

Girls and boys between 6 and 15 years of age are invited to participate in the SYSA's co-ed recreational soccer program. Players must be 6 years or older by 8/1/2010. 15 year old players must be in middle school.

In the SYSA, all players enjoy equal playing time in a supervised environment. During the season, players will develop fundamental soccer, sportsmanship, and teamwork skills.

	Start Date	End Date	Fees for 6 - 12 year olds	Fees for 13 - 15 year olds the current jersey has been discontinued all players will have to purchase new jerseys. If you have a jersey from the past season you will only have to pay \$15 for the jersey instead of \$20
Early Registration	6/5/2010	7/22/2010	\$35 (includes t-shirt)	\$60 new players (includes jersey) \$55 existing players (includes jersey)
Late Registration	7/23/2010	7/31/2010	\$45 (includes t-shirt)	\$70 new players (includes jersey) \$65 existing players (includes jersey)
Waiting List	8/1/2010	To be determined	\$45 (includes t-shirt)	\$70 new players (includes jersey) \$65 existing players (includes jersey)

Meetings and Schedule	Coaches meeting Sparta Library 8/17/2010 @ 7 pm		Parent & Players Meeting Sparta Middle School August 24,2010 @ 7 pm	
	First Game 9/11/2010	Picture Day 9/18/2010	Last Game 10/16 or 10/25?	

Player furnished equipment	All players must provide shin guards and soccer cleats for practices and games.
Registration Form and Fee Submittal	The SYSA requires one completed registration form for each player. Families with more than one player must submit one form for each child. SYSA will accept a single check for multiple players. But each player must submit a completed registration form. Make checks payable to: Sparta Youth Soccer P.O. Box 212 Sparta, MI 49345 ***Submit registration forms and fees for ALL PLAYERS, ages 6 – 15, to this PO Box. ***
Registration Waiting List	Registration forms submitted after the registration period closes will be placed on a waiting list. The SYSA works to place all waiting-listed players on a team. However, placement can not be guaranteed. Registration fees will be refunded if players can not be placed on a team.
Car Pool / Sibling Placement / Coach or Sponsor requests	The SYSA recognizes car pool, sibling placement, coach and sponsor requests while forming teams. All players involved in such requests must note the request on the registration forms. Car pool requests involving more than 2 families may not be granted. Be sure to note when siblings are to be placed on the same team when submitting the registration forms.
Parent and Players Meeting	Parents and players are encouraged to meet the coaches, receive picture forms, practice schedules and other information while attending the season kick-off meeting in the Sparta Middle School (old high school) Gym. Meeting schedule and time are listed above in "Meeting and Schedule" section.
Coaching and Volunteer Opportunities	The SYSA is a volunteer organization. Family involvement and volunteering is key to the program's continued success. The program relies on volunteers to fill coach, assistant coach, field maintenance and board member positions. Please circle the SYSA function you'll help perform in the Coach and Volunteer Registration Form section on the back of the Player Registration form.
Questions or comments	Visit the SYSA web site (http://www.spartayouthsoccer.com) for more information. Or contact the SYSA at info@spartayouthsoccer.com or 616.336.1834 . Please allow 5 business days for the SYSA to respond to your questions.

Player Registration Form Fall 2010

Player's Name	<hr/>	Player's Age – August 1		
Player's Sex	M F	Number of soccer seasons played (Example: spring and fall count as 2 seasons)		
Player's Birth Date	___/___/___	Player's grade in school		
Parent/Guardian Name(s)	Father's Name: <hr/>	Phone Number(s):	(___)-___-____ home	
	Mother's Name: <hr/>		(___)-___-____ Dad cell	
Emergency Contact(s)	Name: _____	Emergency Phone Number(s):	(___)-___-____	
	Name: _____		(___)-___-____	
Player's Address	Street: _____			
	City: _____	Zip code: _____		
Player Health Information (Example: asthma, allergic to bee stings, etc.)	(write in health info)			
T-Shirt / Jersey (Circle required size)	Youth Med. (10-12)	Youth Lg. (14-16)	Adult Small Adult Medium Adult Large Adult X Large	
Do you have more than one child playing in the same age division?	Y N	(Circle age(s)) 6 7 8 9 10 11 12 13-15		
Car Pool / Sibling Placement / Coach or Sponsor Request	(write in request)			
Practice Schedule (Circle days player CAN NOT practice)	Circle day(s) when player CAN NOT practice: Mon Tue Wed Thur Fri			

I give my permission for my son/ daughter to participate in the Sparta Youth Soccer Association program. I further certify that he/she is in good health and is physically fit to play. I understand that it is my responsibility to provide adequate insurance for my son/ daughter. I accept full responsibility for any injuries or resulting expenses incurred during his/her participation.

Parent or Legal Guardian signature: Name _____ Date ___/___/___

NOTE: Coach and Volunteer Registration form on reverse side.

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Coach and Volunteer Registration Form

The SYSA program relies on volunteers to fill coach, assistant coach, field maintenance and board member positions. We encourage parents and guardians to get involved, volunteer their time and talent, and help keep the program strong.

Please indicate your willingness to volunteer by circling one of the choices below or writing in how you might help in other ways. Also indicate if you're willing to sponsor a team. A SYSA board member will contact you to follow up.

***** SYSA pays the registration fee for one child when a parent or guardian coaches or fills a board member position. *****

Circle the SYSA function you'll help perform	Coach	Assistant Coach	Registration Committee	Field Maintenance
Help in other ways	(write in)			
Sponsor a team	(write in)			
Volunteer's Name	Name: _____	Volunteer's Phone Number:	(____)-____-_____	