

Stoughton Area Youth Soccer Association
(SAYSA)

www.stoughtonsoccer.info



Soccer Registration Information
2011-2012

Walk-in registration at:

Stoughton Area Senior Center
248 Main Street
Stoughton, WI 53589

Saturday, May 21, 2011 *and* Wednesday, May 25, 2011
9 a.m. to Noon 6:30 to 8:30 p.m.

Please make checks payable to SAYSA

Registrations may also be mailed to:

SAYSA
P.O. Box 33
Stoughton, WI 53589

**NEW! Recreational team jersey included with registration fee.
All uniform sizes will be available to try on during Walk-in registrations.**

***Registrations postmarked after June 1, 2011 will be assessed a
\$15 late fee and cannot be guaranteed team placement.***



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The registration form is attached for the Fall 2011 – Spring 2012 soccer season. Acceptance of registration does not guarantee placement on a team. Placement is dependent on the number of coaches and players registering by the deadline. This is a first-come-first-served process. **Payment is due with registration.**

Level:	Date of Birth:	Cost:	Discount*:	Discounted Cost*:	Max. Team:	Ball Size:
U7	On or after 8/1/2004	\$95.00	\$15.00	\$95.00 - \$15.00 = \$80.00	12 players	3
U8	On or after 8/1/2003	\$95.00	\$15.00	\$95.00 - \$15.00 = \$80.00	12 players	3
U9	On or after 8/1/2002	\$120.00	\$30.00	\$120.00 - \$30.00 = \$90.00	12 players	4
U10	On or after 8/1/2001	\$120.00	\$30.00	\$120.00 - \$30.00 = \$90.00	12 players	4
U11	On or after 8/1/2000	\$130.00	\$30.00	\$130.00 - \$30.00 = \$100.00	14 players	4
U12	On or after 8/1/1999	\$130.00	\$30.00	\$130.00 - \$30.00 = \$100.00	14 players	4
U13	On or after 8/1/1998	\$130.00	\$30.00	\$130.00 - \$30.00 = \$100.00	18 players	5
U14	On or after 8/1/1997	\$130.00	\$30.00	\$130.00 - \$30.00 = \$100.00	18 players	5
U15	On or after 8/1/1996	\$130.00	\$30.00	\$130.00 - \$30.00 = \$100.00	18 players	5
U16	On or after 8/1/1995	\$130.00	\$30.00	\$130.00 - \$30.00 = \$100.00	18 players	5
U17	On or after 8/1/1994	\$130.00	\$30.00	\$130.00 - \$30.00 = \$100.00	18 players	5
U18	On or after 8/1/1993	\$130.00	\$30.00	\$130.00 - \$30.00 = \$100.00	18 players	5

*Registration fees may be discounted if your family qualifies for free or reduced hot lunch at school.

Important Notes:

- Players at U7 & U8 levels receive a Physicians Plus soccer t-shirt (included in the \$95 fee).
- Players at levels U9 through U18 receive a SAYSA soccer jersey (included in the registration fee).
- Additional SAYSA soccer jerseys, shorts and socks may be ordered at registration.
- There is a \$5.00 discount for the second child after one full priced registration is paid.
- There is a maximum registration fee per family of \$275.00.
- U7 & U8 teams play only in Stoughton (i.e. these teams do not travel to other cities for games).
- U9 through U18 are scheduled for 8 games each season (4 at home, 4 away).
- **Registrations postmarked after Wednesday, June 1, 2011 will be assessed a \$15 late fee and cannot be guaranteed team placement.**
- **Refund Policy:** A full refund of registration fees will be granted, if requested in writing by July 1, 2011; a 50% refund will be granted, if requested in writing by September 1, 2011 *for fall season only*. The only exception that will be granted is for a “Spring Only” player who wishes to withdraw from participation. These written requests are due by February 1, 2012 for a full refund of the spring season; a half refund for the spring season only will be granted if requested in writing by April 1, 2012.
- Registration fees include both the fall and spring seasons. If your child has a conflict for one of these seasons, there is still a chance they can play soccer in the other season if there are enough players to fill a team. If you are interested in this option, please check “Spring Only” or “Fall Only” on the registration form. Submit half the appropriate registration fee listed above.
- Classic teams (competitive) will be subject to additional fees. Please visit our web site for more information:

