

Van Buren Youth Soccer Association

Please find attached the Van Buren Youth Soccer Association (VBYSA) registration forms for the upcoming Fall 2008 Season. Please be sure to complete both the BSSL registration form and the VBYSA registration form to qualify for participation in the fall season. Also, the State Soccer Association is requiring additional information this year which includes the player/mother's birth date (month and day, only). This information will be used to assign each player a registration number.

I wanted to inform you that Ron Siferd has resigned as the Director of the VBYSA effective after the Spring Season. I want to say "THANK YOU" to Ron for all of his years of service. Also, I have accepted the Directorship of the VBYSA. I am seeking volunteers to fill the following positions on the VBYSA Board:

TREASURER

ASST DIRECTOR

SECRETARY

REGISTRAR

If you have an interest to serve as an officer for the association, please contact me as soon as possible.

Summer Camp

VBYSA and Liberty Benton Soccer are hosting a summer camp which will be held July 21-25. Registration is going on right now. If you register prior to June 6th, your child will receive a free Jersey from Challenger British Soccer Camp. Please visit www.challengersports.com, click on "Find a Camp near you" and choose British soccer camp and enter your zip code. Select Van Buren and Liberty Benton and then select the camp that is right for you child.

Sincerely,

Brian Fleck
Director
419-257-4003
befleck@yahoo.com

Van Buren Youth Soccer Association

USYSA Membership Form

Youth Division of the United States Soccer Federation (USSF)

Affiliated with the Federation Internationale de Football Association (FIFA)

Please write legibly.

Last Name: _____ First Name: _____ Mid Initial: _____

Address: _____ City: _____ Zip: _____

Telephone: _____ Birthdate: _____ / _____
Male Female

E-Mail Address _____ Child's Mother's Birthdate: _____ (MM/DD)
REQUIRED (no year)

Guardian's Name (M): _____ Phone: _____

Guardian's Name (F): _____ Phone: _____

Address (if different): _____

Any Medical Problem or Prohibition Player has: _____

Person to Notify in Emergency: _____ Phone: _____

Doctor to Notify in Emergency: _____ Phone: _____

School _____ Grade _____ New Player to VBYS: _____

Played for Van Buren Youth Soccer before on (Team Name): _____

As a player, I agree to conduct myself in a manner which exhibits good sportsmanship at all games, including tournament. This includes showing respect, through proper behavior and language, towards players, coaches, referees and spectators. I understand that any behavior on my part that is offensive, threatening, or disrespectful, may result in my immediate dismissal from the game area, and/or disciplinary action. Please note that coaches reserve the right to limit a player's actual playing time on the field for discipline purposes.

Player Signature: _____

Jersey Size U-6 ONLY	
_____ Youth Small (6-8)	_____ Youth Large (14-16)
_____ Youth Medium (10-12)	

Jersey Size U-8 to U-19	
_____ Youth Medium (10-12)	_____ Adult Medium
_____ Youth Large (14-16)	_____ Adult Large
_____ Adult Small	_____ Adult X-Large

Jersey Agreement

The team Jersey received by your son/daughter is the property of Van Buren Youth Soccer Association. It is to be returned in a clean and wearable condition at the end of the soccer season. Failure to return the game jersey will result in a \$50.00 fee being assessed to you to replace it.

The Jersey is to be worn to games and pictures only. No practices or school.

Consent for Medical Treatment (Minor)

As the parent or legal 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.

Rules of the USYSA

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Program"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors (e.g. The Black Swamp Soccer League, Van Buren Youth Soccer Association and coaches, Allen Township Trustees and the Van Buren Sports Community Association), their employees and associated personnel, including 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/from the same, which transportation I hereby authorize.

Parental/Guardian Support

We ask for active participation (at least 1 hour per family) in our Program. Check area(s) in which you would be willing to help. If you do not wish to participate by volunteering, you will be charged a \$75 deferral fee. The deferral fee is due at registration.

____ Coach () ____ Asst Coach () ____ Team Parent ____ Field Tear Down
____ Concession Worker ____ Tournament Worker ____ Field Set Up
____ Treasurer ____ Asst Director ____ Secretary ____ Registrar

Please Review the above positions as we need to fill many positions.

____ I DO NOT WISH TO VOLUNTEER AND HAVE INCLUDED THE \$75 DEFERRAL FEE WITH REGISTRATION

Please sign here to indicate you've read and agree to the above.

