

Stamford Youth Soccer League
146 Gaymoor Drive, Stamford 06907
REGISTRATION FOR SYSL INDOOR 2018 *revised 11/13/17

Website: www.stamfordsoccer.org Office phone: 322-5455
 Sign up online at: Stamford.soccer

Amount paid: _____

Office Use only: Date received: _____

Check number: _____

All City Divisions : Jan-March Fee \$150 ** However, if rec'd by 12/6 fee is **\$125.00***
 Player Name (please print) _____ ***includes \$35.00 surcharge for custodial fees**

Email Address: _____ (Email Important) Gender _____ Birthdate ____/____/____

Address _____ Stamford, CT (zip) _____ ☐ Is this a New Address ?

Telephone _____ (Phone Number Required) *New ?? – attach copy of birth certificate*

SIGNED (Parent/Legal Guardian) _____ Print Full Name _____ Date _____

****You must also read and sign back of form or registration will not be accepted****

☐ I'd like to contribute to the **SYSL Scholarship Fund** to help all kids get a chance to play. Enclosed is my contribution of \$ _____. Thanks for your generosity!! Every donation helps. We are a non-profit organization.

☐ I would like to contribute to SYSL's Summer Program for "inner city" kids: \$ _____
 5 weeks, Mon-Fri: (\$125 for a child for 5 weeks) checks payable to: **"SYSL Summer Program"**
 *****remember we are a non-profit organization*****

All City Divisions:

REGISTER MY CHILD IN: Check One Box Below:

- ☐ Div I Girls 2009/2010 ☐ Div I Mixed . . . 2009/2010 ☐ Junior Mixed 5... 2012/2013 ☐ Junior Mixed 6...2011
☐ Div II Girls 2007/2008 ☐ Div II Mixed . . 2007/2008 ☐ Junior Girls2011/2012/2013
☐ Div III Girls2004/05/06 ☐ Div III Mixed . . 2004/05/06 ☐ Senior Boys . . .2000-2003

- NOTES:** 1. Season runs 1/13/18-3/18/18 (off school vacation weekend on 2/17&18)
 2. Schedule *minimizes conflict with Youth Basketball*. Players may participate in **both leagues**.
 3. You will hear from your Coach about one week prior to start of season. Team assignments final!
 4. **Forms received after 1/1 are late**, and these registrants cannot be guaranteed a place on their previous team. **The first 9 players to sign up from Fall team will be together.**
 5. **Shinguards are mandatory for all age groups!**

I WOULD LIKE TO HELP: Circle below/print name here: _____

Daytime phone # _____ email _____

- | | | | |
|-----------------------|--------------------------|----------------------|--------------------------|
| a. Head Coach | d. Administration | g Phone Calls | j Fundraising |
| b. Assistant Coach | e. Sponsorship Committee | h Newspaper articles | k. Annual League Banquet |
| c. Field Commissioner | f. Soccer Shoe Recycling | i. Referee (over 13) | l. Auction Item |

MY COMPANY IS INTERESTED IN SPONSORING A TEAM. Tell me more: ☐

Name: _____

Daytime phone # _____ email _____

LEGAL AUTHORIZATION AND CONSENT: INSURANCE RELEASE: I hereby give my consent and agree to release, indemnify and hold harmless, the Stamford Youth Soccer League and the Stamford Parks and Recreation Department, its officials, coaches, and representatives, from any claim arising out of injury to the above named individual, except to the extent and in the amount covered by the Accident Reimbursement Program provided by the League. If a child has a PRE-EXISTING MEDICAL CONDITION, which has required treatment or been recommended for treatment, and that condition is not indicated on this form and accompanied by a doctor's certificate stating that the child may participate in the program, then the league insurance will not cover any injury incurred during the playing season related to that condition. Your signature on this form indicates that there is no pre-existing condition of which you are aware which would disqualify your child from insurance coverage.

This form must be returned, completed and with fee, by December 6

Parent / Guardian Code of Conduct *revised 10/14/16
MUST READ AND SIGN BELOW BEFORE REGISTRATION FORM WILL BE ACCEPTED

As a parent or guardian of a child registering in SYSL, I have read and accept the following code of conduct:

Concussion Information:

I will either access the league's online concussion information or will read a handout made available by the league.

Behavior

I will act in a respectful and polite manner towards all players, coaches, referees and spectators. I understand that SYSL will not tolerate any behavior detrimental to our sport including: vulgarity, harassment or belittling of officials, coaches or players; physical violence or the threat of such towards anyone before, during or after a match; verbal abuse directed towards anyone before, during or after a match; and the taunting of opposing players, coaches and parents. We require the utmost self-restraint on the part of players and especially adults.

Discipline for such acts may include not being allowed to attend my child's games.

Any adult who is removed from a game by a referee or confronts a coach during a game will also receive an automatic two game suspension from the league.

Team commitments

I respect that one of the objects of team sports is to develop in children such qualities as responsibility, cooperation and dependability. I therefore will do my best to be on time for games and practices and will inform my coach when that is not possible.

Be a supportive soccer parent

To the best of my ability I will give consistent encouragement and support to my child regardless of the degree of success, the level of skill or time on the field. I will stress the importance of respect for coaches through discussions with my child, and highlight the critical nature of contributing to the team and its success.

I will serve as a role model and see the "big picture" and support all players. I will leave the coaching to the coaches and will not criticize coaching strategies or team performance. I will avoid putting pressure on my child about playing time and performance.

Medical Information

I will inform my child's coach of any relevant medical information about my child, for example: asthma or allergies.

Picture Use

I release to SYSL any pictures taken of my child during the season for use on the league website or the newspaper..

Signed Parent / Guardian..... Date.....

Name of player (please print).....