www.stoughtonsoccer.info

Please make checks payable to SAYSA



Stoughton Area Youth Soccer Association

SAYSA Player Registration Form

PLAYER'S LAST NAME: _____ PLAYER'S FIRSTNAME: _____ (M OR F): _____
 ADDRESS: _____ CITY: _____ ST: _____ ZIP: _____
 PHONE: _____ BIRTHDATE (MM/DD/YY): ____/____/____ MOTHER'S BIRTHDATE (MM/DD ONLY) ____/____/____
 FAMILY E-MAIL: _____ SCHOOL: _____ GRADE ENTERING IN FALL: _____
 PARENT/GUARDIAN NAME: _____ PHONE (H) _____ PHONE (W) _____
 PARENT/GUARDIAN NAME: _____ PHONE (H) _____ PHONE (W) _____
 PREV. TEAM NAME: _____ COACH'S NAME: _____ YEARS PLAYED: _____
 U7 & U8 ONLY UNIFORM SIZE (CIRCLE ONE): YM YL AS AM AL
 U9-U18 ONLY UNIFORM SIZE (CIRCLE ONE): YXS YS YM YL WS WM WL WXL WXXL MS MM ML MXL MXXL
 SEASON REQUEST (CIRCLE ONE): FALL ONLY SPRING ONLY BOTH FALL AND SPRING SEASONS
 TEAM PLACEMENT (U9-U19 ONLY): CO-ED TEAM ALL GIRLS TEAM ARE YOU WILLING TO VOLUNTEER? (CIRCLE ONE): YES NO
 PARENT WOULD LIKE TO: COACH ASSISTANT COACH TEAM MANAGER SAYSA BOARD MEMBER (REGISTRATION FEE WAIVED)
 NAME OF PHYSICIAN: _____ CLINIC: _____ PHONE: _____
 ALLERGIES OR HEALTH CONDITIONS: _____
 PERSON TO CONTACT IF PARENT/GUARDIAN CANNOT BE REACHED: _____ PHONE: _____ RELATIONSHIP TO CHILD: _____

Release Of Liability The undersigned parent or legal guardian of (print full name) _____, the "Registrant," recognizes that soccer is a vigorous contact sport and that the Registrant may suffer temporary or permanent serious physical injury including, but not limited to sprains, fractures, brain or spinal damage, paralysis or even death while playing soccer or attending a game, tournament, practice or scrimmage. The undersigned parent or legal guardian of the Registrant recognizes that the types of injuries and harm mentioned in the preceding sentence of this Release can arise from a wide spectrum of causes in regard to the sport of soccer including, but not limited to: head injuries suffered by players impacting each other, goalposts or the ground; players getting hit by motor vehicles in parking lots or roads near fields; violent or overly rough play; playing in weather that may be too dark, too hot, too wet or too slippery; player fights; injuries caused by poor field conditions including potholes, protruding sprinkler heads, holes or the like; lightning; or negligence or misconduct by coaches, parents, referees or other players. The undersigned further acknowledge and understand that travel to and from games, practices, and tournaments by motor vehicle or other means of transportation may be necessary and that such travel carries with it inherent risks of injury. With full knowledge of the above-referenced risks, and in consideration for the United States Soccer Federation ("USSF"), United States Youth Soccer Association ("USYSA"), and the Wisconsin Youth Soccer Association ("WI Youth Soccer Association") and their member soccer clubs accepting the Registrant in their soccer programs, and pursuant to the recreational assumption of the risk statute, sec. 895.525, Wis. Stats., the Registrant and I hereby accept and assume full responsibility for any and all harm caused by negligence, and release, discharge, and/or otherwise indemnify the USSF, USYSA, and the WI Youth Soccer Association, and their respective clubs, coaches and staff, directors and officers, league and tournament sponsors and their directors and officers and any of their facilities utilized for soccer as to any claims and causes of action based on allegations of negligence by or on behalf of the Registrant and his or her parents or legal guardians. This release includes transportation to and from soccer games and tournaments, which I hereby authorize. I hereby grant the Madison Area Youth Soccer Association ("MAYSA") permission to use my likeness, or the likeness of my minor child or children in a photograph in any and all of its publications, including website entries, printed or other media, whether now known or hereafter existing, controlled by MAYSA, in perpetuity, and for other use by MAYSA without further consideration. I hereby irrevocably authorize MAYSA to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing MAYSA's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears. If you have any questions regarding any of the provisions of this Release, or otherwise wish to discuss or negotiate about any of the provisions of this Release, contact the MAYSA's Executive Director. Please note that the Registrant shall not be permitted to participate in any MAYSA sponsored program or game unless and until this form is signed and returned to an authorized MAYSA representative or other satisfactory arrangements are made with regard to the subject matter of this Release in a writing signed by both you and MAYSA's Executive Director. This Release shall remain in effect for the duration of the **2010-2011** soccer season and shall be interpreted under Wisconsin law.

Consent For Medical Treatment With full knowledge of the risks of injury in the game of soccer, I hereby authorize the following persons to administer emergency medical treatment to my child, the Registrant, for any injury or other medical emergency while at a practice, game, tournament, scrimmage, or while attending or traveling to or from any of those activities: All coaches and managers of my child's team; all officers and officials of the soccer club to which my child's team belongs; all United States Soccer Federation ("USSF"), United States Youth Soccer Association ("USYSA"), and Wisconsin Youth Soccer Association officers, directors or other league or District officials; and all directors, officers, sponsors, officials or agents of any league or tournament that my child may participate in. This consent also extends the right to those persons listed above to arrange for immediate medical treatment by a licensed physician and/or other trained medical personnel, and for them to provide such emergency medical care as they deem appropriate to preserve the life or well-being of my child. My child and I hereby release, hold harmless and indemnify the above-listed persons for any injury or damage related to administration of emergency medical care as authorized herein. This Consent for Medical Treatment shall remain in effect for the duration of the **2010-2011** soccer season and shall be interpreted under Wisconsin law.

