

## THOMAS JOHNSON AREA YOUTH (TJAY) SOCCER INFORMATION SHEET

Many families have played with TJAY for several years and are familiar with its set-up. **As things change from season to season, please read this information sheet carefully.**

- **E-Mail:** To better communicate, please clearly print your e-mail address on your registration form. If you have any questions regarding TJAY soccer, you can send an e-mail to [tjaysoccer@yahoo.com](mailto:tjaysoccer@yahoo.com). This e-mail address will be checked weekly.
- **Practices and games:** Practices are held at Monocacy Middle School fields. Home games are also at this location. There are usually 2 practices each week. The days and times are determined by the individual coaches. Games are usually held on Saturdays and on occasion, Sunday afternoons. In-house games and practices are held on Tuesday and Thursday evenings. In-house requires no weekend commitment.
- **Refunds: NO REFUNDS WILL BE ISSUED AFTER 4/1/12. TJAY will not release any players to another FCYSL team after 4/1/12.**
- **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 parents. PLEASE consider taking a co-coach role. If we had two or three parents per team willing to share the coaching responsibilities, it would greatly reduce the burden on everyone. Also, each team is required to supply a team representative to attend board meetings. We can also use parents to help with field maintenance, fundraising, and concessions. We cannot continue this league without parent volunteers. **Remember, the people coaching your children and organizing this league are VOLUNTEERS. Please be considerate when addressing problems or concerns with them.**
- **Signed waivers:** Your registration for TJAY Soccer is not complete without a signed and completed FCYSL waiver form (on the back of the registration form.) 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.
- **Uniforms** - County players and Double Nickel teams will wear the TJAY uniform without exception. Jersey, shorts and socks are provided by TJAY Soccer (See the website for a picture of the current TJAY uniform). Uniforms may not be purchased from TJAY Soccer piece-meal. All players are required to furnish and wear soccer shoes with rubber or plastic cleats (metal cleats are not allowed in FCYSL) and shin guards which cover at least  $\frac{3}{4}$  of the shin area. These are state requirements. In-house players will receive a team shirt.
- **Water Bottles.** Please provide water bottles for all practices and games.
- **Jewelry is prohibited.**
- **HAVE FUN!** Our league is about having fun. Everyone gets to play in every game, and everyone gets cheered on.

**To prevent any delays in your registration, please follow these directions:**

- **Complete the registration form (with e-mail address neatly printed!).**
- **Complete and sign the FCYSL medical release waiver form.**
- **Attach a copy of birth certificate (if you have previously turned one in, it is on file – no need for another one to be sent).**
- **Include a check with the registration fee less any discounts noted on the registration form.**
- **TJAY is an all volunteer organization. Please consider adding a \$15.00 donation if you cannot volunteer to help with any of the many tasks required to keep TJAY alive and well for the kids.**
- **Completed registrations can be sent to TJAY Soccer, Inc., PO Box 1591, Frederick, MD 21702.**
- **Returned checks for any reason will be subject to a \$35 fee.**

**Please register by the February 1, 2012 discount date.** We will be filling rosters as registrations are received. A full soccer season requires a commitment of 8 weeks. If your child has to miss a practice/game, please be considerate and notify your coach ASAP. Do NOT over-commit your child. This is not fair to him/her or to your child's teammates. TJAY coaches are not babysitters. Please also remember that dogs are not allowed on any of TJAY's fields. Thank you for your cooperation. **If you don't hear from a coach by 3/15/12, please contact TJAY soccer at [tjaysoccer@yahoo.com](mailto:tjaysoccer@yahoo.com).**

*TJAY Soccer has successfully established a scholarship fund to assist needy players with registration fees. If you wish to contribute, please include your gift with your registration fee. Anyone who would like to be considered for financial assistance should contact a board member or coach.*



THOMAS JOHNSON AREA YOUTH (TJAY) SOCCER, INC.

SPRING, 2012 REGISTRATION FORM

P.O. Box 1591, Frederick, MD 21702

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

PLEASE CIRCLE THE DIVISION FOR WHICH YOU ARE REGISTERING:

- \*\* FCYSL U10-U19 (age 8-18): \$100
\*\* Double Nickel League (age 6-7): \$75
\*\* In-house League (ages 4-6): \$60 (Team shirts are included in the cost of the registration)

PLEASE NOTE - TJAY has changed to a new uniform style and company. As many families purchased uniforms last season, we are not charging for new uniforms this season, but have raised our registration fee for FCYSL and Double Nickel teams by \$10.00 to help off-set the cost.

- Deduct \$15 from your registration if it is postmarked and paid by February 1, 2012
Deduct \$10 from registrations of the 2nd + additional children.

Please indicate your area of volunteer availability:

- Head Coach: In-house Double Nickel (U10) (U12) (U14) (U16/19) Asst. Coach Team Mgr
Team Board Rep Fundraising Newsletter Equipment
Concessions Field Maintenance (cutting and/or lining fields - equipment provided by TJAY)

PLAYER NAME: \_\_\_\_\_ MALE/ FEMALE \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE ON 7/31/11: \_\_\_\_\_ SEASONS PLAYED \_\_\_\_\_

(Please enclose a copy of your child's birth certificate)

HOME ADDRESS: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ SCHOOL : \_\_\_\_\_ GRADE: \_\_\_\_\_

DOES YOUR CHILD PLAY FOR ANOTHER TEAM OR CLUB? Y / N If so, who? \_\_\_\_\_

Table with 3 columns: CONTACT INFO, MOTHER, FATHER. Rows include NAME, HOME PHONE, WORK PHONE, CELL, EMAIL.

Special Team-mate and/or Coach Request: \_\_\_\_\_

Preference for upcoming season: Girls Only: \_\_\_ Coed: \_\_\_ (This depends on team availability per age group)

Indicate Uniform Size: YS YM YL AS AM AL AXL AXXL

DISCOUNTS: 2/1/2012 discount - subtract \$15 ( ) 2nd + additional child discount - subtract \$10 ( )
Total Registration Fee enclosed for this player: \_\_\_\_\_

Playing soccer is a commitment! U10-U19 and Double Nickel League teams practice twice a week at the Monocacy Middle School fields and play 8 weeks of games (typically on Saturdays or Sundays).

A complete registration includes this form, the signed waiver on the back of this form, a copy of your child's birth certificate, and your registration fee made payable to TJAY Soccer. Please mail your complete registration to TJAY Soccer. No refunds will be issued after 4/1/2012. Returned checks will be subject to a \$35 fee.

I have read the above registration policies and am in agreement. I also understand that it is important for me to send in a complete registration in order to ensure that my child will be able to participate with TJAY Soccer.

(Signature of Parent or Legal Guardian) \_\_\_\_\_ (Date) \_\_\_\_\_

LEAGUE USE: DATE RCVD: \_\_\_\_\_ CHK NUM: \_\_\_\_\_ AMT: \_\_\_\_\_ Discount: \_\_\_\_\_ B.C.: \_\_\_\_\_ Gift: \_\_\_\_\_

**FREDERICK COUNTY YOUTH SOCCER ASSOCIATION  
MEDICAL RELEASE AND WAIVER OF LIABILITY**

\_\_\_\_\_ has my permission to participate in the Frederick County  
(please print participant's name)  
Youth Soccer Association 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, the TJAY Soccer Inc., the Soccer Official Services, 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)