



Application for Financial Assistance Spring 2020*

CHECKLIST:

1. _____ Applications must be received no later than February 28, 2020.(or before division closes)
No LATE APPLICATIONS
2. _____ One signed application per child applying for financial assistance (attached, 2 pages)
3. _____ (1) page letter from the child on the topic of why they want to be involved in TYSC.
4. _____ Written recommendation from a current or previous soccer coach or current or previous teacher.
5. ----- Signed Release for Play and Travel And Medical Waiver

***Additional financial information may be requested.**

Sponsors:

TYSC would like to thank and recognize our generous sponsors.





APPLICATION FOR FINANCIAL ASSISTANCE Spring 2020

***All information to remain confidential,
both within TYSC and externally***

Applications must be received no later than February 28, 2020
(or before division closes)

TYSC PO Box 1799, Telluride, CO. 81435.

Late applications will not be considered

One application per child, please.

APPLICANT'S NAME _____

Date of Birth _____ Grade _____ School _____ Years in TYSC _____

Team/age group applying for _____ Cost: _____

Parent(s)/Guardian(s) Name* _____

* Person(s) financially responsible for child

Mailing Address _____ City _____ ST _____ Zip _____

Phone: Home _____ Work _____ Mobile _____ for _____

Home _____ Work _____ Mobile _____ for _____

Email address _____

Parent/Guardian's Employer _____

Other Parent/Guardian's Employer _____

1. How much financial assistance are you requesting from TYSC? Please note that all participants must pay a minimum fee of \$50.00. _____

2. If a single parent, will both parents be sharing in the costs of the applicant's registration fee, uniform fee and traveling fees and expenses?

3. Does your child agree to participate in at least 90% of their programs' practices and local events?

Yes _____ No _____

4. Are you receiving monetary support, from any source, for the soccer activities of the applicant?

Yes _____ No _____ If yes, please explain.

5. Has the applicant receive financial assistance from TYSC in the past?

Yes _____ No _____ If yes, please state when and amount: _____

Please list any additional conditions that affect your financial position that are pertinent to helping us determine where the greatest needs lie among the families who desire financial assistance.

6. **Please provide:** a) a recommendation from last year's coach or a current school teacher in order and b) a letter from the hopeful participant on the topic of why they want to be involved in TYSC to assist the Financial Assistance Committee with its decision.

7. Is your child currently receiving free or reduced lunch at school? Yes _____ No _____

If you answered 'Yes' to the previous question, do we have your permission to verify free and reduced lunch status with the school district? (All information shared between the Telluride School District and TYSC will remain confidential. No information will be shared with any other person or organization.) Yes _____ No _____

If you answered 'No' to either of the two previous questions, please provide us with the following information (please skip this section if you answered 'Yes' to both):

Monthly Income:		Monthly Expenditures:	
Employment Income:		Mortgage/Rent:	\$ _____
Self:	\$ _____	Utilities:	\$ _____
Spouse:	\$ _____	Auto (gas, lease, maintenance, insurance):	\$ _____
Rental Income:	\$ _____	Groceries:	\$ _____
Alimony, Child Support:	\$ _____	Misc (clothes, children activities, meals/entertainment, travel):	\$ _____
Other Income:	\$ _____	Alimony, Child Support:	\$ _____
Total Income:	\$ _____	Total Expenses:	\$ _____

Income – Expenses = \$ _____

I hereby certify that all the above information is true and correct and acknowledge that failure to complete this entire application and/or submitting false information may disqualify my child from financial assistance. Should I receive and accept financial assistance from the Telluride Youth Soccer Club I agree to adhere to the policies set forth by the Financial Assistance Committee.

Parent/Guardian Name (please print)

Parent/Guardian Signature

Date

Financial Assistance applications must be postmarked or received by the TYSC no later than **February 28, 2020**. Late applications will not be considered.

Send applications to TYSC, PO Box 1799 Telluride, CO 81435

Spring Season, 2020
Release for Play and Travel And Medical Waiver
Player Name:

Last Name

First Name

By accepting this Medical Waiver by signature below, I acknowledge that I am aware of the risks and willing to assume them, hereby release and hold harmless the coaches, volunteers, organizers, and/or participants of Telluride Youth Soccer Club and CYS, USYSA, Telluride Public School and The Town of Telluride and each of the organization's affiliates, subsidiaries, officers, directors, employees, agents, coaches, officials, event organizers, and/or sponsors from all liabilities resulting from injuries or damages incurred during participation or travel in any athletic or social event sponsored by TYSC and from all claims by me for any liability, injury, loss or damage in any way, of the released parties.

I intend for this waiver and release to apply to any relatives, personal representatives, heirs, beneficiaries, or next of kin who might also pursue any legal action or claim on my behalf.

This waiver and release is formed under and is to be considered consistent with State of Colorado law. The undersigned understands that CYS provides player insurance related to injuries occurred through TYSC- sponsored activities as a secondary policy only. I/we agree that the participant currently has, and will maintain throughout the course of training and competition, valid medical and accident insurance. I agree to abide by all TYSC rules, regulations and policies.

I hereby give my consent for all medical care, prescribed by a duly licensed Doctor of Medicine, for whatever conditions are necessary to preserve life, limb, or well-being of my dependent. I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above named player

Preferred Doctor:
Known Allergies:

Phone:

Insurance Carrier:
Person Responsible for charges:

Policy Number:

Address:

City/State/Zip

Phone: Home

Work

Cell

Person to Notify in parent/guardian unavailable

Signature of
Parent/Guardian

Date
