

**Kansas State Youth Soccer Association/US Youth Soccer
OLYMPIC DEVELOPMENT PROGRAM REGISTRATION**

**To be eligible for the 2009-10 State Team, this notarized form AND copy of insurance card must be submitted by 12-31-09.*

Current
Player
Photo

PLAYER'S NAME: _____ BIRTHDATE: _____ Male/Female ____
 ADDRESS: _____
 CITY: _____, KS, ZIP: _____ PHONE: (_____) _____
 PARENTS' EMAIL ADDRESS: _____
 HIGH SCHOOL WILL ATTEND: _____ HS GRAD YR: **20** _____
 CLUB NAME: _____ CLUB COACH: _____
 PRIMARY POSITION: _____ SECONDARY POSITION: _____

NEW PROGRAM STRUCTURE

- | | |
|-----------------------------------|--|
| 1993, 1994, 1995
BOYS & GIRLS | -2 Tryout dates (State Pool Selected following November Tryout).
-State Pool Players will participate in December training + Winter League Games/Trainings (4 sessions) at Ottawa University (add'l \$100 fee)
-State Pool Players will also participate in additional events (additional player fee) |
| 1996, 1997, 1998+
BOYS & GIRLS | -2 Tryout dates PLUS Centers of Excellence: 4 sessions per venue during September and October, times/location TBD (State Pool Selected following November Tryout)
-State Pool Players will participate in December training + Winter League Games/Trainings (4 sessions) at Ottawa University (add'l \$100 fee)
-State Pool Players will also participate in additional events (additional player fee) |



TRYOUT FEES: (submit online or print this form and return, along with a check payable to KSYSYA, photo & copy of insurance card to 708 S, Rogers Rd., Ste. C, Olathe, KS 66062.)

- | | |
|------------------------|--|
| 1993, 1994, 1995 Ages | Tryout Fee: \$45, early bird (\$55 if registering after July 10)
(State Pool fee - \$100 - is only paid after selection to the pool) |
| 1996, 1997, 1998+ Ages | Tryout/Centers of Excellence Fee: \$90, early bird fee (\$100 if registering after July 10)
(State Pool fee - \$100 - is only paid after selection to the pool) |

TRYOUT INFORMATION FOR ALL AGES (Players may attend both tryout dates for their age group/gender):

Please indicate which Tryout(s) you will be attending. All Tryouts will be held at the TRYSA fields in Emporia.

AUGUST 8

NOVEMBER 14

- | | |
|--|--|
| _____ Girls: 9 -10:30 AM and 1:15 – 2:45 PM | _____ Girls: 9 -10:30 AM and 1:15 – 2:45 PM |
| _____ Boys: 10:45 AM – 12:15 PM and 3:00 – 4:30 PM | _____ Boys: 10:45 AM – 12:15 PM and 3:00 – 4:30 PM |

*** Parents are responsible for players during break times. NO STAFF WILL BE AT THE FIELDS DURING THE BREAK.**

EMERGENCY MEDICAL INFORMATION

FATHER'S NAME _____ ADDRESS IF DIFFERENT THAN PLAYER _____
 FATHER'S HOME # _____ FATHER'S WORK # _____ FATHER'S CELL # _____
 MOTHER'S NAME _____ ADDRESS IF DIFFERENT THAN PLAYER _____
 MOTHER'S HOME # _____ MOTHER'S WORK # _____ MOTHER'S CELL # _____
In case of emergency, when parents can not be reached, please contact:
 NAME _____ NUMBER _____ RELATIONSHIP _____
 NAME _____ NUMBER _____ RELATIONSHIP _____
 ALLERGIES/MEDICAL CONDITIONS _____
 MEDICATION TAKEN REGULARLY _____
 PHYSICIAN'S NAME _____ PHONE NUMBER _____
 MEDICAL/HOSPITAL INSURANCE COMPANY _____

PARENTS APPROVAL AND MEDICAL RELEASE

In consideration for being allowed to participate in any way in the Kansas State Youth Soccer Association US Youth Soccer Olympic Development Program, as a player in games, training activities and exercises, being transported to and from same (which transportation I hereby authorize), and related events and activities, the undersigned:

1. Agree that the parent(s) and or legal guardian(s) together with their minor participant will, prior to participating, inspect the facilities and equipment to be used, and if they or the participant believe anything is unsafe, he or she should immediately advise his or her coach or supervisor of such condition(s) and refuse to participate.
2. Acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result not only from their own actions, inaction or negligence, but the action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used. Further, that there may be other risks not known to us or not reasonably foreseeable at this time.
3. Assume all foregoing risk and accept personal responsibility for damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue KANSAS STATE YOUTH SOCCER ASSOCIATION US YOUTH SOCCER OLYMPIC DEVELOPMENT PROGRAM their affiliated clubs, their respective administrators, directors, agents, coaches and other employees of the organizations, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the event, all of which are hereinafter referred to a "releases," from any and all LIABILITY to the participant and the undersigned, his or her heirs and next of kin for any and all claims, demands, losses or damages on account of injury, including death or damage to property, caused or alleged to be caused in whole or in part by the negligence of the releases or otherwise.

I/WE HAVE READ THE ABOVE WAIVER AND RELEASE, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IT VOLUNTARILY. The Information above and medical history supplied is correct to the best of my knowledge. We hereby give permission for Kansas State Youth Soccer Association US Youth Soccer Olympic Development Program Athletic Trainers to apply first aid treatment until the parents can be contacted. We give our consent for the Kansas State Youth Soccer Association US Youth Soccer Olympic Development Program Athletic Trainers to use their own judgment in securing medical and ambulance service in case the parents cannot be contacted.



DATE: _____
 SIGNATURE OF PARENT/GUARDIAN _____

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ DAY OF _____ 20 _____

NOTARY PUBLIC _____
 (NOTARY SEAL IS MANDATORY)