

WAYNE COUNTY SOCCER ASSOCIATION
REGISTRATION INFORMATION - TRAVEL SOCCER
Fall 2008

Thank you for your interest in the Wayne County Soccer Association, TRAVEL division. The purpose of this letter is to describe the play, how decisions are made to set up teams, and who to contact should you have questions

Our general goals are to promote soccer for boys and girls and to develop and encourage sportsmanship among participants. For the TRAVEL division, our goals are more specifically to focus on technical and tactical development along with the highest possible competition level in order to be an effective feeder program for all area high schools.

WCSA is affiliated with IYSA (Indiana Youth Soccer Association), which is the official governing soccer association as designated by USSF (United States Soccer Federation). We pay fees to affiliate with IYSA and must comply with the rules and regulations outlined by that organization.

WCSA travel teams have been playing in the Central Indiana Youth Soccer League (CIYSL) and East Central Indiana Youth Soccer League (ECIYSL). Both leagues are sanctioned by IYSA. Each league has their own set of rules and deadlines that must be followed. CIYSL has several divisions ranging from extremely competitive to moderately competitive. CIYSL teams may travel anywhere in the central Indiana area. We register our teams in the division that best suits the ability of our current teams. ECIYSL involves teams from east central Indiana. This league has only one division, involves less travel, and is generally less competitive than CIYSL. Generally, both leagues play 10 games total on Saturdays and Sundays. Usually, 5 are away and 5 are at our home field. We always attempt to register in the league and division that will challenge our teams the most. Lightning or poor field conditions are reasons games can legally be suspended or postponed—frigid weather or rain may not affect play. The fall season usually begins in late in August and ends mid to late October.

Approximately 15-18 players (12 for U10, 14 for U12) that have been determined to have the highest skill level will be asked to play the CIYSL travel teams for each age category. Since our club mission is to provide a place to play for every interested player, and also to provide an outlet for development, we will make every attempt to place ones that are not selected on another travel team. Registrants not placed on a team will receive a full refund. Tryouts may be conducted if the numbers are high.

Late registrants will be handled on an individual basis but cannot be guaranteed a spot on a team. WCSA Board of Directors reserves the right to make final decisions about unusual or exceptional situations. **There will also be an additional \$15 charged to any registration received after August 1, 2008.**

Fees cover uniforms, equipment, supplies, fees to IYSA (including insurance), and fees to CIYSL or ECIYSL, and referee fees. If the fee would present a financial hardship for you please contact a board member. Assistance can be provided based on need. See our website for information www.waynecosoccer.com

Presently, WCSA is run by volunteers. We desperately need and welcome parents to help with such processes as serving on the board, assistant coaching, team managing, team parent, refereeing, and field lining. Please contact any members below if you are interested in helping.

People to Contact:

Jeff Cole, President	966-5667
Karen Black,	962-9008

We will distribute this form, information and announcements via our website at www.waynecosoccer.org

Also visit the other following websites for general information:

www.inyouthsoccer.org (Indiana Youth Soccer Organization)

www.ciysl.org (Central Indiana Youth Soccer League)

www.eciysl1.clubspaces.com/Default_css.aspx (East Central Indiana Youth Soccer League)

www.girlsinsoccer.com (Greater Indiana Regional League of Soccer)

WAYNE COUNTY SOCCER ASSOCIATION
TRAVEL DIVISION REGISTRATION FORM
Fall 2008 Season

Registration Information (Please Print Clearly)

Player's Name _____ D.O.B. _____ Sex _____

Street Address _____

City / State / Zip _____

Home Phone # _____ E-Mail Address _____

Father's Name _____ Cell Phone _____

Mother's Name _____ Cell Phone _____

If Female, I Would Play on a Co-ed Team (Only if Necessary) Yes _____ No _____

Select Division: (Circle One) \$90--U10 (Born on or after 8/1/98) \$90--U12 (Born on or after 8/1/96) \$100--U14 (Born on or after 8/1/94)

Please Make Check Payable to: Wayne County Soccer Association
Mail to: P.O. Box 1759, Richmond, IN 47375-1759

Sportsmanship Agreement

I hereby agree to play for the Travel Division of Wayne County Soccer Association and abide by all rules and regulations. I promise to exhibit sportsmanship at all times while participating in WCSA activities including games and practices. I realize games will be played on Saturdays and Sundays, I will travel out of town, and I must be at the game site at the time specified by the coach

Player's Signature _____ Date _____

Acceptance and Liability Waiver

I hereby agree that Wayne County Soccer Association, Indiana Youth Soccer Association, Central Indiana Youth Soccer League, East Central Indiana Youth Soccer League, or any league the team registers with, shall not be liable for any injury or loss my child may sustain while participating in activities of any kind sponsored by or under the supervision of the above leagues.

I agree to Hold Harmless the same organizations, their members, coaches, sponsors, or providers of game sites or designates of any kind from any claim whatsoever. I certify that my child is in good health and may take part in all team activities including travel to and from the various sites.

Parent/Guardian Signature _____ Date _____

Medical Waiver and Information

In case of emergency, I grant permission for my child to be given emergency treatment at a local hospital or medical facility.

Parent / Guardian Signature _____ Date _____ Phone _____

Does the player have a known medical condition that could affect his/her ability to play? If so, what is the condition or illness? (Attach Explanation). Does the player have any known allergies? If so, what is the allergy (Attach Explanation)?

In Case of Emergency, please provide two names and phone numbers to contact: (Please Print Clearly)

Name/Relationship _____ Phone _____

Name/Relationship _____ Phone _____

Other Information

The registration fee must accompany this registration to be accepted. **This form and fee are due Sunday, July 1, 2008.**

The last day to drop with refund is August 1, 2008.

**** Late registration acceptance is dependent on team availability and will require an additional \$15. ****

This form and other information are available at our website at www.waynecosoccer.com

VOLUNTEERS MAKE IT HAPPEN! Please let us know if you are willing to help. Circle an area of interest or write a note. Thanks!
COACHING FIELD SPONSOR FIELD MAINTENANCE BOARD MEMBER TEAM PARENT