

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 PK-3rd, size 4 4-6th)**

***Shin Guards**

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

*** Black Shorts**

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



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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

**SYSA
YOUTH
SOCCER
Grades PK- 8
Ages 3 1/2 and up
Fall 2008**

Mail in Registration
ONLY!

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

XXXXXXXXXXXXXXXXXXXXXXXXXX

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 teams are co-ed.

DEADLINE for Fall 2008 Season is July 31, 2008

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

SYSA FEE: \$35* PER CHILD

**ADD \$10 FOR REGISTRATIONS
POSTMARKED AFTER 7-31-2008**

* 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 in Sept 14th

The program is now open to 3 ½ -year-olds, as well as 4/5 year-olds. (3 by March 2008)). 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 October 2008 may register for the kindergarten division. Please note your kindergarten or pre- kindergarten preference on this form.

TEAMS K-5 ~ Season starts Sept 6th

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 Sept 6th

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. August 21st @ 7 PM

SYSA REGISTRATION FORM:

Player's Name: _____

Address: _____

Zip: _____

Phone #:(_____) _____

Parent's Names: _____

Email: _____

Date of Birth: ____/____/____

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

Grade: _____ (in Fall 2008)

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 Spring 2008?

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