



Barnstable Youth Soccer



Association Spring Travel 2010

U09 born between 08/01/00 – 07/31/01

U10 born between 08/01/99 – 07/31/00

U11 born between 08/01/98 – 07/31/99

U12 born between 08/01/97 – 07/31/98

U13 born between 08/01/96 – 07/31/97

U14 born between 08/01/95 – 07/31/96

U15 born between 08/01/94 – 07/31/95

U16 born between 08/01/93 – 07/31/94

U18 born between 08/01/91 – 07/31/93 **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, Sept. 20th, 2009

U09G/U09B 10:00 AM (ends at 11:15 am)

U10G/U10B 11:15 AM (ends at 12:30 pm)

U11G/U11B 12:30 PM (ends at 2:15 pm)

U12G/U12B 12:30 PM (ends at 2:15pm)

U13G/U13B 2:15 PM (ends at 4:00 pm)

U14G/U14B 2:15 PM (ends at 4:00pm)

Sunday, Sept. 27th, 2009

U14G/U14B 10:00 AM (ends at 11:45 am)

U13G/U13B 10:00 AM (ends at 11:45 am)

U12G/U12B 11:45 AM (ends at 1:30 pm)

U11G/U11B 11:45 AM (ends at 1:30pm)

U10G/U10B 1:30 PM (ends at 2:45 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 2010 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, 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 Barnstable Middle School, Thursday, Sept. 17th 5:30-7:30pm

Registration Fee	\$135.00
On-Line and By Mail www.BarnstableYouthSoccer.org	All forms and payments must be received by the scheduled tryout date.

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 260, Centerville, MA 02632

100% prior to January 1st

75% prior to February 1st (100% for U15 to U18)

50% prior to March 15th

0% after March 15th



SPRING TRAVEL 2010 Registration

Last Name: _____	First Name: _____	Middle Initial _____	Gender: M F
Address: _____	Village: _____	State: MA	Zip: _____
Date of Birth: _____	Maple Player: Yes <input type="checkbox"/> No <input type="checkbox"/>	Phone: _____	
E-Mail: _____	Alt E-Mail: _____		
Mothers Name: _____	Fathers Name: _____		
Home Phone: _____	Home Phone: _____		
Business/Cell Phone: _____	Business/Cell Phone: _____		

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: _____

I am interested in coaching: Head Coach Assistant Coach

Name: _____ Email Address: _____ Phone: _____

Barnstable Youth Soccer Association
1694 Falmouth Rd PMB 161, Centerville, MA 02632
www.BarnstableYouthSoccer.org