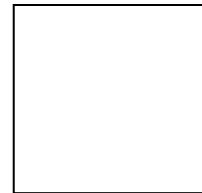




TRYSA
P.O. Box 923
Emporia, KS
66801



Scott Hummel Classic Soccer Tournament

April 10th and **11th** (Girls), **April 17th** and **18th** (Boys). See www.trysasoccer.org for registration information. Volunteers are always needed and welcome to help with the tournament. If you are interested, please contact us.

Did you know that there is a soccer shoe & ball bank at the TRYSA Soccer Complex? Has your child outgrown last year's shoes or lost his ball? You can find the "bank" at the complex garage. Feel free to look through the bank or donate a pair of shoes.





TRYSA SOCCER



Est. 1977

Spring 2010 Newsletter and Registration Form

www.trysasoccer.org

Registration Deadline is Monday, March 8th

Recreation League Registration

Mail registration form and payment (please do not send cash) prior to the deadline or turn them in at the Flint Hills Mall from **1 to 3 P.M. on Sunday, March 7th**. TRYSA board members will be present to accept registration forms, payment and answer questions.

Late registration forms (not received by or postmarked by March 8th) or forms not completed legibly, with all the required information, will be placed on a waiting list. We will notify you if and when a position is available for your child.

Registration fees are \$45 per player for up to 2 players/each (plus \$10 for each additional player). The registration fee covers: liability and supplemental insurance, referees, field maintenance, uniforms and administration costs.

Coaches' Meeting @ 7 P.M., Sunday, March 28th at Sacred Heart Parish Hall

All coaches are required to attend this meeting to receive their team rosters, valuable coaching information and get their questions answered. Everyone is welcome to attend this meeting and get involved in their child's soccer program.

We are always looking for volunteers to be TRYSA board members, coaches and provide support during tournament weekends. Please consider volunteering to become a member of the TRYSA board. We need more parents/guardians to get involved, provide some new innovative ideas and help keep TRYSA soccer alive!

Incentive for Coaches/Board Members

A discount of \$10 (for a maximum of one child) will be applied to the player's registration fee when his/her parent/guardian volunteers to be a head coach (and the team needs a coach).

TRYSA Board Members

President	Angela Cahoone	757-9864	
Vice President	Nicky Nuessen	443-5411	
Secretary	Heidi Cahoone		
Treasurer	Amy Ranalli	340-0228	Note that Board positions are not limited to these designated positions only. All officers/delegates are eligible to vote on and propose new business.
Registrar	Sarah Goulden	342-5145	
Director of Complex	Jeff Booth	342-4409	
Director of Publicity	Molly Atchison	343-1690	
Director of Coaches	Richard Becker	342-7223	
	Penny Filing	279-4219	
Assignor	Leon Ramirez	794-6858	
Director of Concessions	Krystle Tarver		
Director of Tournaments	Amy Ranalli		

**Please call with questions before 9 P.M. or
TRYSA e-mail: trysaboard@yahoo.com**

Jerseys

All newly registered players will receive a uniform shirt and matching socks.

All shirts received in the Fall will be used again during the Spring season for returning players.

Calendar of Events/Special Dates

Spring Registration Deadline: March 8, 2010

Coaches' Meeting: March 28, 2010

Spring Season Dates: Apr 24 (1 game), May 1 (2), May 8 (2), May 15 (2), May 22 (1)

Scott Hummel Classic Tournament: April 10 & 11, Apr 17 & 18

Rainout Info: Tune to KVOE 1400 AM or www.trysasoccer.org

Upcoming events & News

Players will be contacted by their coaches following the coaches' meeting, to schedule practices.



Spring 2010 Recreational League Registration

TRYSA • KSYSA • USSF • USYSA

P.O. Box 923 • Emporia, KS, 66801 • 620.343.6970 • www.trysasoccer.org



Registration Deadline is, March 8, 2010. Registrations postmarked after March 8th will be placed on a waiting list.

Player Information (must provide Team Name if return player)

*Last Name: _____ *First Name: _____ Team Name: _____
 *Address: _____ *City: _____
 *State: _____ *Zip Code: _____ e-mail: _____ * Phone #: (____) _____ - _____
 *Date of Birth (mm/dd/yy): _____ *Sex: M or F (e-mail and/or phone # will be used by coach to contact player)
 * Items marked by an (*) are required. Please print legibly.

Parent(s) or Guardian(s) Information

Last Name: _____ First Name: _____ Relationship: _____
 Address: _____ City: _____
 State: _____ Zip Code: _____ Phone #: (____) _____ - _____
 Interested in coaching?: YES or NO Becoming a Board Member?: YES or NO Volunteering during tournaments?: YES or NO

Emergency Contact Information

Emergency Contact Information:

*Last Name: _____ *First Name: _____ Relationship: _____
 *Emergency Phone #: (____) _____ - _____

Medical Information:

*Allergies: _____ *Other Medical conditions: _____
 *Player's Physician: _____ Phone #: (____) _____ - _____
 *Medical or hospital insurance company: _____

Recognizing the possibility of physical injury associated with soccer and in consideration for the USSF/USYSA and affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USSF/USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

The above registrant 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 and/or doctor of medicine or dentistry provide the above registrant with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

I the undersigned parent/guardian of * _____ do agree and give my permission for his/her participation on a TRYSA soccer team. I understand that every effort will be taken to insure the safety of every child, but also acknowledge that there are certain risks involved in playing soccer and that some injury may occur. I acknowledge that TRYSA requires the use of shinguards on all players. I accept full responsibility for any injury or medicals that might result from playing soccer by the above named player. I agree that the employees, officers, directors and coaches of TRYSA shall not be held liable or responsible for accidents or injuries occurring during practice or games. **By my signature herein, I have verified the information above is accurate and up-to-date, including the Date of Birth.**

 *Signature of Parent or Guardian *Date Signed

Age Requirements

- Under 14 (August 1, 1995 to July 31, 1997) Under 8 (August 1, 2001 to July 31, 2003)
 Under 12 (August 1, 1997 to July 31, 1999) Under 6 (August 1, 2003 to July 31, 2005)
 Under 10 (August 1, 1999 to July 31, 2001)

**Minimum age must be 4 by
 August 1, 2009
 (Birth Date is before
 August 1, 2005)**

Registration Fee is \$45 per player (for up to 2 players, plus \$10 for each additional player) **Coach/Board Member Discount: Y or N**

OFFICE USE ONLY Date Received: _____ Payment Received (amount): _____ Check #: _____