



SAYSA Competitive Team Tryouts

www.StoughtonSoccer.com

SAYSA parents and players,

SAYSA is holding tryouts for competitive u12 coed (2005 birth year), u12 girls (2005 birth year), and u11 coed (2006 birth year) teams for the 2016-2017 season.

- Players born in 2007 that wish to play on an older team are welcome to tryout for the u11 team.
- A player born in 2006 may tryout for a u12 team.
- A player may tryout for more than one team at the same time.

Teams:

- u12 coed (2005 birth year) coached by Bryon Thompson
- u12 girls (2005 birth year) coached by Cory and Jami Hanlon
- u11 coed (2006 birth year) coached by Justin Packard

What is a competitive team?

MAYSA now uses the term “competitive” and not “classic” for their top leagues. A player on a competitive team needs to register with SAYSA (\$225) and will have additional costs for tournaments and an extra jersey (\$60-\$120). The players will be expected at 3 practices per week and a commitment to attending games and practices. Equal playing time is not guaranteed.

Why are tryouts only for these 3 teams?

- Competitive teams are not allowed until u11.
- SAYSA does not have enough players in some age groups to create competitive teams.
- Some older competitive teams already exist. If you have an older player that would like to play on a competitive team, please contact Peter Bausch classic.coordinator@stoughtonsoccer.com

Tryout Dates:

- May 31st and June 1st (June 2nd rain date)
- u11 coed team (2006 birth year) 5:15-6:30
- u12 coed and U12 girls teams (2005 birth year) 6:45-8:00

Location:

- Sandhill Elementary School, Stoughton

Fee:

- Free with a SAYSA registration
- \$20 without a SAYSA registration
- Registrations will be accepted at the tryout check-in table.

Players Should:

- Attend both days if possible.
- Complete a medical waiver (pg. 2 of this document) at home and bring to the tryout.
- Wear shin guards, soccer shoes, and a white shirt.
- Bring your own ball and water bottle.

(continued next page)

Process:

Tryouts will be conducted by coach evaluators and the challenger trainers. Evaluators will present their recommendations to the team coaches who will use the input to select teams.

Any player that is not selected for a competitive team will be placed on another SAYSA team if a registration has been submitted.

Players will be notified June 17th via email and have 24 hours to accept the invitation. Any unpaid registration will be due upon accepting a position on the team. The player may be removed from the roster if the fee is not paid.

Please contact Peter Bausch classic.coordinator@stoughtonsoccer.com with any questions.

Parent/Guardian Approval and Medical Release

Recognizing that soccer is a vigorous contact sport which may cause serious physical injury to a participant at a game, tournament, training or scrimmage, by player contact with other players, goalposts, ground, motor vehicles or adult participants, in inclement weather, on variable field conditions - and in consideration for the US Youth Soccer, Wisconsin Youth Soccer Association (WYSA), Madison Area Youth Soccer Association (MAYSA) and Stoughton Area Youth Soccer Association (SAYSA) accepting my son/daughter as a player in the soccer programs and activities of the above, I consent to my son/daughter participating in those programs. Further, I release, discharge, and otherwise indemnify US Youth Soccer, WYSA, MAYSA and SAYSA, their employees, associated personnel, referees and volunteers, including the owner of fields and facilities utilized for the programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the programs and/or being transported to or from the programs, which transportation I authorize, pursuant to the recreational assumption of the risk statute, sec.895.525, Wis. Stats. My player son/daughter has received a physical examination by a physician and has been found physically capable of participating in the programs. I give my consent to have an athletic trainer, emergency medical care personnel, and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

I have read, understand and will abide by SAYSA Code of Ethics and Conduct and will to the best of my ability assure that my child/player will also behave according to its tenets including the Zero Tolerance Policy regarding referee abuse.

I hereby grant SAYSA permission to use my likeness, or the likeness of my minor child or children in a photograph in any and all of its publications, including website entries, printed or other media, whether now known or hereafter existing, controlled by SAYSA, in perpetuity, and for other use by SAYSA without further consideration. I hereby irrevocably authorize SAYSA to edit, alter, copy, exhibit, publish or distribute this photo for purposes of publicizing SAYSA's programs or for any other lawful purpose. In addition, I waive the right to inspect or approve the finished product, including written or electronic copy, wherein my likeness appears.

Please note that the Registrant shall not be permitted to participate in any US Youth Soccer, WYSA, and/or MAYSA programs unless and until this form is signed and returned to an authorized MAYSA representative.

I have read and fully understand the above statements (Please Initial) _____

I have read and fully understand the above statements. I acknowledge that before signing I had an opportunity to contact SAYSA, WI Youth Soccer Association or MAYSA to discuss any questions I had about the above Release and Consent.

SIGNATURE OF PARENT/GUARDIAN:_____

DATE:_____/_____/_____

Players may tryout and be accepted to more than one team. Please rank teams in order of preference (1, 2, 3 with 1 being preferred team).

_____**U11 Coed** _____**U12 Coed** _____**U12 Girls**