



Registration Packet

Please submit the following items, fully completed and signed:

- TYSC Parent/Player Medical Release
- medical releases
- Registration Fee and Uniform Order Form
- Town of Telluride Parks & Recreation Department Release
- Town of Telluride Parks & Recreation Department Code of Conduct Pledge
- One 1" x 1" photo of player, (full face; no hats or sunglasses). **Please send a new photo each Fall Season, or if your child is new to TYSC.**
- A copy of the player's birth document (birth certificate or passport)**
- Check or money order for registration and uniform fees

Mail your completed registration packet to:

Telluride Youth Soccer Club
PO Box 1799
Telluride, CO 81435

Complete registration materials must be postmarked by **8/15/11** to pay the early fee. TYSC strives to form teams as early as possible to assign coaches and begin team development, so it is highly beneficial to our youth athletes to sign up as early as possible. Please call 729-1931 with any questions.

Fall Season Dates: August 24-October 30

TYSC may participate in 1-2 tournaments which are full weekends and up to a 3-hr drive

Other competitive games may be scheduled Sat, weekdays and sometimes Sunday

Practices will be 2-3 days per week at approximately 3:30-5:00 or 5:00-6:30

Practices are subject to change due to weather and/or coach availability

Games will be announced throughout the season

Questions?? Go to our website first for the latest information

www.telluridesoccer.com

Thank you!



Registration Fees

Early Fee
By Aug 15, 2011

Regular Fee
After Aug 15 and **final due date August 24 ***

- | | | |
|---------------------------------|--------------------------------|----------------------------------|
| 5th – 12th Grade Girls | <input type="checkbox"/> \$175 | <input type="checkbox"/> \$250 |
| 5th – 6th Grade Boys | <input type="checkbox"/> \$175 | <input type="checkbox"/> \$250 |
| 7 th -8th Grade Boys | | <input type="checkbox"/> \$125** |

These are registration fees only. Uniforms are sold separately. Travel expenses to and from tournaments and games are the responsibility of the parent. **Financial Aid Applications** are available at www.telluridesoccer.com and must be turned in to TYSC no later than **August 24th** to be considered.

* After August 24th, registrations will be accepted with a **\$50 fee** and based on availability.

** This is a co-program between the Telluride Public School and TYSC

High School Boys play for Telluride High School in the Fall and High School Girls play for the Telluride High School in the Spring

Uniforms

- | | |
|--|---|
| <input type="checkbox"/> Full Kit: \$225 | <input type="checkbox"/> Modified Kit: \$75 |
| The full kit includes: | The modified kit includes: |
| ✓ TYSC Home Jersey | ✓ TYSC Home Jersey |
| ✓ TYSC Away Jersey | ✓ TYSC Away Jersey |
| ✓ TYSC Sweat Top | ✓ TYSC Shorts |
| ✓ TYSC Sweat Bottom | ✓ TYSC Socks |
| ✓ TYSC Shorts | |
| ✓ TYSC Socks | |
| ✓ TYSC Backpack | |

- Uniform Size:
- Youth Large
 - Adult Small
 - Adult Medium
 - Adult Large
- Same prices for all sizes

Donation Request

I understand the Telluride Youth Soccer Club has to raise additional money in order to coach my child, as registration does not cover the cost of operating the club.

I would like to send a donation at this time (payment is enclosed):

___ \$25 ___ \$50 ___ \$100 ___ \$250 ___ \$500 ___ \$1000

I can pledge this amount \$ _____, payable by the end of the season, October 31, 2011.

Payment Due:

Registration Fee: _____
 +
 Uniform Fee: _____
 +
 Donation: _____
 =
 TOTAL: _____

Player Name: _____ Parent Name: _____

**Registration Policies
Parent Agreement**

Please Initial that you have read and understand each statement below:

_____ I am invited and encouraged to attend the Parent's meeting on **August 23rd at 5pm in the Telluride School Cafeteria.**

_____ my child may be asked to play on a different team to field a team (i.e.: co-ed teams, play up with the next age group up, etc.)

_____ practice may be cancelled, relocated or time changed due to weather and indoor field availability. Notices for such changes are released by 2:30pm each practice day on the home page of the TYSC website.

_____ it is my responsibility to check the website or call my team manager for updates on practice and games schedules, locations, etc.

