

Shelton Youth Soccer Organization Travel Registration – Fall 10/Spring 11

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

Register Online at WWW.SYSONET.ORG

see web site for further information

online registration powered by



Registrations postmarked after June 3rd, 2010 will be subject to a \$25 late fee

PLEASE PRINT LEGIBLY

Last Name: _____ First Name: _____ Check if New to SYSO

Street Address: _____

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

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

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

Grade entering in Fall: _____ Required if NEW TO SYSO TRAVEL Mailed Birth cert. with reg. Bringing Birth cert. to Tryouts

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.

I understand that if placed on a team, the second installment is due by 9/1/10 and that late payment of that incurs an additional \$25 late fee.

Name of Parent or Legal Guardian (please print) _____

Signature: _____ Date: _____

Refund requests of registration fees must be in writing or email to registrar@sysonet.org and prior to August 1st, 2010.

-Refunds are reduced by CJSA and Admin fees (\$25)
Email refund requests acknowledged in 24 hours

FEES (Please Check)

This form for TRAVEL players ONLY

Travel (1st or 2nd installment) **\$ 250**

Travel (Full payment) **\$ 450** *save \$50*
2nd and additional

Player-same family **\$240 / \$430**

Second installment due 9/1/10

U15 and above Spring **\$225**

Add to play Rec. also (leagues 3&4)

(subject to availability) \$ 25

(Rec, re-registration req'd for Spring season)

Late Fee \$ 25

if postmarked after 6/3/10

Late fees are not refundable

ONE LATE FEE PER FAMILY

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	/

Notes: _____

SHELTON YOUTH SOCCER

Fall 2010/ Spring 2011 Travel Soccer Registration

SYSO Invites players to tryout for the Fall 10/ Spring 11 seasons.

This is a full year commitment with no re-registration required for the Spring 2011 season

The cost is \$450 /player with a \$20 discount for additional players from the same family for payment in full at time of Registration.

Or Payments are \$250 at time of registration, and a balance of \$250 due Sept. 1st 2010

****U15 and above play Spring only – Registration is \$225**

Registration info

You MUST Register by June 3rd to avoid late fee. Registration AT tryouts incurs late fee

If you have not previously played Travel soccer with Shelton Youth Soccer, you must bring a non-returnable copy of your birth certificate to tryouts.

Refunds

Registration fees (excluding late fees) are refunded in full less CJSA and Amin fees of \$25, if made in writing prior to August 1st, to the registrar and mailed to the address on the registration form, or emailed to registrar@sysonet.org. Refund request emails will be confirmed by us within 24 hours.

Travel candidates are required to attend at least one session. Two sessions are highly recommended. Further information is available on the web site. Tryouts are at Capewell Park

TRYOUT SCHEDULE

AGE GROUP	BIRTH DATES	DATES		TIME
U9 Girls	8/1/01 to 7/31/02	6/9/10	6/14/10	5:00 PM
U9 Boys	8/1/01 to 7/31/02	6/9/10	6/14/10	5:00 PM
U10 Girls	8/1/00 to 7/31/01	6/8/10	6/10/10	5:00 PM
U10 Boys	8/1/00 to 7/31/01	6/8/10	6/10/10	5:00 PM
U11 Girls	8/1/99 to 7/31/00	6/9/10	6/14/10	6:30 PM
U11 Boys	8/1/99 to 7/31/00	6/9/10	6/14/10	6:30 PM
U12 Girls	8/1/98 to 7/31/99	6/8/10	6/10/10	6:30 PM
U12 Boys	8/1/98 to 7/31/99	6/8/10	6/10/10	6:30 PM
U13/14 Girls	8/1/96 to 7/31/98	6/7/10	6/15/10	5:00 PM
U13/14 Boys	8/1/96 to 7/31/98	6/7/10	6/15/10	5:00 PM
U15 & up Girls	8/1/91 to 7/31/96	6/7/10		6:30 PM
U15 & up Boys	8/1/91 to 7/31/96	6/7/10		6:30 PM

Arrive Promptly at the designated times. Bring \$10 for Tryout T-Shirt

Players are encouraged to attend both tryouts.

CIAC rules disallow high school soccer team players to play for other soccer clubs in the fall.

U15& up tryouts are for the spring season. Teams may be placed in the premier division.

Note: Goalkeeper Tryouts for U12 and up only. Goalies should sign up at the registration table.