



Recreational Club Programs

Welcome to the 2010 fall soccer season. We are excited to announce that we have re-vamped our fall programming to increase proper developmental opportunities for all of our players. Ezra Cremers will be over seeing & coaching in all programs. Ezra brings a wealth of knowledge that will directly relate to your experience on the field this fall. Sign up now before it is too late!

3-5 years

Introduce your child to soccer and group activities! Join us for an action packed 45 minutes of soccer fun. Parent or Guardian will be expected to play at times throughout the practice. Please dress your player appropriate for athletic activity especially running shoes. Do not miss out on this great program.

U6-U7 & U8-U9

This recreational club program is ideal for any child who has never played soccer before or has played in SYSA's Grassroots League in the spring. Our coaching staff's goal is to teach the fundamentals of soccer while fostering a love for the game. We focus on mastery of the ball through fun drills and games to ensure your player will have a great experience. Spaces are limited; sign up now before it is too late!

U10-U11 & U12-13

Do you have a player who loves to play soccer but wants to learn all parts of the game in a fun & relaxed atmosphere? If so, look no further. This program is tailored for new players or players who have played in the SYSA Club League in the spring. Our new coaching curriculum ensures your player is learning the essential soccer skills it takes to be successful at any level. Sign up now as spaces are limited.

<u>Age Group</u>	<u>Dates</u>	<u>Time</u>	<u>Duration</u>	<u>Price</u>
3-4 yrs Boys	Tuesdays – Oct 5 to Nov 9	10:30-11:15 am	45min x 6weeks	\$60.00
3-4 yrs Girls	Tuesdays – Oct 5 to Nov 9	11:15-12:00pm	45min x 6weeks	60.00
5 yrs Boys	Tuesdays – Oct 5 to Nov 9	3:00-4:00 pm	1hr x 6weeks	60.00
5 yrs Girls	Tuesdays – Oct 5 to Nov 9	3:00 -4:00 pm	1hr x 6weeks	60.00
U6-U7 Boys	Saturdays – Oct 2 – Nov 27	9:00-10:00am	1hr x 9weeks	75.00
U6-U7 Girls	Saturdays – Oct 2 – Nov 27	9:00-10:00am	1hr x 9 weeks	75.00
U8-U9 Boys	Saturdays – Oct 2 – Nov 27	10:00-11:00am	1hr x 9weeks	75.00
U8-U9 Girls	Saturdays – Oct 2 – Nov 27	10:00-11:00am	1hr x 9weeks	75.00
U10-U11 Boys	Saturdays – Oct 2 – Nov 27	11:00-12:00pm	1hr x 9weeks	75.00
U10-U11 Girls	Saturdays – Oct 2 – Nov 27	11:00-12:00pm	1hr x 9weeks	75.00
U12-U13 Boys	Saturdays – Oct 2 – Nov 27	1:00-2:00pm	1hr x 9weeks	75.00
U12-U13 Girls	Saturdays – Oct 2 – Nov 27	1:00-2:00pm	1hr x 9weeks	75.00

Financial assistance is available through “**KidSport.**” Applications available at SA Downtown Activity Centre.

Spaces are limited; first come first serve. **Sign up deadline: Oct 1, 2010.**



SYSA Player Annual Registration Information for all Programs & Clinics

It is not necessary to fully complete this form if your player was registered in the spring with the Association. Provide name, birth date and sign consent portion only if currently registered in 2010 (unless updating information).

Players Last Name: _____ First Name: _____

Street: _____

City: _____ Postal Code: _____ Phone: _____

Sex: M F Date of Birth: year / month / day School: _____

Father's Name: _____ Home phone _____ Cell phone _____

Mother's Name: _____ Home phone _____ Cell phone _____

Email: _____ Please provide an email address of an adult to whom tax receipts may be sent.

EMERGENCY CONTACT - In an emergency when parent/guardian cannot be reached please contact the following:

Name: _____ Relationship: _____ Phone _____

MEDICAL CONCERNS - Any known health problems, allergies or special needs? YES NO

Describe: _____

Physician name: _____ Phone _____

Waiver and Parent Consent

In consideration of the acceptance of my membership in Shuswap Youth Soccer Association I (parent or guardian) consent to _____ participating in the activities of SYSA and acknowledge that there are risks associated with such participation.

- I consent to the release of information contained on this form to BC Soccer Association for registration purposes.
- I also acknowledge that it is my responsibility to advise the team coach of any medical condition pertaining to my child's participation in youth soccer.
- I give my approval for my child's photo to appear on the Shuswap Youth Soccer Association web page and/or the newspaper. YES / NO

Parent or Guardian – please sign: _____ Date: _____

Please circle which program you are registering for:

- *3/4 boys U8-U9 boys
- *3/4 girls U8-U9 girls
- 5 year boys U10-U11 boys
- 5 year girls U10-U11 girls
- U6-U7 boys U12-U13 boys
- U6-U7 girls U12-U13 girls

*Players must be at least 3 years old at time of play

Once completed please forward this registration form with payment (or with a note about your KidSport application) to: **PO Box 173**
Salmon Arm, BC, V1E 4N3

or drop off to the SYSA office at the Downtown Activity Centre.

Office Use Only

Cheque #: _____ Amount: _____

Age: _____ M / F