_____ games may be scheduled each weekend and some weeknights of the season with local and out of town games.

_____ by registering for this soccer season, my child and I are committing to all practices and games.

_____ my child's attendance and attitude is tracked at practices and games. In the event we have more players than allowed on the roster for a tournament, priority will be given to those with the best records of attendance and attitude.

_____ if my child cannot attend a practice, it is my child's responsibility to let the coach know the reason ahead of time.

_____ ONLY coaches are allowed on the side of the field with players during a game. No friends, siblings, other coaches or parents allowed.

_____ If my child chooses to quit for any reason, there is no refund. If my child cannot play soccer due to unexpected injury or illness a refund will be issued at a pro-rated amount up to half way through the season. After mid-season, no refunds will be issued for any reason.

Signature

Date



**Parent/Player Release for Play/Travel/Medical Care for Named Player
Fall 2011**

The undersigned hereby releases coaches, volunteers, organizers, and/or participants of Telluride Youth Soccer Club and CYS, USYSA, Telluride Public School and The Town of Telluride from all liabilities resulting from injuries or damages incurred during participation or travel in any athletic or social event sponsored by TYSC. The undersigned understands that CYS provides player insurance related to injuries occurred through TYSC-sponsored activities as a secondary policy only. 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.

Player Name:

_____ (Last) (First)

Please note any special health/physical/learning needs of the above player:

Preferred
Doctor: _____ Phone: _____

Parent/Guardian
Signature: _____ (Date)

Parent/Guardian Printed
Name: _____

Registration Form – Fall 2011

If you have not already completed the registration form online, please do so now:

Player Name: _____ (Last) (First)

Mailing Address: _____ (PO Box or Street Address) (City) (Zip Code)

Parent/Guardian Name: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

E-mail Address: _____ Alt Email Address: _____

Gender: Male Female Date of Birth: _____ / _____ / _____ School Grade: _____

**TOWN OF TELLURIDE PARKS AND RECREATION DEPARTMENT
RECREATIONAL ACTIVITY RELEASE / INDEMNIFICATION FORM**

Participant (ages 7 and up) must read carefully before signing

Participant (ages 7 and up) must initial each section and sign on bottom.

In consideration for being permitted to participate in any Telluride Youth Sports Program, I hereby acknowledge, represent, and agree as follows:

A. I understand that the activities that I have registered to participate in are or may be dangerous and do or may involve risks of injury, loss or damage. I further acknowledge that such risks may include but not be limited to bodily injury, personal injury, sickness, disease, death, and property loss or damage. I acknowledge that such risks may arise from a variety of foreseeable and unforeseeable circumstances connected with the use of the recreation facility or participation in the program. The risks include but not limited to the following: **joint injuries, head or facial injuries, lacerations, contusions, abrasions, and broken bones.**

_____ Participant (youth) initials here

B. By signing this **RELEASE AND INDEMNIFICATION AGREEMENT**, I hereby expressly assume all such risks of injury, loss, or damage to me or to any third party arising out of or in any way related to the above-described activities, whether or not caused by the act, omission, negligence, or other fault of the Town, its officers, employees, or by any other cause.

_____ Participant (youth) initials here

C. By signing this **RELEASE AND INDEMNIFICATION AGREEMENT**, I further hereby waive, and exempt, release, and discharge the Town, its officers and its employees from, any and all claims, demands, and actions for such injury, loss, or damage, arising out of or in any way related to the above-described activities, whether or not caused by the act, omission, negligence, or other fault of the Town, its officers, its employees, or by any other cause.

_____ Participant (youth) initials here

D. I further agree to defend, indemnify and hold harmless the Town, its officers, employees, insurers, and selfinsurance pool, from and against all liability, claims, and demands, including any third party claim asserted against the Town, its officers, employees, insurers, or self-insurance pool, in account of injury, loss, or damage, including without limitation claims arising from bodily injury, personal injury, sickness, disease, death, property loss or damage, or any other loss of any kind whatsoever, which arise out of or are in any way related to the above-described activities, whether or not caused by my act, omission, negligence, or other fault, or by the act, omission, negligence, or other fault of the Town, its officers, its employees, or by any other cause.

