

Brookings Soccer
 Association PO Box 447
 Brookings, SD 57006
 www.brookingsoccer.com

BROOKINGS SOCCER REGISTRATION

Fall/Spring 2010-2011

Registration Deadlines:

Fall: July 4, 2010 & Spring: Jan. 31, 2011

See late registration & refund policies

Contact Information:

Brookings.soccer@yahoo.com
 Vice President: Alicia 690-3105
 Registrar: Sheri 651-1929

on the reverse or 2nd page plus read our state privacy and birth certificate policies.

PLAYER INFORMATION

(Please circle Fall, Spring or both) Fall 2010 Spring 2011 Last Name First name	Sex	Date of Birth	Would YOU be willing to serve on the Board or help with Special Projects?	WILL YOU coach your child's team?	WILL YOU referee soccer games? Certificate Level.
1st Player - \$40 Fall and \$40 Spring	M F		Y N	Y N	Y N _____
2nd Player - \$30 Fall and \$30 Spring	M F		Y N	Y N	Y N _____
3rd Player - \$30 Fall and \$30 Spring	M F		Y N	Y N	Y N _____
4th Player - \$30 Fall and \$30 Spring	M F		Y N	Y N	Y N _____

PARENT INFORMATION

Please print clearly so we get the correct information recorded. Thank you!

Father/Guardian Information	Mother/Guardian Information (if different from Father's)
Month/Day of Birth ____/____ (MM/DD)	Month/Day of Birth ____/____ (MM/DD)
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Address: _____	Address: _____
City: _____	City: _____
State: _____ Zip: _____	State: _____ Zip: _____
Home Tel: _____	Home Tel: _____
Work or Cell Number: _____	Work or Cell Number: _____
Email: _____	Email: _____

Fees (per session):

1st Player - \$40; 2nd, 3rd etc... - \$30 each, **late fee \$25 per family**. See late registration/refund policy on reverse side
If you are paying for both fall and spring you have to pay the amount for each session

Fall Session – late August through mid-October. **Spring Session** – April through May.

\$5.00 of each session fee goes to field development & upkeep. Shin Guards & socks are required for all players and a **soccer ball** is recommended.

Scholarship: I am donating \$5_ \$10_ \$20_ Other _____ to help someone less fortunate (Entry fee, shin guards, ball)
 I would like to apply for a scholarship for my child, please contact me. _____ **(Required - \$10 per player per session)**

Age Divisions: **Boys & Girls in Kindergarten or 5 through 12 years as of 7/31/10 - U14 and older may play in the Sioux Falls league and Sioux Falls fees would apply.**

* BSA WILL PROVIDE COACHING EDUCATION TO VOLUNTEER COACHES. THE MISSION OF THE BROOKINGS SOCCER ASSOCIATION IS TO PROVIDE AN OPPORTUNITY FOR THE YOUTH OF THE BROOKINGS AREA IS TO DEVELOP SOCCER SKILLS, TO FOSTER PROPER ATTITUDES TOWARD COMPETITION AND SPORTSMANSHIP, TO LEARN RESPECT FOR RULES, THE VALUE AND RESPONSIBILITY OF TEAMWORK, SELF-DISCIPLINE, AND THE GAINING OF SELF-CONFIDENCE THROUGH THE IMPROVEMENT OF THEIR SOCCER SKILLS. MOST IMPORTANTLY, THE PURPOSE IS TO PROVIDE A FUN, ENJOYABLE AND SATISFYING EXPERIENCE FOR ALL INVOLVED IN THE PROGRAM: PLAYERS, COACHES, REFERRES, AND PARENTS.

BY SIGNING BELOW, I VERIFY THAT I HAVE READ AND UNDERSTAND THE CONSENTS AND POLICIES AS LISTED ON THE SECOND PAGE.

SIGNATURE OF PARENT/GUARDIAN

DATE _____

CONSENTS

As a parent or legal guardian of the named registrant(s), I hereby give my 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. I, the parent/guardian of the registrant(s), a minor or minors, agree that the registrant(s) and I will abide by the rules of the USYSA, its affiliated organization and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant(s) for its soccer programs and activities (the "Programs"). I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, 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(s) 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.

Late registration policy: Registrations are accepted up to the July 4th deadline for the Fall Session and January 31st deadline for the Spring Session. Registrations received or post marked after that date will need to have the \$25 late fee per family added to the regular registration fees. After August 4th for the Fall Session and February 28th for the Spring Session, registrations will still be accepted and players will be added to teams that still have room. If there are no teams that have space for additional players, new registrations will be placed on a waiting list for approximately 2 weeks, at which time if no players have dropped from a team or there are not enough players to create an additional team, the check will be returned.

Refund policy: No refunds will be given once teams have been formed regardless of reason. (Approximately – July 30th for Fall Session and March 4th for Spring Session). All dates are established so that we can coincide with the SD State Soccer Association deadlines and avoid penalty fees against the Brookings Soccer Association.

PRIVACY POLICIES

CONSENT for EMAIL ADDRESSES

The State Association collects and uses email addresses to provide easy and quick communications with and among the following groups: parents, players, presidents, registrars, coaches, director of coaching and referees, risk management coordinators and other club administrators. These email groups are asked and have the ability to opt out of e-news issues.

During the registration process, members are asked by US Youth Soccer to provide email addresses. The State Association does not use these addresses unless they are part of the aforementioned groups. US Youth Soccer will use these email addresses for internal purposes only.

By signing first page of this form, I agree that any email address I provide may be used by the Local and State Soccer Association, US Youth Soccer and any of their assigns to provide me with information about their programs and sponsors.

To opt out, initial here { }.

PHOTO USAGE

By signing this form, I agree and consent that both SDSSA and its member associations have my permission to use any image, photograph, video clip, or other similar image, in any media format, of either myself or my child, provided (1) the image is taken while I am, (or my child is) a player or participant in one of the various activities, events, and competitions sponsored by SDSSA or its member associations or as otherwise allowed by law, and (2) the image is used for one or more of the following purposes: media coverage of soccer activities, SDSSA Website use, SDSSA promotional materials, program books, video presentations and for similar purposes related to the activities of SDSSA or its member associations. I further release both SDSSA and its member associations from any liability for any adverse results which may result from the use of the above named photograph(s) or media images in the manner described. To opt out, initial here { }.

BIRTH CERTIFICATES

The US Youth Soccer Association along with the South Dakota State Soccer Association are now requiring that all players have an official birth certificate documented in the players information record on the SD State Soccer Software. We are not required to retain a copy unless the player is on a traveling team. If the player is recreational only and will not attend any tournaments then BSA only needs to see the birth certificate to document the birth date, birth name, and note if they were born within the United States. If you do not want to mail a copy you can contact the Registrar and make arrangements for documentation. If you do mail a copy we will document and then shred. This has to be an official copy of the birth certificate from the state of birth it can't be a hospital document. Thanks!