

## **Blue Ridge Youth Soccer Association**

Co-Sponsored by Frederick County and Winchester City Parks and Recreation Departments

Welcome to Blue Ridge Youth Soccer Association. Please read this cover letter before you register your child to participate. This should answer many questions you may have. You may also contact the BRYSA hotline at 662-6380. Registration for the Fall 2008 Season will begin June 1<sup>st</sup> and continue until July 15<sup>th</sup>. Any registrations received after July 15<sup>th</sup> are not guaranteed placement. The fee for the Fall 2008 Season is \$45.00.

The teams are formed by age/grade, school district, and registration number. When we do not have enough players to form a team from one area we will team them up with players in another school district. We do not allow players to play out of their age/grade group. There are no exceptions to this rule. Once the teams are formed we look for a coach. The coach is usually a mother or father who has volunteered for their child's team. The coach is given a list of practice fields and he/she gets to decide where and when to practice. Please note that this means that even though you may be placed from a certain school, that is not necessarily where you will practice. We do not move children from one team to another for convenience of practice times, practice location or carpooling. The league has gotten too big for us to accommodate each player on an individual basis. Prior to the start of the season we have a coach's meeting where the coach is then given his/her roster. He/she will then contact the players on his team to let them know when and where practice is.

The players' uniforms consist of a jersey (provided by BRYSA), shorts (usually black), soccer socks (usually black) and shin guards. Shin guards are a rule and a child may not participate if they are not wearing them.

Games are played on Saturday. There is a possibility that your team may have an occasional weeknight game. Every child must be given the opportunity to play at least half of the game if they go to at least half of the practices.

BRYSA has zero tolerance for violence or abuse of its coaches, players, or referees. It will not be tolerated and will be handled with severe action.

BRYSA is a volunteer organization. Any participation on your part is greatly appreciated. We are always looking for team managers, coaches (training available), assistant coaches, sponsors, referees (classes available), and people willing to line fields. If you would be interested in becoming a board member, please contact the BRYSA hotline or any board member. The BRYSA board meets the first Thursday of every month. Please contact the BRYSA hotline for exact times and dates.

We are also offering on our registration form the Virginia High School Girl's House Soccer League. This is different from the regular BRYSA division, as you will be traveling to some games. This league was co-founded 15 years ago by Vienna Youth Soccer. In the HSGHSL, U16 and U19 girls are combined on the same teams. They play a 10-game season with other teams in the Northern Virginia area. There are no tryouts. Additional fees are required for this league.



**Blue Ridge Youth Soccer Association Registration – Fall 2008**  
 (540) 662-6380      www.brysa.org  
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**Player Information** *Please provide proof of age if not a returning player.*

Player Name: \_\_\_\_\_  M  F Birth Date: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Town & Zip: \_\_\_\_\_ Sibling in same division? Yes No  
 School or School District: \_\_\_\_\_ Grade (Fall 2008) \_\_\_\_\_

**Shirt Size:**     Youth S       YM       YL       Adult S       AM       AL       AXL

**Parent/Guardian Information** *Please check one of the volunteer activities below as BRYSA is run by volunteers.*

Father: \_\_\_\_\_ Mother: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_  
 Coach       Asst. Coach       Team Mgr.       Coach       Asst. Coach       Team Mgr.

Yes, I would like to sponsor a team. Please fill out the sponsor registration form and attach it to this document.

**Please check the division according to your child's birth date or grade level:**

Check One	Division	Born Between	Grade (Fall 2008)	Co-Ed	All Girls
<input type="checkbox"/>	U6	08/01/2002 – 07/31/2003		<input type="checkbox"/>	N/A
<input type="checkbox"/>	U7	08/01/2001 – 07/31/2002	1 <sup>st</sup> Grade	<input type="checkbox"/>	N/A
<input type="checkbox"/>	U8	08/01/2000 – 07/31/2001	2 <sup>nd</sup> Grade	<input type="checkbox"/>	N/A
<input type="checkbox"/>	U10	08/01/1998 – 07/31/2000	3 <sup>rd</sup> or 4 <sup>th</sup> Grade	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	U12	08/01/1996 – 07/31/1998	5 <sup>th</sup> or 6 <sup>th</sup> Grade	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	U14	08/01/1994 – 07/31/1996	7 <sup>th</sup> or 8 <sup>th</sup> Grade	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	U19	08/01/1989 – 07/31/1994	9 <sup>th</sup> - 12 <sup>th</sup> Grades	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	U19	08/01/1989 – 07/31/1994	Girls House League	N/A	<input type="checkbox"/>

**Fee Schedule:**

**Please send payment to: BRYSA, P.O. Box 2865, Winchester VA 22604**

Fall 2008 Registration Fee (\$45 per player) \_\_\_\_\_

+ \$15 Late Fee (if postmarked after July 18) \_\_\_\_\_

Tax Deductible Contribution (\$25 suggested if not volunteering) \_\_\_\_\_

TOTAL \_\_\_\_\_

**Please note that we do not move players from teams for the convenience of carpooling or due to conflicts with other activities.**

Liability Wavier: I, the undersigned parent/guardian of the above named child, grant permission for this child to participate in all activities of this sports program. I assume all risks and hazards incidental to such participation, including transportation to and from such activities. I do hereby release, absolve, indemnity, and agree to hold harmless supervisors, participants, and persons transporting my child to or from activities, from any claim arising out of an injury to my child except to the extend and in the amount covered by the accident and liability insurance carried by the Blue Ridge Youth Soccer Association.

Parent/Guardian \_\_\_\_\_ Date: \_\_\_\_\_

DO NOT WRITE BELOW

BRYSA SOCCER USE ONLY

DO NOT WRITE BELOW

Date Rec'd \_\_\_\_\_ Check # \_\_\_\_\_ Amount Paid \_\_\_\_\_ Proof or Age \_\_\_\_\_ Registered By \_\_\_\_\_

FALL 2008



*Team sponsorship is given to the first company to submit application and payment (\$150.00)*

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_ --Alternate phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Does your child play for BRYSA ? \_\_\_\_\_ YES \_\_\_\_\_ NO

Name and age of Child. \_\_\_\_\_ age \_\_\_\_\_