

Wainfleet Youth Soccer Registration Information 2018

Registration Deadline March 23, 2018

Mail completed forms to: Wainfleet Youth Soccer, PO Box 27, Wainfleet, ON L0S 1V0

Wainfleet Youth Soccer is accepting registrations for children born in the years **2002– 2013**.

WYS runs from mid-May until the beginning of August every Tues. and Thurs. @ 6:30 at the Wainfleet Sports Complex (behind the Arena) Mosquito and Atom Divisions start Tuesday May 15, 2018. Sprite and Squirt Divisions start Thursday May 17, 2018.

NEW FOR 2018

Registration forms must be in by **March 23, 2018** to be guaranteed to play.

Late registrations are subject to a \$10 late fee per player.

Late registrations will be put on a waiting list and added to a team only if there is room.

*****No registrations will be accepted after April 16, 2018.*****

Late registrations more than doubles the time it takes to organize teams. Please register on time.

Registration Fees

Wainfleet Resident Rate (Individual): \$40.00 + \$20.00 (shirt deposit)= \$60.00

Wainfleet Resident Rate(Family): \$105.00 + \$20.00 (shirt deposit each player)
E.g. \$105.00 + (4 x \$20.00) = \$185.00

Non-Resident Rate (Individual): \$65.00 + \$20.00 (shirt deposit) = \$85.00

Non-Resident Rate (Family) \$175.00 + \$20.00 (shirt deposit each player)
E.g. \$175.00 +(4 x \$20.00) = \$255.00

\$10.00 LATE FEE per child for registrations after March 23, 2018.

2005 -2002 Mosquito

2008-2006 - Atom

2011-2009 - Squirt

2012-2013 - Sprite

All NSF Cheques are paid by the registrant and player(s) are held from playing until cleared. No Phone Registrations.

No Refunds will be made after May 25, 2018. All refund requests must be made to the Treasurer.

Non-Resident Rates may be reduced to Resident Rate if an adult family member volunteers for the entire season.

Make cheques payable to: Wainfleet Youth Soccer P.O. Box 27 Wainfleet ON L0S 1V0.

How are Teams Organized?

Wainfleet Youth Soccer does its best to try to allow all teams to have a fair chance at winning any particular game. Registrants must be aware that this may not always occur. WYS aims to fairly divide the team rosters by age, gender and ability within our four divisions Sprite, Squirt, Atom and Mosquito. There are approximately 5-6 teams per division. WYS does its best to match siblings/ immediate family on teams. To ensure equal and balanced teams, **WYS will not accept requests for player placements.**

Uniforms and Equipment

Cleats only in the Atom and Mosquito Divisions. Running shoes only (no cleats) in the Sprite and Squirt Divisions.

WYS lends players the use of a team shirt for a small deposit fee. *****Shin guards are MANDATORY*****

All shirts must be handed in at the end of the season in good condition in order to receive your \$20 shirt deposit back. Shirts returned after 2nd Fri. in September will not receive their deposit money and will be subject to a \$40 shirt deposit the following year(s), unless, the shirt is returned prior to the new season.

Inclement Weather

If it's raining play goes ahead... bring an umbrella!

If there is severe weather (i.e. Lightning) in the area during the afternoon of a soccer day, it is hoped a decision will be made by **5:00pm** if soccer for that evening is to be abandoned. Coaches will be notified, and they are then asked to advise their own respective players. **PLEASE DO NOT CALL BOARD MEMBERS WE WILL CONTACT YOU!**

After soccer has started, if lightning is seen it is incumbent on every coach, referee, and member of the executive to clear those fields of kids, immediately. Parents must co-operate and be able to assist children to vehicles immediately. Soccer will be abandoned for the night, and there will be absolutely no exceptions of this. Please note there is no suitable shelter on our fields in case of inclement weather. Do not drop children off without suitable arrangements as WYS Board/Coaches will not be held responsible. If abandoned game has reached the half time interval, the result stands. Otherwise the game will be re-scheduled.

