



Welcome Parents and Players,

Thank you for making BYSA your choice for soccer. We are excited about the many changes that have been, and will be made in the soccer program. The BYSA board has been working very hard to improve the soccer program and we hope we will be making your soccer experience a more organized and pleasant one.

As you will notice, the fees have increased this season. We have worked very hard to keep the fees as low as possible. However, without the financial backing from the county that the Leisure Services has received in the past, we have no choice but to increase the fees. One of the things we have done to keep the fees lower is choose three colors that will represent the Association. Everyone involved in the program will be wearing Royal Blue, Black and White. Each player will receive a Blue jersey, White jersey, shorts and socks. Choosing an Association-wide color scheme will allow players to use the same uniforms season after season and even pass them on to their siblings. We have entered a contract with a uniform company that will provide a higher quality uniform that should last several seasons. After paying the initial registration fees and purchasing the new uniforms, you will be able to save money in the following seasons by only paying a registration fee and not purchasing a new uniform.

Another way we have tried to suppress costs is to offer multiple child discounts. If you have more than one child playing please ask how we can help when you register your children.

Once again, thank you for making BYSA your choice for soccer. We are available for any questions or comments and look forward to many great seasons in the future!

Sincerely,

Jeff Parker
BYSA President

BARROW YOUTH SOCCER ASSOCIATION

REGISTRATION FORM

PLAYER NAME _____ PREFERRED NAME _____
Last First M.I.

BIRTHDATE ____/____/____ AGE AS OF AUGUST 1ST _____ 2008 SEX: M F (CIRCLE ONE)

ADDRESS _____ CITY _____ GA ZIP CODE _____

SCHOOL: _____ HOME EMAIL _____

FATHER: _____ PHONE: (H) _____ (C) _____ (W) _____

MOTHER: _____ PHONE: (H) _____ (C) _____ (W) _____

LEGAL GUARDIAN: _____ PHONE: (H) _____ (C) _____ (W) _____

EMERGENCY CONTACT _____ PHONE _____

Do you currently have a uniform? _____ Yes _____ No If No, See Below If Yes, Jersey # _____

SHIRT SIZE: YS YM YL AXS AS AM AL AXL (CIRCLE ONE) SHORT SIZE: YS YM YL AXS AS AM AL AXL (CIRCLE ONE) SOCK SIZE: KID YOUTH ADULT (CIRCLE ONE)

By signing, you are verifying that the above information is correct.

SIGNATURE

DATE

League Use Only: Check # _____

Amount Paid \$ _____

Recreational:

Boys: U4 U6 U8 U10 U12 U14 U16 U19

Girls: U4 U6 U8 U10 U12 U14 U16 U19

Select:

Boys: U10 U11 U12 U13 U14 U15 U16 U17 U18 U19

Girls: U10 U11 U12 U13 U14 U15 U16 U17 U18 U19

PLAYER NAME _____

AUTHORIZATION AND INDEMNIFICATION

HAVING BEEN INFORMED of Barrow County Leisure Services'/Barrow Youth Soccer Associations' intent to provide supervised athletic practices, games and other activities for individuals and groups of individuals involving a variety of ages of both genders, I/We, the parent(s)/legal guardian(s) of the above named Participant, do hereby give my/our approval of his/her participation, in any and all of such activities during the current season. I/We do further hereby assume all of the risks and hazards incidental to the conduct of such activities, from such activities, and I/We do further hereby release, absolve, indemnify and otherwise hold harmless Barrow County Leisure Services/Barrow Youth Soccer Association, the organizer, sponsor, and the supervisors of such activities, for any accident or injury which may occur involving the above named Participant. I/We acknowledge that any such activities are to take place upon Barrow County Leisure Services Department property, Barrow Youth Soccer Association property, or the property of local citizens and organizations who have provided field space for such purposes. In the case of accident or injury to the above named Participant in connection with his/her involvement in a department supervised activity, I/We hereby waive any and all liability claims against Barrow County, the County Leisure Services Department, Barrow Youth Soccer Association, activity organizers, sponsors, supervisors, and private property owners of facilities used for said activities. I/We likewise release from all liability any person who transports the above named Participant to or from said activities. I/We hereby give the County of Barrow ("County")/Barrow Youth Soccer Association permission to take photographs of me and/or my child or photographs in which I and/or my child may be involved with others without compensation to me. These photographs may be used by the County for promotional and informational purposes in print, on the County website, Barrow Youth Soccer Association website and in other media. I/We are in a position to furnish, upon request by Barrow County Leisure Services/Barrow Youth Soccer Association, a certified copy of the above named Participant's birth certificate.

