

Our Lady of Grace - 2009 Youth Soccer Registration

<p align="center"><u>In Person Registration</u> at Our Lady of Grace Education Center</p> <ul style="list-style-type: none"> ▪ Wed, May 20 6pm – 8pm <p align="center"><u>Evaluations (if needed):</u> Week of June 8 <i>(See Participation Agreement)</i></p> <p><i>For additional information or questions, please call the Parish Office at (410) 329-6826, ext. 512 and leave a message</i></p>	<p align="center"><u>Mail-In Complete Registration*</u></p> <ul style="list-style-type: none"> ▪ Postmarked by May 22, 2009 ▪ OLG Soccer 18310 Middletown Road Parkton, MD 21120 <p>*Complete registration includes:</p> <ol style="list-style-type: none"> 1. this form 2. participation agreement 3. payment of program fee 4. payment of uniform fee if necessary <p>**Returning Players: Please include Jersey Number</p>	<p align="center"><u>Program Fees:</u></p> <ul style="list-style-type: none"> ▪ U8 - \$40/child ▪ U10,U12,U14 - \$75/child ▪ Uniform <i>(Returning players need not purchase new uniform if they still fit)</i> <ul style="list-style-type: none"> ▪ Jersey - \$27 ▪ Shorts - \$13 ▪ Socks – Included
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<input type="checkbox"/> U-8 Clinic (Co-Ed)	8/1/2001 – 7/31/2003	
<input type="checkbox"/> U-10 Girls	<input type="checkbox"/> U-10 Boys	8/1/1999 – 7/31/2001
<input type="checkbox"/> U-12 Girls	<input type="checkbox"/> U-12 Boys	8/1/1997 – 7/31/1999
<input type="checkbox"/> U-14 Girls	<input type="checkbox"/> U-14 Boys	1/1/1995 – 7/31/1997

Player Information	
Players Name _____	Birthdate _____ Age as of 7/31/09 ____ M F
Home Phone _____	Work Phone _____
Cell Phone _____	E-Mail _____
School _____	Grade _____ (Fall 2009) ** Jersey No. _____
Address _____	City _____ State _____ Zip _____
Mother's Name _____	Father's Name _____

<p><u>Uniform Order (Please Circle)</u></p> <p>Jersey Size: YM YL AS AM AL NA (\$27.00)</p> <p>Short Size: YM YL AS AM AL NA (\$13.00)</p> <p>Sock Size: Youth Adult (included with registration)</p> <p>Optional: Hooded Sweatshirt YM YL AS AM AL (\$18.00)</p>	<p>I would like to volunteer to: (Check)</p> <p>_____ Coach _____ Concessions</p> <p>_____ Assistant Coach</p> <p>_____ Administration/Team Manager</p> <p>_____ Field Maintenance (Lining fields/Goal Maint.)</p>
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I represent that my child is in good health, has no physical impairment restricting him/her from playing soccer, and is not allergic to any insects, foods or medications except as indicated here: _____

Date _____ Parent/Guardian Signature _____

Our Lady of Grace 2009 Youth Soccer Player and Parent Participation Agreement

Program Philosophy: Our Lady of Grace Soccer participates in the Archdiocese of Baltimore Soccer Program (ABSP) with games played on metro area fields. All youth of the community are welcome to participate. ABSP provides several levels of competition for all age groups except Clinic. The various levels of competition provide a fun and challenging soccer program for the novice as well as those seasoned players. ABSP Boys and Clinic games are played on metro area fields on **Saturdays**. ABSP Girls games are played on metro area fields on **Sundays**.

Team Placement:

- Registration is based on receipt of completed registration packages (Registration Form, Participation Agreement and associated fees) postmarked by **May 22, 2009**. Team rosters will be filled as players register.
- We reserve the right to limit the size of any team to provide proper practice and game playing opportunities for all participants. An ideal maximum team size of 10 is recommended for U8 and U10 age groups. An ideal maximum team size of 15 is recommended for U12 and U14 age groups. A coach may choose to take a limited number of additional youth to accommodate all registrants for a given age group.
- Every reasonable effort will be made to place all registrants on a team. In the event that a player is unable to be placed on a team, the player's registration and uniform fee will be refunded.
- If more than one team for an age bracket is required, evaluations will be used to determine team make-up. Evaluations are required to best fit players into teams which can compete in the ABSP division rankings. Evaluations will be held during the week of June 8. Dates to be determined by coach and field availability. All registrants will be notified of their placement or status as soon as possible after registration and evaluations (if necessary) are complete.
- Requests to play for a particular coach or with other players will be considered but are not guaranteed.
- OLG Soccer shall select the appropriate ABSP competition level for all groups based upon the coaches' decisions as to the team's overall ability and skill level.

Player's Agreement

As a member of the OLG Soccer Program, I am expected to exhibit good sportsmanship at all times. I will make every effort to attend practices and all games scheduled. It is my responsibility to notify my coach of conflicts with practice and games.

PLAYER Signature: _____ Date: _____

Parent's Agreement

Soccer is an inherently dangerous sport. OLG Soccer does not provide insurance. It is my responsibility to ensure that my child is properly insured in the event of an injury. I will not hold OLG Soccer, Our Lady of Grace Church or its teams, coaches or league in which it participates responsible for any injuries while participating in the program. I am responsible for any damages occasioned by my child or children to the property and/or premises of OLG Soccer or Our Lady of Grace Church. I further agree to abide by the ABSP Soccer Code of Ethics. I will assist my child in fulfilling the player's responsibilities to the team.

I have read the Player's and Parent's Agreements and will see that my child adheres to the guidelines.

Parent / Guardian Signature: _____ Date: _____

Administrative Use: Payment \$ _____ Check No. _____ Date Received: _____ Source: _____ Uniform Order: Y / N