

# GRACE BRETHREN YOUTH SPORTS

## Soccer Season Information - 2010

Welcome to GBYS - A Christian Sports League for Boys & Girls ages 5-13

GBYS provides:

- coaches
- referees
- team photos
- individual photos
- uniforms
- trophy for each participant

### Registration:

If GBYS receives a signed registration form with full payment on or before July 31, 2010, you pay only \$99 (\$20 off the normal registration fee of \$119). **Discounts for families with multiple players!** For your 2<sup>nd</sup> child take off \$10, 3<sup>rd</sup> child take off \$20, 4<sup>th</sup> child take off \$40 and the 5<sup>th</sup> is free. **Please** sign up early so we can make sure to have a coach and uniform for your child when the season begins.

### Coaches and Coordinators:

If you would like to coach or be a division coordinator, please contact Jerry Hayes via e-mail at [wkdafzt@yahoo.com](mailto:wkdafzt@yahoo.com). Our commitment is to Christian character development first and soccer second. The league is committed to helping coaches, both new and experienced, and we will strive to encourage you in your relationship with Jesus Christ. Coordinators must have at least 1 year prior GBYS coaching experience.

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## Tryout Days: Saturday, July 10<sup>th</sup> and 31<sup>st</sup>, 2010

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**All division 1, 2, and 3 players are required to attend one of the tryouts at the designated time at Grace Brethren Elementary School, 1717 Arcane Street, Simi Valley.** If you want your child to play in a division above their age group please attend the tryout for which you want them to be evaluated. Coaches and prospective coaches are expected to help evaluate players at tryouts.

• <b>Division 4 Microsoccer</b>	<b>Ages 5-6 (size 3 ball)</b>	<b>No tryout needed</b>
• <b>Division 3</b>	<b>Ages 7-8 (size 4 ball)</b>	<b>Tryout time: 8:30 am</b>
• <b>Division 2</b>	<b>Ages 9-10 (size 4 ball)</b>	<b>Tryout time: 9:30 am</b>
• <b>Division 1</b>	<b>Ages 11-13 (size 5 ball)</b>	<b>Tryout time: 10:30 am</b>

## GBYS Soccer 2010 Schedule

<b>Saturday, July 10<sup>th</sup> and 31<sup>st</sup></b>	<b>Tryouts and Registration</b>
<b>August 17<sup>th</sup></b>	<b>Practices begin this week</b>
<b>Saturday, August 28<sup>th</sup></b>	<b><u>4<sup>th</sup> ANNUAL COACHING CLINIC</u> for all coaches, assistant coaches and interested parents (9am- 12pm)</b> <b><u>REFEREES' CLINIC</u> (9am- 12pm)</b> <b><u>FIELD WORK DAY</u> (12pm to 4pm - lunch provided)</b>
<b>September 11<sup>th</sup></b>	<b>Opening Day</b>
<b>September 25<sup>th</sup></b>	<b>Pancake Breakfast and Picture Day</b>
<b>November 13<sup>th</sup></b>	<b>7<sup>th</sup> Annual Coaches Game</b>
<b>December 4<sup>th</sup></b>	<b>Championship Games — Divisions 1 – 3 (Div. 4 ends 11/20)</b>

# GRACE BRETHREN YOUTH SPORTS

A Ministry of Grace Brethren Church and Schools  
1717 Arcane Street, Simi Valley, CA 93065

Division: 1 2 3 Micro

Early Registration: \$99

Late Registration: \$119

DISCOUNTS: 2nd child - \$10,  
3rd child - \$20, 3rd Child \$40,  
5th child - free

I can volunteer for (circle):

**Coach Assistant Coach Team Mom Snack Bar Referee**

## PLAYER INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

(As you would like to have it appear on the trophy.)

Gender: Male  Female  Birth date: (MM/DD/YY) \_\_\_\_\_

Age on August 31, 2010 \_\_\_\_\_ Grade in school: \_\_\_\_\_ School: \_\_\_\_\_  
(As of this coming fall )

Which church do you attend? Grace Brethren  Other  None

With whom does the player currently reside? Both parents  Father  Mother  Guardian

Will your child be in Grace Brethren Elementary extended care after school? Yes  No

What weekday afternoon, if any, can your child **NOT** practice? M T W T F

**Circle no more than 2 days!**

## PARENT OR GUARDIAN

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address (up to two): \_\_\_\_\_

## EMERGENCY CONTACT

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

(To be contacted in case of EMERGENCY when parents can not be reached.)

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

I hereby authorize the director and the adult staff of the Grace Brethren Youth Sports Program to act for me according to their best judgment in any emergency requiring medical attention. I hereby release and exonerate Grace Brethren Church and Schools, and its employees from any and all actions or cause of action known or unknown for any discharge the GBYS administrators, injuries incurred while at the practice, games or on the way to and from same. Our child is physically fit and able according to ourselves and our family physician, and can participate without any restrictions in the youth sports activities. Any copy is as valid as if it were original.

Please state on the back of this form any limitations or allergies your child has that could affect their participation and mark here.

Signature of Father/Mother/Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_

(GBYS can not guarantee special requests. Limited space is available. Acceptance of this registration is on a first come first served basis. Placement into division will be based on age and ability.)

## (FOR LEAGUE ADMINISTRATION USE ONLY)

Payment date: \_\_\_\_\_ Check # \_\_\_\_\_ Amount: \_\_\_\_\_ Received by: \_\_\_\_\_

Try-out rating: \_\_\_\_\_ Assigned division: \_\_\_\_\_ Post-season rating: \_\_\_\_\_