 24 hours.