Wainfleet Youth Soccer (since 1977)

Code of Conduct and Fair Play

The following is our Code of Conduct and Fair Play Code for **Players, Coaches, Referees and Spectators** involved in Wainfleet Youth Soccer. They have been drawn up with the aim of encouraging good sportsmanship among the teams and you are all expected to adhere to them.

1. Wainfleet Youth Soccer is **NOT a babysitting service**. Your child needs you to be there to share in his or her accomplishments as well as to provide support and comfort when things don't go as hoped for. If it is necessary for you to be absent during a game or practice, please make sure that a responsible adult has been designated and authorized to provide emergency care should the need arise.
2. Play by the rules. **ABSOLUTELY NO FOUL LANGUAGE** Allowed. **SWEARING IS A RED CARD** .
3. Be a good sport. In particular at the end of the game, shake hands, keep your spit in your mouth, and not on your hands. **Spitting is a RED CARD OFFENSE**.
4. Control your temper. Never argue with a referee. Do **NOT** verbally abuse, provoke, or deliberately distract referees, coaches, officials or players when things don't go as you wish. Club officials will deal with referees' shortcomings as well as coaches' shortcomings. We do not set a good example for our children if we openly criticize any of the above. Contact a club official if you feel there are problems that need to be rectified.
5. Aggressive and dangerous play will be dealt with by referees.
6. Do not swing from the nets, or metal posts, severe and fatal injuries have occurred in the recent years in other minor soccer leagues.
7. Jewelry is not permitted.
8. Caps may only be worn by goal keepers.
9. Each player is given a shirt, that shirt is to be worn. Designated goal keepers WILL wear a goal keeper's shirt (provided) or reverse their own shirt displaying the number on the front..... **NO EXCEPTIONS**.
10. Running shoes only in Squirt and Sprite Divisions. (Cleats should be worn in Atom and Mosquito but are not mandatory)
11. Don't leave your garbage for someone else to pick up. When the fields are cut, a plastic water bottle run over by mower blades becomes razor sharp. **KEEP ONTARIO BEAUTIFUL –THAT INCLUDES OUR OWN RECREATIONAL FACILITIES!**
12. For reasons of liability we must insist that parents or non-volunteers do not take part in practices with the kids.
13. All referees in Squirt, Atom and Mosquito divisions will be given red and yellow cards for use in dealing with infractions of the rules.
The yellow card when shown to a player is a method of cautioning that player for serious infractions of the rules. A player, who receives a second yellow card, will then automatically be shown a red card and removed from the playing area for the remainder of that game.
Coaches are warned that the rules do allow for a player committing serious foul play to be immediately shown a red card without the need for a prior caution. Coaches are advised to refer to "The Laws of the Game 2007.2008" in the coach's manual for a list of cautionable and sending off offences.

A player when shown the red card **CANNOT** be substituted.

INFRACTION OF THE ABOVE RULES MAY LEAD TO SUSPENSION FROM PLAY, OR COACHES AND PARENTS BEING REQUESTED TO LEAVE THE AREA OF THE FIELDS.

Wainfleet Youth Soccer

PO Box 27, Wainfleet, ON L0S 1V0

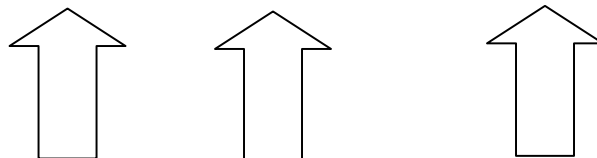
www.wainfleetyouthsoccer.ca / facebook

PLAYER REGISTRATION FORM 2018 (Birth years 2002-2013)

