

TRAVEL/PREMIER TRYOUT REGISTRATION FORM

Player Name:

Sex:

Date of Birth:

Telephone:

Email Address:

Stamford, CT (zip) 0690_____

Age Group for Fall 2019 & Spring 2020: (Circle Appropriate One)	
U8: Year of Birth 2012 U9: Year of Birth 2011 U10: Year of Birth 2010 U11: Year of Birth 2009 U12: Year of Birth 2008 U13: Year of Birth 2007	U14/U15: Year of Birth 2006 & 2005 (Mixed in Fall 2019) U16: Year of Birth 2004 U17: Year of Birth 2003 U18: Year of Birth 2002 U19: Year of Birth 2001

**** There are no travel/premier teams in the Fall for U16-19 ****

IMPORTANT TRAVEL/PREMIER INFORMATION: By signing this form, the parent agrees that if offered a spot on a Stamford Youth Soccer League premier or travel team for their child that he/she will: (1) pay the initial "registration fee" by the deadline set by the league; (2) submit an original and copy of that player's birth certificate if the player is new to travel and/or premier program; and (3) submit a 1" by 1" picture of that player for a player pass, if necessary. Failure to timely pay the registration and/or other annual fee installments may result in: (1) the forfeiture of the players spot on the travel/premier team; or (2) the prevention of the player from participating in games and/or training sessions. By accepting a spot on a SYSL travel or premier team, I agree that my child will not play for any other travel or premier or training program unless I receive permission from SYSL and follow the procedures set forth by CJSA.

Note: Players will be responsible for purchasing their own uniform. The uniform will consist of one home jersey, one away jersey, one pair of shorts and one pair of socks. There are no minimum playing time rules on a travel or premier team. Playing time is a coaching decision and is dependent upon a variety of factors including but not limited to skill level, commitment, and behavior.

Travel/Premier Refund Policy: All individual facts and circumstances are reviewed by SYSL Travel Board on a case by case procedure. SYSL holds the right to withhold the signing of any player's transfer request if the program's annual fee is not paid in full.

Signature of Parent: _____

Date: _____

Print Name of Parent: _____

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 claims arising out of injury to the above named individuals except to the extent and in the amount covered by the Accident Reimbursement Program provided through 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.

Signature of Parent: _____

Date: _____

Parent / Guardian Code of Conduct Travel/Premier: As a parent or guardian of a child registering in SYSL, I have read and accept the following code of conduct:

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. I agree that I will remain on the parent's sideline before, during and after the game and will not enter the field of play, stand behind the goals or approach the coach/player sideline and will ensure my family members or other guests will remain on the spectator's sideline unless directed otherwise by an appropriate game or league official (i.e. referee or manager). I agree and acknowledge that I, along with my family members and other guests, may not approach a referee or assistant referee before, during or after a game for any reason including, but not limited to, discuss a call or any aspect of how a game was officiated. If I, or another family member or guest, has a complaint about a referee or assistant referee, I shall communicate that complaint to the team manager, who will then discuss said complaint with the appropriate league official. Discipline for violating any aspect of this paragraph may include not being allowed to attend my child's games. Any adult who is directed to leave a game by a referee or league official and/or confronts a coach, assistant coach, referee or assistant referee during or after a game shall 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.

Note: During the Fall and Spring Seasons, players may not participate in both travel/premier and house league teams at the same time.

Signature of Parent _____ Date _____

