***SAYArea/Premier Agreement***

*To become a SAY Affiliated Area/Premier Program, please submit this*

*completed form via email to* [*bbegley@saysoccer.org*](mailto:bbegley@saysoccer.org)

*If you have not already, please contact a* [*SAY National Staff Member*](http://clubs.bluesombrero.com/Default.aspx?tabid=320053)

*prior to completing this agreement.*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

***Terminology***

SAYArea Agreement:

* *An “Area” is defined as the farthest point in all directions where there are contiguous Districts having registered players that have agreed to be part of the “Area”*
* *A standalone SAYArea with zero Districts is permitted*
* *Traditionally, a recreational program that abides by the SAY Organizational rules*
  + *Notably protected geographical boundaries, roster limits, and each player must play 50% of the game.*
  + *Boundary is typically defined by ZIP code, school district, county, city limits etc.*

SAY Premier Agreement:

* *SAY Soccer’s Competitive level programming*
  + *No geographical boundaries, no roster limits, and no playing time limitations*

***Affiliate Information***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type:** *(mark with 'x')* | |  | Recreational: | Premier: | | | |
| **Name of SAYArea/Premier Program:** | | | | | | | |
| **Address:** |  |  | Address: | | | | |
|  |  | City: | State: | ZIP: | | |
| **Geographical Boundaries:** *(refer to SAYArea definition stated above)* | | | |  |  |  |  |
|  | | | | | | | |
| **Number of Districts in SAYArea:** | | | | | | | |
| **President:** |  |  |  |  |  |  |  |
|  | Name: | | | | | | |
|  | Phone: | | Office: | Mobile: |  | |  |
|  | Email: | | | | | | |
| **Primary Contact:** *(if different from President)* | | |  |  |  |  |  |
|  | Name: | | | | | | |
|  | Phone: | | Office: | Mobile: |  | |  |
|  | Email: | | | | | | |
|  | Position: | | | | | | |
| **My program is a/an:** | |  | Existing Program: | Start-Up Program: |  |  |  |
| **Type of SAYArea/ Premier Organization:** | | | Non-Profit: | Unincorporated: | Other: |  |  |

***Agreement***

**The above-named SAYArea/ Premier President, personally and on behalf of his or her SAYArea/Premier organization hereby agrees to become a S.A.Y. affiliated Area/Premier Program and agrees to the following:**

1. *We have reviewed and agree to comply with the Constitution of S.A.Y., the by-laws of S.A.Y., the policies of the National Board of Directors of S.A.Y. and the playing rules and regulations of S.A.Y.*
2. *Our organization, if currently a member of a USSF affiliated program, is in good standing with said affiliated program.*
3. *We will organize a youth soccer program consisting of no less than* ***four (4)*** *teams in a season.*
4. *Our primary objective is to develop the physical, mental and emotional growth of our youth soccer participants.*
5. *We will practice sound management principles, including financial responsibility in the operation of our SAYArea/Premier Program.*
6. *We will collect and pay to S.A.Y. within thirty (30) days of ALL invoices received.*
7. *Currently, there are no geographical conflicts between our requested SAYArea and other existing SAYAreas or Districts.*
8. *We will organize, supervise and faithfully direct the Districts and players within our SAYArea/Premier Program.*
9. *We will remain in "Good Standing" by submitting to S.A.Y. the following, by the corresponding deadlines:* 
   1. ***ALL*** *SAYArea/Premier Program and District board lists by January 31st of the playing year.*
   2. ***ALL*** *player membership fees* ***before the first practice****.*
   3. *All team rosters that include player's name, address, date of birth and telephone number within thirty (30) days after the beginning of each season. Coaches information must be included on all team rosters, valid email addresses should be provided as well*
   4. *Your SAYArea/Premier Program’s Annual Financial Report.*
   5. *A copy of our guidelines and regulations, including by-laws adopted by your SAYArea/Premier Program for the operation of S.A.Y. programs.*
   6. *If player registrations are* ***NOT*** *received in* ***ANY*** *calendar year, this agreement becomes null and void.*

**Upon acceptance of this application, S.A.Y. agrees as follows:**

1. *To authorize the SAYArea/Premier Program to organize and manage youth soccer programs within the designated communities on this application.*
2. *To provide the SAYArea/Premier Program with administrative structure, including playing rules.*
3. *To provide structure and training assistance.*
4. *To appoint the Area President as an Administrative Member of S.A.Y. with the rights and duties granted to administrative members under the S.A.Y. Constitution and by-laws.*
5. *To supply the SAYArea/Premier Program with required registration materials, as well as merchandise and supplies.*
6. *To provide the SAYArea/Premier Program with general liability insurance and soccer medical insurance.*

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**Signature** *(Applicant)* **Date**

***Approval*** *(Office Use Only)*

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**President of S.A.Y. Signature** *(SAY National Office)* **Date**

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**Secretary of S.A.Y. Signature** *(SAY National Office)* **Date**

*The above is accepted and approved by the National Board of Directors of S.A.Y*.

*Version 12/16*