WAINFLEET YOUTH SOCCER IS RUN BY VOLUNTEERS. LET US KNOW HOW YOU CAN HELP BY FILLING IN THIS FORM. THANKYOU!!				
Without our volunteers WYS would not exist! Every year we need dedicated individuals to Referee, Coach, or be an Assistant Coach or even Co-Coach. Maybe this is your year to help out so that our children can enjoy Wainfleet Soccer for years to come. WYS can help students fulfill volunteer hours. Training is Available!				
Full Name: _____ Age of Volunteer 15-20 years _____ 20 yrs + _____ <div style="display: flex; justify-content: space-around; width: 100%; font-size: small;"> Last First </div>				
Address: _____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> Street Address City </div>				
_____ <div style="display: flex; justify-content: space-between; width: 100%; font-size: small;"> Province Postal Code Township </div>				
Home Phone: () _____ Business Phone: () _____				
Cell Number: _____ E-Mail Address: _____				
Fulfilling School Volunteer Hours? Yes No	Division Preference Mosq Atom Squirt Sprite	Referee Coach Co-Coach Assist. Coach Executive Experience? Yes / No _____		

GENERAL SPONSORSHIP
Support Wainfleet Youth Soccer and help us offset the cost of paint, Johnny on the Spots, advertising and keep our registration costs low! Please consider supporting your local youth organization with a General Business Sponsorship.
Business Name: _____
Address: _____
Phone Number: _____ Cell Number: _____
Email Address: _____ Business Card Included: _____
\$25 _____ \$50 _____ \$75 _____ \$100 _____ Other \$ _____ <i>Receipts will be issued for over \$20.00.</i>
<i>This sponsorship form can be returned to an Executive member or mail to PO Box 27 Wainfleet ON LOS 1V0. All cheques can be made payable to Wainfleet Youth Soccer. Thank you for your support!</i>

Board Positions need to be filled *immediately!*
If you or someone you know might be interested,
please contact one of the executive members.



Wainfleet Youth Soccer Participation Agreement and Terms and Conditions 2018

By signing this document you will waive certain legal rights, PLEASE READ CAREFULLY.

Name of Participant: _____ **Age** _____ **Date of Birth** _____
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Name of Participant: _____ **Age** _____ **Date of Birth** _____
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Name of Participant: _____ **Age** _____ **Date of Birth** _____



IN CONSIDERATION of allowing my minor child/ward to participate in the programs, activities and events of Wainfleet Youth Soccer, **I ASSURE TO YOU THAT:**

1. I am the parent/guardian of the above named participant(s) having full legal responsibility for decisions regarding the above named participant.
2. I hereby acknowledge that I am aware of the risks and hazards associated with or related to soccer. The risks and hazards include, but are not limited to injuries from:
 - a. Vigorous physical exertion, strenuous techniques and strenuous cardiovascular workouts;
 - b. Falls to the ground due to uneven or irregular terrain or surfaces;
 - c. Collisions with soccer equipment;
 - d. Extreme weather conditions which may result in heatstroke, sunstroke or hypothermia;
 - e. Contact, colliding or being struck by other participants, spectators, equipment or vehicles; and
 - f. Exerting and stretching various muscle groups.
3. Furthermore, I am aware that my child/ward may:
 - a. Sustain injuries in soccer that can be severe, cause spinal cord injuries and even be fatal;
 - b. Experience anxiety while challenging himself/herself during the activities, events and programs;
 - c. Come into close contact with other participants, including the possibility of accidental and unexpected contact;
 - d. Risk of injury is reduced if he/she follows all the rules established for participation; and
 - e. Risk of injury increases as he/she become fatigued.

I UNDERSTAND AND AGREE, on behalf of myself, my heirs, assigns, personal representatives and next of kin that my signing of this document constitutes:

4. I understand that my child/ward cannot play in any soccer game until after this registration form and payment has been accepted by the Board of Wainfleet Youth Soccer and its appointed persons.
5. I am registering my child(ren)/ward(s) willingly and my child(ren)/ward(s) is participating voluntarily in these activities.
6. I agree that there are risks in soccer as described above and my child(ren)/ward(s) will be exposed to these risks and hazards. And I agree to accept all these risks and hazards and be responsible for any injury or other loss which my minor child(ren)/ward(s) might receive while participating in these activities.
7. I accept all liability for any damage to the playing equipment caused by my child/ward's careless, negligent and/or improper handling. And I accept sole responsibility for my child/ward's personal possessions and athletic equipment
8. If something happens to my child(ren)/ward(s), I release the Organizers of responsibility for any claims, demands, actions and costs which might arise out of my child(ren)'s/ward(s)' participation. I understand "Organizers" to mean: Wainfleet Youth Soccer directors, officers, volunteers, officials, participants, sponsors owners/operators of facilities and representatives.
9. I am aware of Wainfleet Youth Soccer's policies, rules and regulations, code of conduct and fair play and agree to abide by them and to be bound by them.

Accident Insurance

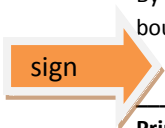
Executing this agreement will not preclude your child(ren)/ward(s) from accident insurance coverage, subject to the terms and conditions of Wainfleet Youth Soccer's insurance policy.

I ACKNOWLEDGE MAKING THIS AGREEMENT

I have reviewed the participation agreement attached and my signature affixed hereto indicates my agreement with such participation agreement.

In consideration of the acceptance of my registration with Wainfleet Youth Soccer, I parent/guardian (for the participants under 18 years of age), agree as follows:

By signing and dating below, you agree that you are the parent or legal guardian of the player(s) being registered and to be bound by this Legal Agreement even if you have not read the agreement.



_____ **Printed Name of Parent or Guardian** _____ **Signature of Parent or Guardian** _____ **Date**

PLAYER REGISTRATION FORM 2018 (Birth years 2002-2013)

Help us out by printing clearly and filling in all requested information for each player!!

Do not write "same as above" when registering multiple players!!! Thanks!!!

FAMILY CONTACT INFORMATION - please fill out completely - form used for master participant lists

Full Name: _____ Spouse: _____
Last First

Address: _____
Street Address City Province

_____ Postal Code Township (Please include)

Home Phone: (____) _____ Cell/Business Phone: (____) _____

E-Mail Address: _____ Receipt Needed? Yes No if yes **Provide Email** _____

In order for your child(ren) to play you must sign and Return the Participation of Agreement & Acceptance of Terms and Conditions Pg 4

Office use Only:

Amount Paid: _____ Cheque _____ Cash _____ Late Fee _____

Children Reg. _____ Resident _____ Non- Resident _____ Volunteered? _____ Refund _____

PLAYER INFORMATION #1 -- do not write same as above - FILL OUT COMPLETELY form used for making teams

Full Name: _____ Parents/Guardian: _____
Last First Last (if different) First

Birth Date: ____/____/____ Gender: _____ Medical Issues: _____
yyyy / mm / dd

Home Phone: (____) _____ Business Phone: (____) _____

Cell Number: _____ E-Mail Address: _____

<small>office use only</small>	<small>office use only</small>	<small>office use only</small>	<small>office use only</small>
Division	Skill	Sibling	Agreement Signed?

PLAYER INFORMATION #2 -- do not write same as above - FILL OUT COMPLETELY form used for making teams

Full Name: _____ Parents/Guardian: _____
Last First Last (if different) First

Birth Date: ____/____/____ Gender: _____ Medical Issues: _____
yyyy / mm / dd

Home Phone: (____) _____ Business Phone: (____) _____

Cell Number: _____ E-Mail Address: _____

<small>office use only</small>	<small>office use only</small>	<small>office use only</small>	<small>office use only</small>
Division	Skill	Sibling	Agreement Signed?

PLAYER INFORMATION #3-- do not write same as above - FILL OUT COMPLETELY form used for making teams

Full Name: _____ Parents/Guardian: _____
Last First Last (if different) First

Birth Date: ____/____/____ Gender: _____ Medical Issues: _____
yyyy / mm / dd

Home Phone: (____) _____ Business Phone: (____) _____

Cell Number: _____ E-Mail Address: _____

<small>office use only</small>	<small>office use only</small>	<small>office use only</small>	<small>office use only</small>
Division	Skill	Sibling	Agreement Signed?