

Siuslaw Youth Soccer Association

Scholarship Application

Application Instructions

Instructions for filling out the Scholarship Application

You must also register you player or players with SYSA at www.siuslawsoccer.com or by completing a registration form. The scholarship program only covers payment for registration, it does not register the player to play. That must be done in addition to completing this form.

Siuslaw Youth Soccer is pleased to offer a Scholarship program to help families offset club fees. The club has a limited number of scholarships available and the number of players receiving aid and the amount of the scholarship will vary depending on the funds available. Scholarships are funded by contributions from fundraising and donation proceeds.

In order to be considered for a scholarship, applicants must complete ALL THE INFORMATION ON THE FOLLOWING PAGES, EVEN IF YOU HAVE APPLIED OR REGISTERED BEFORE. If any information is incorrect or missing, the application may NOT be considered.

Applications will be reviewed by the scholarship committee. All information will be kept confidential.

Submit all application materials by mail or email as follows:

Siuslaw Youth Soccer
PO Box 1340
Florence, OR 97439

or

Email: siuslawyouthsoccer@gmail.com

Scholarships are awarded based upon demonstrated need. Financial need will be the only determinant in receiving a scholarship. Families will be responsible for paying any uniform, club, coaching or team expenses not covered by the scholarship. Scholarship figures will be assigned as follows:

- 100%: This assessment means that a family is not responsible the program fee.
- 75%: This assessment means that a family is responsible for 25% of the program fee.
- 50%: This assessment means that a family is responsible for 50% of the program fee.
- 25%: This assessment means that a family is responsible for 75% of the program fee.
- If you are able to volunteer; Coach, Assistant Coach, field set up or tear down, please indicate on the form below how you would like to help. Coaches receive one free registration.

Siuslaw Youth Soccer Association Player registration



Sign up & Payment information

Register online (pay with a credit card) at

www.siuslawsoccer.com

or from our Facebook page

www.facebook.com/siuslawsoccer



Please complete separate forms for each player.

The registration fee is \$65.00 per player before closing date and \$65.00 + \$20.00 for late registrations.

There is a \$3.00 service fee imposed for each order, note this fee is not for each player registered just for each group of players registered at the same time under the same account.

Make checks and money orders payable to Siuslaw Youth Soccer Association or SYSA

Registration forms and payment can be dropped off at 2420 Highway 101 or

Mailed to SYSA, PO Box 1340, Florence, OR 97439

Date: _____

Additional donation \$ _____

Service Fee: \$3.00

Total amount enclosed: \$ _____ cash or check # _____

Player Name _____ Parent/Guardian _____

Address _____ City: _____ Zip: _____

Phone: _____ Text OK? _____ Email: _____

Date of Birth _____ Gender M/F) _____ Age: _____ Current Grade: _____

Returning? _____ Years of Experience? _____ Jersey size: YS__ YM__ YL__ AS__ AM__ AL__

Experience level (for your age) Beginner / Average / Above average / Advanced

Injuries/Health concerns?

Special requests: Every attempt will be made to accommodate coach & buddy requests, however there are no guarantees.

To complete registration please review, initial and sign page 2.

I, the parent or guardian of the participant, a minor, have read and agree to the waivers and Code of Conduct

Parent/Guardian Signature: _____ Date: _____

Siuslaw Youth Soccer Association

Player registration

CONSENT FOR MEDICAL TREATMENT: As the parent/guardian of the registrant, I certify that the registrant is in good physical condition and I have no knowledge of any physical condition, injury, or illness whatsoever that would place my child at risk to participate. As the parent or legal guardian of the registered player, I hereby give consent for the emergency medical care prescribed by a licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Initial here that you, as parent or guardian accept the waiver: _____

We, the registrant and the registrant's legal parent or guardian, hereby agree and acknowledge the following.

1. We agree to abide by the Code of conduct and rules of Siuslaw Youth Soccer Association, OYSA and its affiliated organizations and sponsors.
2. We recognize and are fully aware of the inherent risk of serious or permanent physical injury and possible death associated with youth soccer activities and games. In consideration for Siuslaw Youth Soccer Association accepting the youth player's registration and participation in its Youth Programs, sanctioned youth soccer leagues, tournaments and team travel activities, we hereby release, discharge and/or otherwise indemnify and hold harmless Siuslaw Youth Soccer Association, OYSA, its affiliated organizations and sponsors, volunteers, their employees and associated personnel, including the owners of fields and facilities utilized for the Youth Programs, against any claim, lawsuit or written demand, including but not limited to any claims for personal or physical injury or death, by or on behalf of the registrant as a result of the registrant's participation in the Youth Programs and or being transported to or from the same, which transportation we hereby authorize.
3. We authorize verification of the registrant's date of birth from legal records to be provided to a Siuslaw Youth Soccer Association authorized representative for the limited purpose of verifying the Siuslaw Youth Soccer Association player's age and identity.
4. We consent to emergency medical care prescribed by a duly licensed Health Care Provider or Dentist. This care may be given under whatever conditions are necessary to preserve the life, limb or registrant's well-being and whereby agree to be financially responsible for all costs associated with such treatment.
5. We consent to Siuslaw Youth Soccer Association taking photographs, video recordings, and/or sound recordings in documenting the activities of Siuslaw Youth Soccer Association programs and services. We hereby grant Siuslaw Youth Soccer Association and their affiliates' permission to use the files, negatives, prints, motion pictures, video/audio tapings, or any other reproduction of the same for Siuslaw Youth Soccer Association and its affiliates' educational and promotional purposes in manuals, on flyers, the internet, or other publications.

We have read this release and waiver of liability and fully understand its terms. We understand that we waive substantial rights by signing this form. We agree to waive all such rights above including the right to file a legal action or assert a claim for personal or physical injury or death of any kind. We sign this release form freely of our own free will.

Initial here that you, as parent or guardian accept the waiver: _____

Player Conduct Policy

As a player for the SYSA it is my responsibility to:

Behave responsibly and respectfully to all teammates, parents, coaches, officials, opposing teams, their staff, and all guests.

Be responsible and respectful to all equipment, playing fields, and surrounding facilities.

Be prepared for every practice and game with proper equipment/gear and ready to participate. Gear includes appropriate shoes, shin guards, uniform, water, and weather appropriate clothing.

Parent Conduct Policy

As a parent of an SYSA player it is my responsibility to:

Behave responsibly and respectfully to all players, parents, coaches, officials, opposing teams, their staff, and all guests.

Refrain from coaching my player or any other player from the sidelines. It is the coach's responsibility to do the coaching, and my responsibility to watch and support my team in a respectful manner.

Have my child's registration fees paid in full before the registration deadline.

Make sure my child arrives to practice and games on time.

Initial here that you, as parent or guardian accept the waiver: _____

Late registrations: Players who attempt to register after the deadline will be accepted only if they can be accommodated on established teams. SYSA reserves the right to reject any late applications.

Initial here that you, as parent or guardian accept the waiver: _____

Refunds: Full refunds can be issued for players who cannot be placed on an appropriate team in their home town. Full refunds will be issued if requests are received at least 1-week prior to the first game of the season.

Refund requests made before the 2nd game of the season will be subject to a \$15 service fee.

No refunds will be granted after the 2nd game of the season.

Initial here that you, as parent or guardian accept the waiver: _____

I, the parent or guardian of the participant, a minor, have read and agree to the waivers and Code of Conduct

Parent/Guardian Signature: _____ Date: _____