REFUND POLICY

NO REFUNDS WILL BE GIVEN UNLESS A PLAYER IS UNABLE TO BE PLACED ON A TEAM

RETURNED CHECK POLICY

Any check returned due to insufficient funds will be turned over to a collection agency. Any fees incurred due to insufficient funds will be the responsibility of the above mentioned Participant's parent(s) or legal guardian(s).

I have read and agree with the authorization indemnification, refund policy and returned check policy.

Signature

Date



VOLUNTEERS-Our club is only as strong as our volunteers!!

Volunteers are a very important part of the Barrow Youth Soccer Association program. If you are willing to help in any area please fill out the following section.

Name _____ Phone Number _____
Address _____ City _____ Zip _____
Best Time to Call _____
Volunteering for: _____



COACHING APPLICATION

Coaches will be selected by the Barrow Youth Soccer Association Coaching Committee. The number of coaches will be determined upon completion of registration. You must submit the coaching form, below if you wish to be considered. Do not assume that, because you coached in the last season or any previous soccer season, you will automatically receive new coaching assignments. All coaches must submit to a background check by the Barrow County Leisure Services.

Name _____ Phone Number _____
Address _____ City _____ Zip _____
Best Time to Call _____ Preferred Practice Day/Time _____

_____ I am willing to be a COACH for the following: Age Level _____
_____ I am willing to be an ASSISTANT COACH for the following: Age Level _____

Years of Soccer Coaching Experience _____

Do you currently have a Coaching License? Yes/No _____ If Yes, What Level of Licensing? _____



BECOME A SPONSOR

Sponsors are always welcome and it's never too early to show your community spirit and sponsor our young soccer players. If you or someone you know may be interested in sponsoring please fill out the following section.

Name _____ Phone Number _____
Address _____ City _____ Zip _____
Best Time to Call _____
Business or Company _____



BYSA Parent/Player Code of Conduct



Parents Code of Conduct

- Parents serve as role models for their children; become aware of this and work to be a positive role model. Applaud good plays by your child's team as well as the opposing team.
- Parents should refrain from coaching or refereeing from the sidelines.
- Parents will not embarrass their child by yelling at players, coaches or officials.
- Parents will emphasize skill development and practices and how they benefit your athlete and de-emphasize game results in lower age groups.
- Parents should the efforts of the volunteer coaches and the league.
- Parents will never use profanity, illegal drugs, alcohol or tobacco during any game or training session.
- Parents will ensure their child treats other players, coaches, fans and officials with respect.
- Parents will place the emotional and physical well-being of all children ahead of their desire to win.
- Parents will never strike, shove, or threaten any official, player or other spectator.

Players Code of Conduct

- Players will play by the rules adopted by BYSA and G.Y.S.A.
- Players will control their temper; most of all resist the temptation to retaliate when you feel you have been wronged.
- Players will be good sports and applaud good plays by their team as well as others.
- Players will treat others as they would like to be treated.
- Players will cooperate with coaches, teammates, opponents and referees.
- Players will remember that soccer is a team sport.
- Players agree to play safely.
- Players will never use profanity, illegal drugs, alcohol or tobacco during any game or training session.
- Players must always abide by the officials decisions.

By signing below, you agree to abide by the rules stated above.

- Parent Signature: _____ Date: _____
- Player Signature: _____ Date: _____

(Failure to abide by the codes described herein will result in a hearing by the BYSA Board and possible disciplinary action)