



St. Clair Shores Youth Soccer League

PO BOX 474, ST. CLAIR SHORES, MI 48080-0474

Phone 586-776-8561 www.scsysl.net

Registration for Fall 2009/Spring 2010 Season



Last Name: _____ First Name: _____

Father's Name: _____ Mother's Name: _____

Address: _____ Email: _____

City: _____ Zip Code: _____

Date of Birth: ___/___/___ Gender: _____ Phone: _____

*Must Provide Copy of Birth Certificate. (If not provided previously)

Official Use Only	
Birth Certificate Verified?	
Yes	No

PARENT OR GUARDIAN WOULD LIKE TO VOLUNTEER _____ Coach _____ Ass't Coach _____ Picnic

\$\$\$\$ EARN MONEY \$\$\$\$ Sign-up to Referee		
Name: _____	Phone: _____	Experience? Y or N

Division Breakdown by Birth Date					
<input type="checkbox"/>	Scooters	8-1-04 to 2-1-06	<input type="checkbox"/>	Under 10	8-1-99 to 7-31-01
<input type="checkbox"/>	Under 6	8-1-03 to 7-31-05	<input type="checkbox"/>	Under 12	8-1-97 to 7-31-99
<input type="checkbox"/>	Under 8	8-1-01 to 7-31-03	<input type="checkbox"/>	Under 14	8-1-95 to 7-31-97

Registration Dates: June 6, 2009 at Picnic-Memorial Park 10am- 4pm

Civic Arena: Wednesday June 17, 2009 9 - 11 am

and Saturday July 11 6 - 8 pm (located at 20000 Stephens Drive)

LEAGUE Registration Fee: \$90.00 per child

SCOOTER SHOOTERS Registration Fee: \$50.00 per child

Late Registration Fee (after July 11): an additional \$10.00 per child

BOTH include soccer uniform that child may keep. Registration MUST be paid in full to be accepted.

NO REGISTRATIONS WILL BE ACCEPTED AFTER JULY 11, 2009

Refund Policy: There will be \$5.00 administrative fee for all refunds requested before August 1, 2009.

NO REFUNDS AFTER AUGUST 1, 2009

RETURNED CHECK FEE IS \$25.00

I/we certify that the information contained on this form is accurate and true. I recognize that soccer has inherent risks. I certify that my child is fit to play the sport. I/we waive and release and will indemnify the ST. CLAIR SHORES YOUTH SOCCER LEAGUE (SCSYSL), its coaches, referees, board members and volunteers from any and all claims and expenses of any kind as a condition of child's registration. My child and I agree to abide by the rules of SCSYSL. I give consent for emergency medical care to be rendered to my child. This care may be given under whatever conditions are necessary to preserve the life, limb and well being of my child.

I/we ALLOW, or DO NOT ALLOW SCSYSL to use photographs of my child in its publications.

Signed: _____ Date: _____

Parent or Legal Guardian

Request to play with siblings or friends. I request my child to play with:

Name: _____

Name: _____

Every effort will be made to fulfill requests, however, there are no guarantees.

OVER

ST. CLAIR SHORES YOUTH SOCCER LEAGUE

The St. Clair Shores Youth Soccer League (SCSYSL) offers two instructional programs for children of all ages and abilities to participate in.

Our primary program is a Michigan State Youth Soccer Association (MSYSA) supported league for children 4-1/2 to 14 years of age. Fundamental soccer skills are taught while building a sense of sportsmanship. FUN is always emphasized.

The second program is Scooter Shooters, which offers new players ages 3-1/2 to 5 years old the chance to learn soccer basics. Important early skills such as ball control and safety will be taught. Each session is an hour long with the time divided between skills development and an inter-squad game. This program is limited to the first 50 children who sign-up.

Both the league and Scooter Shooters play games divided between the fall of 2009 and the spring of 2010. There is a picnic held in June at Veteran's Memorial Park in St. Clair Shores for both programs and their families.

If you have any questions regarding SCSYSL

Please call the Soccer Line at (586) 776-8561

or visit our website at

www.scsysl.net



LEAGUE USE ONLY

Cash Amt. _____ Check # & Amt. _____ date rec'd _____ by _____

Registration Type: Division Scooters: ___U6 ___U8 ___U10 ___U12 ___U14