I have read and fully understand the above statements. I acknowledge that before signing I had an opportunity to contact SAYSA, WI Youth Soccer Association or MAYSA to discuss any questions I had about the above Release and Consent.

SIGNATURE OF PARENT OR LEGAL GUARDIAN: _____ DATE: _____

MY CHILD QUALIFIES FOR FREE/REDUCED SCHOOL LUNCH PROGRAM (MAYSA FEE REDUCTION) Y or N

FOR OFFICE USE ONLY:
 Team Name: _____ Age Group U- _____ (X) Girls _____ Boys / Mixed _____ Coaches Name _____



Stoughton Area Youth Soccer Association (SAYSA)

General Information

(Please save for future reference.)

Our Mission: The mission of Stoughton Area Youth Soccer Association is to make fun and competitive soccer accessible to girls and boys, ages 6 – 19, at all skill levels. We will provide a safe environment for the development of players, coaches, and their families with an emphasis on teamwork and good sportsmanship. We will collaborate with the larger community to promote soccer and create a positive connection with ALL local sports programs.

General Information:

- The "U" stands for "Under" (e.g. "U7" means players are "Under 7-years old" as of August 1st each year.)
- Soccer practice starts around Labor Day in the fall and after Spring Break in the spring: fall season runs from September until late October; spring season runs from April until early- to mid-June.
- Coaches pay the full registration fee for their child/children. After a background check is successfully completed, the registration fee will be reimbursed. Y1 training is required for all Coaches. (SAYSA pays for Y1 training.)
- The Coach determines the weekly practice schedule and is responsible for communicating with parents.
- U7 & U8 teams play exclusively in Stoughton.
- U9 through U18 teams are scheduled for 8 games each season (4 games at home; 4 away).
- Each player at the recreational level is expected to play at least one-half of each game.
- All players must wear shin guards. (Soccer cleats are recommended, but not required.)
- Game durations are as follows:
 - U7 – U8: Four-12 minute quarters; 2 minutes between each quarter & a 5-minute halftime break.
 - U9 – U10: Two-25 minute halves and a 5-minute halftime break.
 - U11 – U12: Two-30 minute halves and a 5-minute halftime break.
 - U13 – U14: Two-35 minute halves and a 5-minute halftime break.
 - U15 – U16: Two-40 minute halves and a 5-minute halftime break.
 - U17 – U19: Two-45 minute halves and a 5-minute halftime break.
- Players wishing to play more competitively may try out for Classic teams, if they are available. Please ask for more information about Classic teams at Walk-In Registrations or visit our web site at:

www.stoughtonsoccer.info

SAYSA Board Members, Spring 2011

Tracy Zeichert	President	877-2678
Darin Tessier	Former President	695-5550
Leigha Aareon	Vice President	322-6638
Diane Donelan	Treasurer	873-6806
Marsha Ripkey	Registrar / Field Coordinator	873-0487
Kristin Knutson	Secretary	873-8579
Adam Dial	Player / Coach Development	455-1681
VACANT	U7 – U8 Age Commissioner	VACANT
Lori Moll	U9 – U10 Age Commissioner	873-8778
Atsuko Trieloff	U11 – U12 Age Commissioner	873-7365
Meegan Rowe	U13 and Up Age Commissioner	719-8316
Peter Bausch	U7 – U8 Game Schedule Coordinator	873-8372
VACANT	Field Manager	VACANT
Jason Pruitt	Equipment Manager	719-7240
VACANT	Fundraising Committee Chairperson	VACANT
Chris Freeman	Syttende Mai Event Coordinator	873-3618
Jeff Loomis	Member At Large	873-4432



Stoughton Area Youth Soccer Association (SAYSA)
British Soccer Summer Camp
July 18 - 22, 2011
Kegonsa Elementary School Fields

Session	Time	Age	Price
First Kicks	9:00 a.m. – 10:00 a.m.	Ages 3 to 4	\$73.00*
Mini Soccer	10:30 a.m. – 12:00 p.m.	Ages 4 to 6	\$85.00*
Half Day	9:00 a.m. – 12:00 p.m.	Ages 6 to 9	\$110.00*
Half Day	1:00 p.m. – 4:00 p.m.	Ages 10 to 12	\$110.00*
Half Day	1:00 p.m. – 4:00 p.m.	Ages 13 to 14	\$110.00*

*A \$10.00 per player late fee will be assessed on applications received
Within 10 days of the Program start date.

To register on-line, go to:
www.challengersports.com