_____ Participant (youth) initials here

E. By signing this **RELEASE AND INDEMNIFICATION AGREEMENT**, I hereby acknowledge and agree that said **AGREEMENT** extends to all acts, omissions, negligence, or other fault of the Town, its officers, and/or its employees, and that said **AGREEMENT** is intended to be as broad and inclusive as is permitted by the laws of the State of Colorado. If any portion hereof is held invalid, it is further agreed that the balance shall, notwithstanding, continue in full legal force and effect.

_____ Participant (youth) initials here

F. I understand and acknowledge that the Town, its officers, and its employees are relying on, and do not waive or intend to waive by any provision of this **RELEASE AND INDEMNIFICATION AGREEMENT**, the monetary limitations (presently \$150,000 per person and \$600,000 per occurrence) or any other rights, immunities, and protections provided by the Colorado Governmental Immunity Act, C.R.S. §24-10-101 *et seq.*, as amended, or otherwise available to the Town, its officers, or its employees.

_____ Participant (youth) initials here

G. I understand and agree that this **RELEASE AND INDEMNIFICATION AGREEMENT** shall be governed by the laws of the State of Colorado, and that jurisdiction and venue for any suit or cause of action under this Agreement shall lie in the courts of San Miguel County, Colorado.

_____ Participant (youth) initials here

H. This **RELEASE AND INDEMNIFICATION AGREEMENT** shall be effective as of the date set forth below and shall be binding upon me, my successors, representatives, heirs, executors, assigns, and transferees.

_____ Participant (youth) initials here

II. PARTICIPANT (YOUTH AGES 7 & UP) SIGNATURE AND DATE:

III. Note: This waiver form must be signed by young athlete (not parent).

Print Player's Name: _____ **Player's Signature:** _____

List Sport(s) _____ **Today's Date:** _____ **Player's Age:** _____

Town of Telluride Youth Sports

Parent and Player Code of Conduct Pledges

PARENT AND PLAYER SIGNATURES REQUIRED

PARENT:

I hereby pledge to provide positive support, care, and encouragement for my child participating in youth sports by following this Parents' Code of Conduct:

- I will do my very best to make youth sports fun for my child.
- I vow not to insult, cuss at, holler at, spit upon, body slam, or otherwise abuse a coach, umpire, scorekeeper, team mom, player, fan, or another parent.
- I will place the emotional and physical well being of my child ahead of a personal desire to win.
- I will insist that my child play in a safe and healthy environment.
- I will support coaches and officials working with my child, in order to encourage a positive and enjoyable experience for all.
- I will demand a sports environment for my child that is free from drugs, tobacco and alcohol and will refrain from their use at all youth sports events
- I will remember that the game is for youth – not adults.
- I will ask my child to treat other players, coaches, and officials with respect regardless of race, sex, creed or ability.
- I will do my best to make sure that my young athlete arrives at practices and games on time and that he or she has all the necessary equipment and protective gear. If my kid has to miss a game, I'll call the coach or team parent the day before.
- I will be supportive after games, win or lose. I will recognize good effort, teamwork and sportsmanship.

PARENT'S SIGNATURES:

DATE:

PLAYER:

I hereby pledge to follow this Players' Code of Conduct.

- I will be a good sport and act appropriately.
- I will be on time for games and practices
- I will be a team player.
- I will respect my coach, my teammates, the other team, the officials and the spectators.
- I will not argue with an official's decision.
- I will not use profanity, physical violence or abusive language at any youth sports event.
- I will be a good listener.

PLAYER SIGNATURE:

DATE:

MEDICAL RELEASE FORM

As the parent/legal guardian of _____, 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.

Date of Players Birth ____/____/____ Date of last Tetanus Booster ____/____/____

Month Day Year Month Day Year

Known allergies of this player, including any allergies to medicine _____

Any other medical problems which should be noted _____

Family Physician _____ Phone (____) _____

Name of Parent/Guardian _____

Address _____

City/State/Zip _____

Phone H(____) _____ W(____) _____ FAX (____) _____

Person responsible for charges (if different from above) _____

Address _____

City/State/Zip _____

Phone H(____) _____ W(____) _____ FAX (____) _____

Person to notify if parent/guardian is unavailable _____

Phone H(____) _____ W(____) _____ FAX (____) _____

Insurance Carrier _____ Policy Number _____

Signature of Parent/Guardian _____

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