

I give my consent for the above named player to participate in the SYSA Soccer Program. I certify that he/she is physically fit and may take part in The Soccer Program. I agree to hold SYSA, its servants, agents and/or employees and contractors harmless from any and all claims for injuries sustained by my child during his/her participation. My child and I will abide by the rules of SYSA.

Parent/Guardian Signature & Date:

I can help in the following ways (circle one):

COACH

ASSISTANT COACH

DIVISION LEADER

Volunteer's Name: _____

Phone: _____

Email: _____

Please detach and mail registration form with a check payable to SYSA to:

**SYSA
PO Box 629
Sylvania, OH 43560**

Did you sign the form? Please hold on to the rest of the form for valuable information!

Needed Equipment:

***Soccer or Tennis Shoes**

***Soccer Ball (size 3 for PK-3rd, size 4 for 4-6th)**

***Shin Guards**

***SYSA Reversible Shirt - (Green/White)**

*** Black Shorts**

Shirt available through Dan Rodgers or Tam O'Shanter Pro Shop

No custom team jerseys please!

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WEATHER

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In case of inclement weather, Please call:

(419)882-1500 ext. 506

SYSA

**QUESTIONS?
(419)841-7975**

or visit:

**www.sysasoccer.com
email: toljack5@yahoo.com**

XXXXXXXXXXXXXXXXXXXX

**SYSA
YOUTH
SOCCER**

Grades PK- 8

**Ages 3 1/2 and up
Spring 2010**

**Mail in Registration
ONLY!**

Sylvania Recreation is not affiliated with SYSA and therefore cannot process your application

XXXXXXXXXXXXXXXXXXXX

SYSA

The SYSA Philosophy

SYSA soccer is open to all greater Sylvania area children. Boys and girls play on separate teams in a recreational league. (No travel players are allowed to play on SYSA recreational teams.) Pre-school and Jr. High teams are co-ed.

DEADLINE for Spring 2010 is February 28, 2010

Late registrations will be accepted for one week. After that, please call the registrar to confirm if space is available.

SYSA FEE: \$40* PER CHILD

ADD \$10 FOR REGISTRATIONS POSTMARKED AFTER 2-28-2010

* includes \$5 "player participation fee" assessed by Sylvania Area Joint Recreation District.

Non-Residents' Fee

An additional fee of \$10.00 per child must be submitted with this application for children residing outside of the Sylvania School District.

Volunteers (for K-8th grade)

COACHES: Over 100 coaches are needed so please consider volunteering your time. You need not have prior soccer experience. We have a coaching clinic before the season starts. Coaches will be subject to a background check.

DIVISION LEADERS: Division leaders assign players and coaches to teams, set schedules and act as a liaison between coaches of that division and the SYSA board.

Pre- K ~ Season starts mid April

The program is now open to 3 ½ -year-olds, as well as 4/5 year-olds. (3 by October 2009). Pre-school coaches will be provided by SYSA. There are no separate practices. Practices followed by short games will be held on 5 designated days, mostly Sundays. Children who turned 5 by Dec. 31st may register for the kindergarten division. Please note your kindergarten or pre- kindergarten preference on form.

TEAMS K-5 ~ Season starts Mid April

The age group division leaders will assign teams. Special requests will be considered as well as school attended, but the decision of the division leader/registrar is final.

TEAMS 6-8 ~ Season starts Mid April

Teams will be played 7v7 or 8v8 if registration numbers allow. Teams are co-ed.

GAMES: Games will be played at Pacesetter Park located on Sylvania-Metamora Rd. Games are played on the weekends (Sundays after 12:30) Make- up games and occasional regularly scheduled games may be held during the week beginning at 5:00 especially in the Spring.

Practices: Coaches determine the time and location of practices. Pacesetter Park Game Fields may not be used for practices. A \$50 fine may be imposed.

COACH'S MEETING!

Wildwood Metro Park
Ward Shelter
Thurs. March 25th 7 PM

SYSA REGISTRATION FORM:

Player's Name: _____

Address: _____

Zip: _____

Phone #:(_____) _____

Parent's Names: _____

Email: _____

Date of Birth: _____/_____/_____

Gender (circle one): **Male** **Female**

Grade: _____ (current)

School: (please note the nearest public school and the school attended)

Are you a resident of the Sylvania School district?
Yes or No

(If No, please include the \$10.00 per child non-resident fee)

Did she/he play SYSA in the Fall 2009?

Yes or No

If YES, would you like the same team, if possible? Yes or No

Previous Coach's Name:

Parent/guardian must sign waiver on back of form