



Bartlett Travel Soccer Club Registration Check List

The following items must be brought to Registration

Registration Forms:

- League Registration Form(s) - IWSL (Girls)
NISL & US Club (Boys)
- IYSA Medical Release Waiver – completed and signed
- Code of Conduct Agreement – signed by Parent and Player
- Handbook Acceptance Form – signed by Parent and Player
(View online at www.btsc.net)
- Refund & Payment Policy – signed by Parent
- Credit Card Payment Form – if paying by in full by Credit Card or
Paying in Installments

Other Items:

- Photocopy of Birth Certificate (new players)
- Photocopy of Insurance Card – front and back
- Club Fee - check payable to BTSC
- Printed Receipt –if paid online
- Digital Photo- taken at Registration

Uniforms:

- Uniform Order Form
- Payment – Credit Card or Check payable to Soccer 2000

Illinois Women's Soccer League

PO Box 68849, Schaumburg, IL 60168

847-985-4975 www.iwsl.com

PLAYER REGISTRATION FORM

For The Playing Year 2011-2012

CLUB NAME: _____

TEAM NAME: _____ **TEAM AGE:** _____

PLAYER'S FIRST NAME _____ **LAST NAME:** _____

PLAYER'S ADDRESS _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PLAYER'S PHONE _____ **EMAIL ADDRESS** _____

PLAYER'S BIRTHDATE _____

FATHER'S NAME _____ **PHONE** _____

MOTHER'S NAME _____ **PHONE** _____

PROOF OF AGE:

PREVIOUS SEASON IWSL PASS ID # _____

Or

PROOF OF AGE PROVIDED: GOVERNMENT ISSUED BIRTH CERT or PASSPORT

(Circle one)

By signing this document I have indicated that I (or my child) has not registered with any other IYSA registered team for the above indicated playing year and is committed to play for only this team. I am aware that IWSL league rules only permit transfers if desired to other clubs during or after the month of January with an applicable release obtained and submitted per league rules.

PLAYER'S SIGNATURE _____ **DATE** _____

PARENT'S SIGNATURE _____ **DATE** _____

CLUB/COACH SIGNATURE _____ **DATE** _____

(This form is to be kept on file by the club for the entire playing year indicated)



Emergency Medical Release & Liability Waiver

Participant's Name _____ Birthdate _____

Street Address _____ City _____ Zip _____

EMERGENCY INFORMATION

Father's Name _____ Home Phone (_____) _____ Cell/Bus Phone (_____) _____

Mother's Name _____ Home Phone (_____) _____ Cell/Bus Phone (_____) _____

In an emergency when parent/guardian cannot be reached or is not applicable, please contact the following:

Name _____ Home Phone (_____) _____ Cell/Bus Phone (_____) _____

Name _____ Home Phone (_____) _____ Cell/Bus Phone (_____) _____

Allergies _____

Other Medical Conditions _____

Physician _____ Cell Phone (_____) _____ Bus Phone (_____) _____

Medical/Hospital Insurance Company _____ Phone (_____) _____

Policy Holder's Name _____ Policy Number _____

THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT (PLAYER/COACH/REFEREE) CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.

I the undersigned participant and parent/guardian of the above listed minor (if participant is under the age of 18) acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Illinois Youth Soccer Association, its directors, officers, employees, coaches, managers, agents, sponsors and associated personnel including those of its affiliated organizations, and the owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasees from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasees because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasees. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alteration without the express written consent from the Illinois Youth Soccer Association will cause the participant to be removed from the Program. (revised 7/14/06)

Parents/Guardians Signature _____ Date _____
(Parents/Guardians' Signature is required if participant is under the age of 18)

Participant's Signature _____ Date _____
(Participant's Signature is required)

NOTE: ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT.



Bartlett Travel Soccer Club Refund & Payment Policy

You are registering your son/daughter with BTSC for the Soccer Year 2011-2012
and are agreeing to pay the fees for the year in full,
as well as any fees that are associated with your payments.