Name: _____ Signature: _____ Date: _____
Parent/Legal Guardian (please print)

Registrar Use:	Date:	CK#	Cash:	Div:
----------------	-------	-----	-------	------

VAN BUREN YOUTH SOCCER ASSOCIATION

Registration is under way for the Fall 2008 Soccer season. It is open to boys and girls ages 4-15 that live in the Van Buren district and the surrounding areas. The U-8 through U-15 season will consist of five Saturday games and three weeknight games with the first game on **Aug 23 and the last game on Sept 27**. There will be no games Labor Day Weekend. The U-6 season (players under age 6) will start **Sept 2 through Sept 25** and will be two nights a week for an hour each night. **THE VB TOURNAMENT IS OCT 11TH AND 12TH FOR U-8 AND U-10**. The Findlay Tournament will be Oct 4th and 5th for U12-U15.

REGISTRATION

1. **Completely fill out the BSSL registration form and the VBYSO registration form on the back of this letter and sign in all of the appropriate places. Entry fees listed below must be returned with the completed form in order to be eligible to participate.**
2. Registration day's are **Saturday, June 7th and June 14th**. All registrations can be delivered during the hours of 10:00 A.M.-12:00 noon to the Allen Township Building No. 2 at the Allen Township SportsPlex.
3. After registration is complete, you will be notified in **early Aug** which team you are on. The coaches who are donating their time will determine when practices will be. As soon as we get the schedules, they will be made available to you. U-6 Division coaches, will notify you **late Aug**.
4. **NEW players in Van Buren Youth Soccer Association must include a copy of their birth certificate with the Registration Form to be eligible to participate.**
5. No registrations will be accepted after **June 21th**.
6. We have had a real problem in the past few seasons with not having enough coaches. We try to keep the teams as small as possible so all the players will have more playing time. If we don't have parents who are willing to help with the children, we will need to increase the number of players on each team, thus decreasing playing time. Exceptions : Only two assistant coaches per team are permitted under the BSSL rules to be on the sidelines during a game with the head coach. **Please volunteer your time!**
7. For more information about Van Buren Youth Soccer Association, please visit **www.vanburensportscomplex.com** or **contact Brian Fleck at 419-257-4003. befleck@yahoo.com**

REGISTRATION FEES

1. **Fees are as follows:**

<u>Division</u>	<u>Birth Dates</u>	<u>Ages</u>	<u>Fees</u>
U-6	8/1/02 through 7/31/04	4 & 5	\$25.00 per player
U6 players born prior to 7/31/04 will be placed on teams on a need basis and on a first come first serve basis.			
+++++			
U-8	8/1/00 through 7/31/02	6 & 7	\$30.00 for the first player in the family
U-10	8/1/98 through 7/31/00	8 & 9	\$55.00 for two players
U-12	8/1/96 through 7/31/98	10 & 11	\$80.00 for three players
U-15	8/1/93 through 7/31/96	12, 13, 14, 15	\$105.00 for four players
+++++			
U-19	8/1/89 through 7/31/93	16, 17 & 18	\$45.00 per player (spring season only)

2. Due to the fact that we have to turn rosters in to the Black Swamp Soccer League on time, there will be no refunds after the rosters are sent in on **July 8th**.
3. Make checks payable to: **Van Buren Youth Soccer Association.**
4. Return completed forms and check to: **Van Buren Youth Soccer Association at P.O. Box 52, Van Buren, Ohio 45889**

LEAGUE NAME: BLACK SWAMP	AGE GROUP: U-	CLUB NAME: VAN BUREN YOUTH SOCCER
2B	11 004 007 005 0000	
REGION	STATE DISTRICT LEAGUE CLUB	TEAM RECREATIONAL

Black Swamp Soccer League

Club Name: **VAN BUREN** Team Name: _____

Child's Name: _____ Birth Date: _____

Address: _____

Phone #: _____

RULES OF THE USYSA

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, the Black Swamp Soccer League, its affiliated clubs, organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USUSA & BSSL and it's affiliated clubs accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors (e.g. Ohio Youth Soccer Association North, The Black Swamp Soccer League, Clubs and Soccer Coaches), 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.

Please sign here to indicate you've read and agree to the above:

Name: _____
Parent/Legal Guardian (please print)

Signature: _____ **Date:** _____