

# DOOR COUNTY SOCCER ASSOCIATION

2010 SEASON

## WASHINGTON ISLAND SOCCER CLUB

The Washington Island Soccer Club has joined the Door County Soccer Association again for another season. The DC Soccer Association was formed many years ago by parents interested in promoting recreational soccer instruction and competition for the youth (SAY) and is an entirely volunteer organization. The program is designed to reach boys & girls ages 6-18. The emphasis is on the fun of the game rather than the competitive side. As a result there are no tryouts and everyone plays at least half of the game, provided that they attend the scheduled practices.

We need HELP in many areas. Please indicate on the registration form, under the PARENT PARTICIPATION SECTION, how you plan on helping. If you have a lack of soccer knowledge, training and education is available. YOUR HELP IS EXTREMELY IMPORTANT TO ENSURE THE CONTINUATION OF THE WASHINGTON ISLAND SOCCER PROGRAM.

Teams are divided into the following age groups:

6 / 7 yr olds (6 on or before 8/1/09)	12 / 13 yr olds (12 on or before 8/1/09)
8 / 9 yr olds (8 on or before 8/1/09)	14 / 15 yr olds (14 on or before 8/1/09)
10 / 11 yr olds (10 on or before 8/1/09)	16 / 18 yr olds (16 on or before 8/1/09)

*PLAYERS WILL BE NOTIFIED OF PRACTICE TIMES & GAME SCHEDULES*

Please make every effort possible to attend all practices & games

**\*\* Please note -- The oldest team (if enough players sign up) will be the 14/15 year old team.**

Cost of the program is **\$35.00 (one child)**, **\$60.00 (two children)**, **\$80.00 (family of 3 or more children)**. Since this fee does not entirely cover the entire club's expense, we may have fundraisers in which parents may be asked to participate.

Each player is required to have the following:

- Washington Island Soccer Club shirt (\$12 – from WI Soccer Club)
- Royal blue shorts & soccer socks, shin guards & cleats (can be found at any sports store, Wal-mart, from players who have out-grown theirs, etc.)

***YOUR CHILD WILL NOT BE PERMITTED TO PLAY WITHOUT THE ABOVE ON GAME DAY***

AN EARLY RETURN OF YOUR REGISTRATION FORM and FEES INSURES US A SLOT ON THE DOOR COUNTY SOCCER ASSOCIATION SCHEDULE IN THE CORRECT AGE GROUPS FOR ALL OF OUR CHILDREN.

**IF YOU DO NOT RETURN THE FORM BY THE DUE DATE, YOUR CHILD WILL NOT BE ABLE TO PRACTICE AND MIGHT NOT BE ABLE TO JOIN A TEAM.**

**ALL FORMS AND FEES DUE NO LATER THAN  
May 1, 2010**

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***BY REGISTERING, PLAYERS AND PARENTS AGREE TO THE FOLLOWING:***

- observe the guidelines of the coaches
- players will attend all practices, unless notice has been given to and approved by coach
- players will be expected to behave appropriately at all times, including during games, practices and traveling to and from games (subject to the coaches discipline plan)
- parents will be responsible for their own children at all soccer events
- parents should support the teams in a positive manner, and use POSITIVE ENCOURAGEMENT ONLY, during the soccer game
- parents will provide the necessary uniforms and equipment
- parents will help, or provide help, in the concession stand when asked
- parents will also volunteer for one or more of the areas of parent participation, as noted on the registration form

# SUMMER SOCCER REGISTRATION FORM - 2010

Washington Island Soccer Club  
 PO Box 133, Washington Island WI, 54246  
 Or hand-deliver to Lisa Munao

**DUE NO LATER THAN MAY 1, 2010**

PLAYER INFORMATION						
Shirt Sizing: Youth à YS = Small size 8 / YM = Medium 10-12 / YL = Large 14-16 Adult à AS = Small / AM = Medium / AL = Large / AXL = X-Large / AXXL = XX-Large						

LAST NAME	FIRST NAME	BIRTH DATE	AGE BY 8/1/10	Experienced Y/N & # YEARS	SHIRT SIZE	AVAILABLE TO PLAY DATE

Fathers Name: \_\_\_\_\_ Mothers Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Island Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell Mom: \_\_\_\_\_ Cell Dad: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Other Contact: \_\_\_\_\_

PLEASE NOTE: At the coach's discretion the attendance policy may be enforced.  
 All players must attend [3 practices](#) prior to their first game.

<b>Registration Fee – Make checks payable to <a href="#">Washington Island Soccer Club</a></b> Mail to: PO Box 133, Washington Island, WI 54246 – or hand deliver to Lisa Munao  [ \$35.00 (1) / \$60.00 (2) / \$80.00 (3+) ] _____ + _____ Shirts @ \$12.00ea _____ = \$ _____ TOTAL ENCLOSED
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PARENT PARTICIPATION IS A MUST FOR THE SUCCESS OF OUR PROGRAM. <u>IN ADDITION TO ONE MANDATORY SHIFT IN THE CONCESSION STAND, HOW WILL YOU HELP?</u>								
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COACH	ASST COACH	BOARD MEMBER	FUND-RAISING	FIELD PREP	PLAYER TRANSPORT	PHONING	TEAM PARENT	OTHER

I hereby agree that the Soccer Association For Youth (SAY), it's members, coaches or officers shall not be liable for any injury or loss which my child may sustain while participating in activities of any kind whether sponsored by or under the supervision of SAY and agree to indemnify and to hold harmless SAY, its members, coaches officers or designates of any kind from any claim whatsoever.

I certify that the above information is correct and that I hereby hold the DOOR COUNTY SOCCER ASSOCIATION AND THE WASHINGTON ISLAND SOCCER CLUB free and harmless for any liabilities that may arise while I or my child are participating in any of the association's activities. I certify that I have received, read, and understand the Coach/Parent/Player Policy.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Player Signature \_\_\_\_\_ Date \_\_\_\_\_

**2010 SOCCER SEASON**  
**WASHINGTON ISLAND SOCCER CLUB**  
PO Box 133, Washington Island, WI 54246

**MEDICAL RELEASE FORM**  
(one form must be filled out for each player)

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

DOCTORS NAME \_\_\_\_\_

MEDICATIONS BEING TAKEN \_\_\_\_\_

\*\*\* SPECIAL MEDICAL CONDITIONS OF PLAYER \*\*\*

ASTHMA\_\_\_\_ FAINTING\_\_\_\_ DIABETES\_\_\_\_ CONVULSIONS\_\_\_\_

HEART\_\_\_\_ ALLERGIES\_\_\_\_ GLASSES/CONTACTS\_\_\_\_

HEAT EXHAUSTION/STROKE TENDENCIES\_\_\_\_ DENTAL APPLIANCE\_\_\_\_

OTHER\_\_\_\_\_ Please explain\_\_\_\_\_

Instructions for care of specific condition\_\_\_\_\_

I hereby grant permission for my child to join the WASHINGTON ISLAND SOCCER CLUB and the DOOR COUNTY SOCCER ASSOCIATION. If an injury does occur and emergency treatment is deemed necessary, I hereby grant permission to the Washington Island Soccer Club and/or the Door County Soccer Association and their staff of volunteers to secure medical treatment for my child.

PARENT SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PH# \_\_\_\_\_ CELL PH# \_\_\_\_\_

WORK PH# FATHER \_\_\_\_\_ MOTHER \_\_\_\_\_

OTHER EMERGENCY CONTACT AND RELATION TO CHILD \_\_\_\_\_