



# Barnstable Youth Soccer



## Association Spring Travel 2012

U09 born between 08/01/02 – 07/31/03

U10 born between 08/01/01 – 07/31/02

U11 born between 08/01/00 – 07/31/01

U12 born between 08/01/99 – 07/31/00

U13 born between 08/01/98 – 07/31/99

U14 born between 08/01/97 – 07/31/98

U15 born between 08/01/96 – 07/31/97

U16 born between 08/01/95 – 07/31/96

U18 born between 08/01/93 – 07/31/95 **Dates are set by MYSA (Massachusetts Youth Soccer Association)**

**The tryout location is at Cape Cod Community College, dates and times are as follows:**

Sunday, Oct. 23<sup>rd</sup>, 2011

Sunday, Oct. 30<sup>th</sup>, 2011

U10G/U10B 10:00 AM (ends at 11:15 am)

U12B,U13B,U14B/U14G 10:00 AM (ends at 11:15 am)

U11G/U11B 10:00 AM (ends at 11:15 am)

U13G 11:15 AM (ends at 12:30 pm)

U12G 11:15 AM (ends at 12:30pm)

U12G 12:30 PM (ends at 1:45 pm)

U13G 12:30 PM (ends at 1:45 pm)

U11G/U11B 1:45 PM (ends at 3:00pm)

U12B,U13B,U14B/U14G 1:45 PM (ends at 3:00pm) U10G/U10B 1:45 PM (ends at 3:00 pm)

**First 15 minutes are for those who have not pre-registered to register and for everyone to receive a numbered pinnie. Players should wear a white shirt to tryouts, no team uniform shirts allowed.**

***\*If you are in an age group that does not require tryouts, you still need to register by the tryout dates.\****

BYSA Spring Travel Soccer program invites you to participate in the Tryouts for the South Coast Soccer League 2012 Season. This is a competitive travel league with teams from U9-U18. A total of 8 games are played (4 home, 4 away) on Saturdays or Sundays beginning at the end of March and concluding in June. Teams will be formed in the later part of the Fall Season. At the tryouts players must check-in, receive a number, and make sure all registration paperwork is completed. **You must have all of these items in order to register: 1) Copy of players' birth certificate (Only if you have not played Spring Travel with BYSA in the last year), 2) 1 ¼" size picture of the player, 3) Payment in Full, 4) Completed Registration Form, 5) Signed Code of Conduct.**

***Pre-Registration will be at the HYCC, 141 Bassett Lane, Hyannis MA, Thursday, Oct. 20<sup>th</sup> 5:30-7:00pm***

<b>Registration Fee</b>	<b>\$135.00</b>
<b>By Mail</b>	<b>All forms and payments must be received by the scheduled tryout date.</b>

**Make Checks Payable to: BYSA**

Sibling Discount - \$10.00 off per child after first child

**Placement is not guaranteed. To ensure a possible spot on a team, you must attend tryouts at the appropriate time and date.**

**REQUESTS FOR REFUNDS MUST BE MADE IN WRITING TO THE REGISTRAR**

**P.O. Box 229, Barnstable, MA 02630**

100% prior to January 1<sup>st</sup>

75% prior to February 1<sup>st</sup> (100% for U15 to U18)

50% prior to March 15<sup>th</sup>

0% after March 15<sup>th</sup>



# SPRING TRAVEL 2012 Registration

Last Name: _____		First Name: _____		Middle Initial _____		Gender: M F	
Address: _____		Village: _____		State: MA		Zip: _____	
Date of Birth: _____		Play with other Soccer Club? No <input type="checkbox"/> Yes <input type="checkbox"/>		Whom? _____			
E-Mail: _____		Alt E-Mail: _____					
Mothers Name: _____		Fathers Name: _____					
Home Phone: _____		Home Phone: _____					
Cell Phone: _____		Cell Phone: _____					
Receive Text? No <input type="checkbox"/> Yes <input type="checkbox"/>		Receive Text? No <input type="checkbox"/> Yes <input type="checkbox"/>					
Provider? Verizon <input type="checkbox"/> T-Mobile <input type="checkbox"/> AT&T <input type="checkbox"/> Sprint <input type="checkbox"/>		Provider? Verizon <input type="checkbox"/> T-Mobile <input type="checkbox"/> AT&T <input type="checkbox"/> Sprint <input type="checkbox"/>					

Allergies: _____		Other Medical: _____	
Notify in Emergency: _____		Phone: _____	
Doctor: _____		Phone: _____	

## Optional Information

Attends School: _____	Grade Level: _____
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Disclaimer	Consent for Medical Treatment
<p>I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the MYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in activities, I hereby release, discharge, and/or otherwise indemnify MYSA, its affiliated organizations and sponsors, their employees and associated personnel, including BYSA and the owners of the fields, against any claim by or on the behalf of the registrant as a result of the registrant's participation in the programs and or being transported to or from the same.</p>	<p>As the parent or legal guardian of the above named player, 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 life, limb or well-being of my dependent.</p>
Name: _____	Name: _____
Signature: _____	Signature: _____

If you are interested in coaching please email us at [BarnstableTravelSoccer@yahoo.com](mailto:BarnstableTravelSoccer@yahoo.com)

**Barnstable Youth Soccer Association**  
P.O. 229, Barnstable, MA 02630  
[www.BarnstableYouthSoccer.org](http://www.BarnstableYouthSoccer.org)