

Blue Ridge Youth Soccer Association

Co-Sponsored by Frederick County and Winchester City Parks and Recreation Departments

Welcome to Blue Ridge Youth Soccer Association. Please read this information letter before you register your child to participate. This should answer many questions you may have. You may also contact the BRYSA hotline at 540-662-6380. Early Registration for the upcoming season continues until the date listed at the top of the Registration Form (See Below). Registering early entitles families to an Early Registration Discount for each player. After Early Registration, Standard Registration continues for a limited time. Players registering late will only be placed if space is available on a team. Registration fees and discounts are listed near the bottom of the Registration Form (See Below).

The teams are formed by age/grade, elementary school district, and registration number. When there are not enough players to form a team locally or if the local team is full, players may be placed on a team in another nearby area. **We do not allow players to play out of their age/grade group. There are no exceptions to this rule.** Once the teams are formed we look for a coach. The coach is usually a mother or father who has volunteered for their child's team. The coach is given a list of practice fields and he/she gets to decide where and when to practice. Please note that this means that even though you may be placed from a certain school, that is not necessarily where you will practice. Players are not moved from one team to another for convenience of practice times, practice location or carpooling. Prior to the start of the season, coaches receive their roster at a coach's meeting. He/she will then contact the players to let them know when and where practice is.

The players' uniforms consist of a jersey (provided by BRYSA), shorts (usually black), soccer socks (usually black) and shin guards. Shin guards are required and must be worn by players at practices and games.

Games are played mostly on Saturday, but occasional weeknight games are also possible. Every child must be given the opportunity to play at least half of the game if they go to at least half of the practices.

BRYSA has **zero tolerance** for violence or abuse of its coaches, players, or referees. It will not be tolerated and will be handled with severe action.

BRYSA is a volunteer organization. Any participation on your part is greatly appreciated. We are always looking for team managers, coaches (training available), assistant coaches, sponsors, referees (classes available), and people willing to line fields. If you would be interested in helping the organization, please contact the BRYSA hotline or any board member. The BRYSA Board usually meets the first Thursday of every month. Please contact the BRYSA hotline for exact times and dates.

Refund requests must be submitted via mail (BRYSA, PO Box 2865, Winchester, VA 22604) or e-mail (brysaec@gmail.com). Requests must be received or postmarked by August 15th for the Fall Season or by March 7th for the Spring Season. No refund will be issued due to dissatisfaction with team assignment, practice location, or practice time.

The following charges will apply:

- ◆ \$15 processing fee will be subtracted (per player) from any refunds.

Blue Ridge Youth Soccer Association Registration Form – Spring 2013

Early Registration Ends February 4, 2013

Standard Registration continues until February 28th

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(540) 662-6380

www.BRYSA.org



Player Information *Please provide proof of age if not a returning player.*

Player Name: _____ M F Birth Date: _____

Address: _____ Phone: _____

Town & Zip: _____ Sibling in same division? Yes No

Elementary School District: _____ Grade (Fall 2012) _____

Shirt Size: Youth S YM YL Adult S AM AL AXL

Parent/Guardian Information *Please check one of the volunteer activities below as BRYSA is run by volunteers.*

Father: _____ Mother: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

E-Mail Address: _____ E-Mail Address: _____

Coach Asst. Coach Team Mgr. Coach Asst. Coach Team Mgr.

If volunteering, please provide the following: Sex: F M Date of Birth: _____

Please check the division according to your child's birth date or grade level:

Check One	Division	Born Between	Grade (Fall 2012)	Co-Ed	All Girls
<input type="checkbox"/>	U5 Mon.	08/01/2007 – 09/30/2008	-	<input type="checkbox"/>	N/A
<input type="checkbox"/>	U5 Wed.	08/01/2007 – 09/30/2008	-	<input type="checkbox"/>	N/A
<input type="checkbox"/>	U6	08/01/2006 – 09/30/2007	Kindergarten	<input type="checkbox"/>	N/A
<input type="checkbox"/>	U7	08/01/2005 – 07/31/2006	1 st Grade	<input type="checkbox"/>	N/A
<input type="checkbox"/>	U8	08/01/2004 – 07/31/2005	2 nd Grade	<input type="checkbox"/>	N/A
<input type="checkbox"/>	U10	08/01/2002– 07/31/2004	3 rd or 4 th Grade	<input type="checkbox"/>	N/A
<input type="checkbox"/>	U11	08/01/2001– 07/31/2004	3 rd or 4 th or 5 th Grade	N/A	<input type="checkbox"/>
<input type="checkbox"/>	U12	08/01/2000 – 07/31/2002	5 th or 6 th Grade	<input type="checkbox"/>	N/A
<input type="checkbox"/>	U14	08/01/1998 – 07/31/2000	7 th or 8 th Grade	<input type="checkbox"/>	N/A
<input type="checkbox"/>	U14	08/01/1998 – 07/31/2001	6 th or 7 th or 8 th Grades	N/A	<input type="checkbox"/>
<input type="checkbox"/>	U19	08/01/1993 – 07/31/1998	9 th - 12 th Grades	<input type="checkbox"/>	N/A

Fee Schedule: Please send payment to: **BRYSA, P.O. Box 2865, Winchester VA 22604**

Registration Fee (\$70 per player) _____

Early Registration Discount – Subtract \$20 if postmarked by February 4th _____

Tax Deductible Contribution (\$25 suggested if not volunteering) _____

TOTAL _____

Please note that we do not move players from teams for the convenience of carpooling or due to conflicts with other activities.

Liability Wavier: I, the undersigned parent/guardian of the above named child, grant permission for this child to participate in all activities of this sports program. I assume all risks and hazards incidental to such participation, including transportation to and from such activities. I do hereby release, absolve, indemnify, and agree to hold harmless supervisors, participants, and persons transporting my child to or from activities, from any claim arising out of an injury to my child except to the extend and in the amount covered by the accident and liability insurance carried by the Blue Ridge Youth Soccer Association.

Parent/Guardian _____ Date: _____

DO NOT WRITE BELOW **BRYSA SOCCER USE ONLY** **NO REFUNDS** **DO NOT WRITE BELOW**

Date Rec'd _____ Check # _____ Amount Paid _____ Proof or Age _____ Registered By _____