



SPRING 2012 TRAVEL

This form is for the Spring Travel Season,

If you want to register your U10 or U12 player for Recreation, those form will be mailed out in early March.

This is for the upcoming Spring SAYSA Travel soccer session. Please fill in all the blanks as fully as possible, indicate which age group your player's birthdate falls in, order a jersey if needed, and return the form with the appropriate payment, a copy of your player's birth certificate (if never provided to SAYSA before), and a current photo, along with the Parent's Code of Conduct.

Practice Information:

Practices will be scheduled by your team coach and will begin in March. You will be notified once practice time and location is set. Games are held on Sundays throughout Western PA.

PA West Guidelines of Ages for Teams www.pawest-soccer.org

U10	08/01/2001 – 07/31/2003	U12	08/01/1999 – 07/31/2001
U14	08/01/1997 – 07/31/1999	U16	08/01/1995 – 07/31/1997
U19	08/01/1992 – 07/31/1995		

Application is due no later than *February 15, 2012*

- All players must have a copy of their birth certificate on file with SAYSA.
- A new photo is need yearly. You may attach to registration (please label photo with player's name), emailed to Registrar at PaDetky@gmail.com or text to 724-854-2862.
- All players must have a player ID (Last 6 digits of SS#)
- Please remember to sign the Parent Consent section
- Parent/Guardian's Code of Conduct also must be signed and returned (if one was not completed in the fall)
- If you already have a Travel Jersey, please put your current player # on the registration form.

FEES for players: Checks or Money Order made to SAYSA – Please write player(s) name in lower left corner

- \$75.00 if registration is received and postmarked BY January 1, 2012
- \$85.00 if registration is received or postmarked between January 2 – February 15, 2012
- \$25.00 for a Travel Jersey.

PLAYER PLAY-UP FORMS: You may be asked to complete Play-up Form after your registration is received. Please complete and return in a prompt manner as it is a required form PAWest requests on players in the younger age range of their team. We will be unable to assign your player to the team without it.

****All U10 players born before 07/31/02, this form is enclosed and will need to be return with registration.****

REFUND POLICY for Travel: If you decide to withdraw your player before the season starts, you will be refunded your fee paid minus \$5.00 processing fee until 02/15/12. After this date a refund of your fee minus \$19.50 (PAWest Fee and Processing Fee). There will be no refunds issued after the first practice. If you have questions, or concerns, please call the number listed at the top of this registration.

Fundraiser: SAYSA cannot survive without the support of our families and community. Your family may wish to show your support by making an additional donation onto your registration fees. This donation is also made to SAYSA and is a tax write-off. We asked all SAYSA families donate \$25 by donation and/or fundraising for the 2011-2012 season. THANK YOU for your continued support.

Mail completed form(s), documents and fees to:

SAYSA Travel Registrar, 4375 Seneca Road, Sharpsville, PA 16150

SPRING 2012 TRAVEL

PLAYER ID # Last 6 digits of SS#	BIRTH DATE	PLAYER YEAR	GENDER	EMAIL
HOME PHONE	CELL/WORK PHONE		ALTERNATE/EMERGENCY CONTACT	
GUARDIAN NAME & ADDRESS			PLAYER'S FULL NAME & ADDRESS	
IMPORTANT INFORMATION ALL PLAYERS <u>must</u> have a birth certificate copy on file with the club. Your status is shown in the box to the right.	BIRTH CERTIFICATE ON FILE	PARENT CODE OF CONDUCT 2011/12	SCHOOL ATTENDING	

Please sign the consents

GUARDIAN'S CONSENT

I understand that soccer is a contact sport that can result in serious or fatal injuries. I attest that I am a legal guardian of (player's full name) _____, and give permission for her/him to participate in practices, competitions and other activities sanctioned by SAYSA {the club}, or its Shenango Valley United or Shenango Valley Soccer divisions. I agree to hold the coaches, the club, its members, directors, and property owners harmless for any injury, should they occur. Our family will contribute up to one hour of volunteer time this session if asked to do so by the club, and participate in one fund raising activity authorized by the board of directors.

