

TJAY Soccer In-House Division INFORMATION SHEET

In an attempt to answer common questions and set forth policies we are providing this information sheet.
Please read this information sheet carefully.

- **How teams are formed:** Children ages 4 -6 will be broken into teams and assigned a coach. They will start the season doing skill building drills either as a large group or within their individual teams. By the 2nd week, they will begin a rotation playing other TJAY In-house teams. Each session will begin with a practice time followed by a 30 minute short-sided game.
- **Schedules:** The Schedule for Fall, 2010 is tentatively Tuesdays and Thursdays from 6:00 – 7:00 p.m. **Keep in mind that this schedule may change due to coaching availability. Someone from TJAY should contact you a few weeks before the program begins to confirm times and days.**
- **E-Mail:** Please provide an e-mail address where requested on the registration form. This is the most effective and efficient way to get an answer to your questions. TJAY's In-House division e-mail (tjaysoccer@yahoo.com) will be checked at least weekly. If you have an urgent request or issue, our web site is www.tjaysoccer.com and our direct contact information can be found there.
- **Volunteerism: TJAY is an all volunteer organization.** Often times we are faced with the problem of having more children register than we have parents willing to coach. If we wish to continue this league, we MUST have more help from the parents whose children participate. PLEASE consider taking a co-coach role. Too often, we are forced to ask the same parents to coach again and again. Please consider helping out. TJAY will be happy to pay for you to attend coaching classes to help you along. If you have played soccer in the past, it's now time to return the favor. Remember, the people coaching your children and organizing this league are VOLUNTEERS. They are giving up their time so your child can participate. Please be considerate when addressing problems or concerns with them. If coaching is not something you feel comfortable doing, we always need help maintaining the fields and also need parents to participate as board members.
- **Signed waiver:** Your child's registration for TJAY Soccer is not complete without a signed and completed waiver form (on the back of the registration form.) and a copy of his/her birth certificate. If we have to return it to you for signatures, your registration may be late (regardless of the initial postmark) and special requests may not be met.
- **HAVE FUN!** As those who have participated in the TJAY In-House division in the past know, this league is really about having fun! The most important thing is that everyone gets to participate, everyone gets cheered on, and everyone has a good time (including – and especially -- the spectators!)
- This is not a baby-sitting service. An adult who is responsible for your child must remain at the field during each session.

To complete your registration, please make sure you:

- Complete the registration form (with e-mail address!)
- Complete and sign the waiver form (on the back of the registration form)
- Attach a copy of birth certificate
- Include a check for the registration fee less any discount that applies.
- Failure to complete these steps may delay your registration.
- Returned checks are subject to a \$20 fee.



**THOMAS JOHNSON AREA YOUTH (TJAY) SOCCER
FALL 2010 IN-HOUSE REGISTRATION FORM (4-6 year olds)**

P.O. Box 1591, Frederick, MD 21702

Visit our website at www.tjaysoccer.com E-mail: tjaysoccer@yahoo.com

IN-HOUSE Registration \$55.00 (4-6 yrs. old)

Deduct \$10.00 from your registration if it is postmarked by July 16, 2010

Deduct \$10.00 from the registration of additional children playing TJAY in-house

The TJAY In-house league is about learning basic soccer skills and having fun. Children will be placed on small teams that will compete and play with other TJAY In-house teams. The first half of each session is devoted to skill-building games; the 2nd half of the session will consist of a short sided game. **Note: For 6 year olds with prior soccer experience who are interested in a more competitive program, TJAY also offers a County U8 team. For more information you can go to www.tjaysoccer.com.**

Please indicate your area of volunteer availability:

- Coach Asst. Coach In-House Coordinator Team Board Member Equipment
 Volunteer Committee Fundraising Newsletter
 Field Maintenance (cut and/or line fields using TJAY's equipment)

PLAYER NAME: _____ MALE/ FEMALE _____

DATE OF BIRTH: _____ AGE ON 7/31/10: _____ SEASONS PLAYED: _____

HOME ADDRESS: _____ ZIP: _____

HOME PHONE: _____ SCHOOL: _____ GRADE: _____

<u>CONTACT INFO</u>	<u>MOTHER</u>	<u>FATHER</u>
NAME	_____	_____
HOME PHONE	_____	_____
WORK PHONE	_____	_____
CELL	_____	_____
EMAIL	_____	_____

THE SEASON WILL RUN FOR 7 WEEKS, meeting on Tuesdays and Thursdays from 6:00-7:00 p.m. We will begin Tues., September 7 and end on Thursday, October 21. Rain dates will be held October 26 & 28th. (No refunds will be given after 9/7/10.)

- Players must have shin guards and water bottles for all practices and games. Cleats are optional.
- Black shorts preferred (if the weather is cold, sweat pants are fine). TJAY provides a team shirt.
- No jewelry or metal hair clips.
- A parent or guardian must be in attendance at every session.
- No dogs are allowed on the fields.
- This is an 8 week commitment, if you need to miss a session, please contact your coach.

**DISCOUNTS THAT APPLY; 7/16/10 DISCOUNT () ADDITIONAL CHILD DISCOUNT ()
REGISTRATION FEE ENCLOSED _____**

Mail registration to TJAY Soccer with a copy of your child's birth certificate, the signed waiver (on back of this form), and a check made payable to TJAY Soccer. Returned checks are subject to a \$20 fee.

I have read the policies listed above for the TJAY Soccer In-house division and agree to comply. I also understand that failure to send a complete registration may delay my child's ability to participate.

(Signature of parent or legal guardian)

(Date)

LEAGUE USE: DATE REC'D _____ CHECK# _____ AMT _____ DISCOUNT _____ B/C _____

**THOMAS JOHNSON AREA YOUTH (TJAY) SOCCER
IN-HOUSE DIVISION
MEDICAL RELEASE AND WAIVER OF LIABILITY**

_____ has my permission to participate in the TJAY SOCCER In-house
(please print participant's name)
division sponsored practices, events and games. I realize by participating in these activities, he/she
may become injured. I certify that he/she is physically able to participate in a competitive soccer
program.

I give my permission for any and all medical attention necessary to be administered to the above
named participant in the event of an accident, injury or sickness, under the direction of the authorized
person(s) named below until such time as I may be contacted. I also assume responsibility for
payment of any such treatment.

In consideration of being permitted to participate in soccer activities, I do hereby for myself, and as
parent and/or legal guardian of _____, my heirs,
(please print participant's name)
executors, administrators, agents and assignees release and forever discharge event sponsors,
coaches, TJAY Soccer Inc., the Frederick County Youth Soccer Association, their agents,
predecessors, successors and assigns, and all other persons involved in organizing and managing
these events from all claims, demands, losses, damage actions, cause of action or suits at law or
inequity of whatsoever kind of nature, arising out of soccer activities, including without limitation, any
claims for personal injuries or losses to the aforementioned participant, which I may otherwise be able
to assert either on my own behalf or on behalf of that aforementioned participant.

MOTHER'S NAME: _____ PHONE: _____

FATHER'S NAME: _____ PHONE: _____

INSURANCE CO: _____ POLICY #: _____

AUTHORIZED PERSON(S): TJAY Coaches, Emergency Medical Personnel

PHYSICIAN: _____ PHONE: _____

KNOWN ALLERGIES: _____

MEDICATIONS/CONDITIONS: _____

(Print parent/legal guardian name) (Date) (Signature of parent/legal guardian)