- \$250 Registration Fee is due upon sign up. Your player is not registered until this is paid.
- Payments can be broken into 3 installments. (BTSC may offer additional payment options).
- Payments are due the 15th of each month pursuant to the payment plan. Installments **MUST** be by credit card. If new card information, whether expiration date or new credit card number, is not received by the 5th business day from point of e-mailed notification, a \$25 late fee will be assessed. If payment is not rectified after 10 business days from point of e-mail notification to the guardian, the Director of Coaching and Trainer will be notified and the player's pass will be pulled until full payment has been received.
- All declined credit card payments shall incur a \$10 fee. Any check that is returned for non sufficient funds (NSF) shall incur a \$35 fee. If payment is not rectified after 10 business days from point of NSF notification to the guardian, the Director of Coaching will be notified along with Trainer and the player's pass will be pulled until full payment has been received.
- Refunds requested **within 48 hours of registering;**
all fees paid will be refunded only provided the player does not play soccer for any club during the 2011-2012 season.
- Refunds requested **after 48 hours but, before August 1st;**
all fees, excluding the \$250 Registration Fee, will be refunded on or about May 1st provided the player does not to play soccer for any club during the 2011-2012 season.
- **No refund will be considered after August 1st.**
(Medical release and family relocation may be exempt from this rule)
- Uniforms are **not refundable** and are no longer handled by BTSC.
- NO REFUND WILL BE CONSIDERED AT ANY TIME DURING THE PRE-SEASON OR CURRENT SEASON BECAUSE OF DIFFERENCES BETWEEN PLAYERS, COACHES, PARENTS, TEAM PARENTS OR TRAVEL CONFLICTS.

I have read and understand this policy:

Player's Team _____

Print Player's name _____

Print parent/guardian name _____

Signature of parent/guardian _____

BTSC 2011-2012 PARENT/PLAYER HANDBOOK ACCEPTANCE FORM

All BTSC players and a parents or guardians must sign fill out and sign the form below. The form will be collected at registration.

PARENT SIGNATURE

I, _____ the parent or legal guardian of a BTSC player, have read and fully understand the information, rules, and guidelines contained within the 2011-2012 handbook.

I/We hereby acknowledge that from time to time pictures of our child will appear on the BTSC website and/or BTSC promotional material and agreed that this is acceptable as part of playing organized sports. No names of the BTSC player will be used along with a picture at any time.

(Sign Name)

(Date)

PLAYER SIGNATURE

I, _____ a BTSC player, have read and fully understand the information, rules, and guidelines contained within the 2011-2012 handbook.

(Sign Name)

(Date)

****PLEASE DETACH, SIGN, AND RETURN WITH YOUR REGISTRATION MATERIALS ON THE DATE INDICATED****



Bartlett Travel Soccer Club

Code of Conduct

Players of Bartlett Travel Soccer Club are to:

- Take their commitment to the team seriously.
- Notify their coaches when they expect to be absent from practices and/or games.
- Exhibit excellent sportsmanship in every aspect of the game of soccer. This includes games, practices, meetings, and any other times the Club is being represented.
- Avoid abusive or foul language, fighting, or heckling of officials, teammates, or players from the opposing team.
- Show respect and sportsmanship for the opposition and officials regardless of the outcome of the game. Participation by both the players and the coach in the post-game handshake is mandatory.
- Respect every player, opponent, coach, official, parent, and spectator at all times.
- Dress appropriately for all practices and competitions. No torn or revealing clothing.
- Be on time for practices and games.
- Play fairly by the rules of soccer. Try your best and work hard at all times.
- Be modest winners and gracious losers.
- Leave the field better than you found it. Clean up after yourself.
- Remain with the BTSC and not transfer to another club during this season unless extenuating circumstances exist (i.e. relocation, irreconcilable differences with coach or club) which must be documented.
- Not take any other training sessions or play for any other soccer organization without written permission or approval from DOC. With the exception High School and IYSA ODP.
- Notify DOC if a member of another club coaching staff approaches them for purpose of recruitment.

Player signature: _____

Player printed name: _____

Parents of players on the Bartlett Travel Soccer Club are to:

- Be role models of excellent sportsmanship in every aspect of the game of soccer. This includes games, practices, meetings, and any other times the Club is being represented.
- Avoid abusive or foul language, fighting, or heckling of players or officials.
- Show respect and sportsmanship for the opposition and officials regardless of the outcome of the game.
- Respect every player, opponent, coach, official, parent, and spectator at all times.
- Leave coaching to the coaches as they need to be free to do their job. If a player has too many coaches, he/she will become confused.
- Exhibit positive cheering during competitions. Suppress strong emotions.
- Encourage fair play at all times and discourage negative behavior.
- Encourage teamwork.
- Be supportive of the coaches and players and at all times.
- Encourage your child to honor their commitment to soccer and the team.
- Honor all financial commitments. Pay all remaining fees for the full program. BTSC has a strict no play no pay policy. Any player not current on payments will have their player pass pull.

Parent signature: _____

Parent printed name: _____

BTSC has a zero tolerance policy. BTSC reserves the right to remove any player, player and coach from sidelines or club who does not adhere to the above mentioned.