Guardian's signature: _____ **Date:** _____

I give permission to Shenango Valley Area Youth Soccer Association to photograph my son/daughter _____ for the purpose of promoting the Association via their web site: www.shenangovalleysoccer.com. If in the future I change my mind, I will present in writing the withdrawal of my permission.

Guardian's signature: _____ **Date:** _____

Please print name of person signing these consents: _____

Please circle which program and age group you are applying for.

Shenango Valley Soccer TRAVEL division		
Age Groups (Circle one)	PA West Guidelines for Ages	PROGRAM FEE for all age groups per player: \$75.00 if registration and fee are Postmarked & received before January 1, 2012. \$85.00 if registration and fee are Postmarked and received on or before February 15, 2012. No registrations accepted after February 15, 2012.
U10	08/01/2001 – 07/31/2003	
U12	08/01/1999 – 07/31/2001	
U14	08/01/1997 – 07/31/1999	
U16	08/01/1995 – 07/31/1997	
U19	08/01/1992 – 07/31/1995	
You will be contacted by your assigned coach regarding first practice, practice schedule and games.		# on current Jersey: If no Jersey, please give 3 favorite numbers:

Please complete this worktable to calculate your player's fees.

	PROGRAM FEE	JERSEY FEE	MY TOTAL
TRAVEL PROGRAM	\$75 – On-Time Registration – By January 1st \$85 - Registration – January 2 nd to February 15 th		\$
Fundraiser Donation		Amount:	\$
Travel Jersey	Sizes (please circle) YS, YM, YL, AS, AM, AL, AXL	\$25.00 each	\$

Payment: by check or money order only, payable to SAYSA **amount enclosed:** \$ _____

*******Please write the player's name on the lower left corner of the check*******

MAIL COMPLETED APPLICATION & PAYMENT TO: SAYSA Travel REGISTRAR; 4375 Seneca Rd., Sharpsville, PA 16150

You will be notified by email or mail within 2 weeks of when your application is received.

For registrar's use: date received _____ check #: _____ amount _____



Shenango Valley Area Youth Soccer Association

Parent/Guardian's Code of Conduct

By joining as a member of **Shenango Valley Area Youth Soccer Association (SAYSA)** we/I pledge to provide positive support, care and encouragement for my child(ren), (please print names:) _____, participation in SAYSA by following this Parent/Guardian's Code of Conduct:

1. I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or event.
2. I will place the emotional and physical well-being of the children first at all times.
3. I will remember that the game is for the children and not for the adults. I will do my very best to make soccer fun for my child.
4. I will not bring any alcohol, tobacco or illegal drugs product into the vicinity of the fields of play.
5. I will not coach my child or any other player during the game, unless authorized by an official of the SAYSA. If I do not agree with a coaching or referee decision, I will refrain from vocalizing my concerns in front of any children.
6. I will treat players, coaches, fans and officials with respect and good manners.
7. If a coach, official or SAYSA representative calls to my attention that my child is not treating coaches, players, officials or fans with respect, I will counsel my child on his/her need to do so. I will explain that failure to correct such an attitude may result in disciplinary action by SAYSA, which may include expulsion.
8. I will help my child's team by assisting the coaches and manager as needed. If I fail to abide by the above Code of Conduct, I recognize that I may be barred from attending youth soccer events sponsored by the SAYSA, at the sole discretion of the SAYSA Board of Directors. I agree to hold the SAYSA Board of Directors or representatives harmless.

A copy of this form will be kept on file with SAYSA. Please print one for your records. My signature means I will comply with the Parent/Guardian's Code of Conduct. I will also take responsibility that all family members or friends that attend SAYSA events to watch my child(ren) will be aware of and abide by this Code.

Parent/Guardian's name (printed)

Parent/Guardian's Signature

Date

Season 2011-12