



2010-2011 Season

Dear Parents,

Welcome to the Mayfield Soccer Club (MSC) Travel Program. The travel program offers players an opportunity to play at a more competitive soccer level than rec soccer. The travel team plays teams from other communities in the Cleveland area. The MSC would like to explain some of the policies of the MSC Travel Program.

In order for the travel program to work, there are commitments the MSC makes to all travel players and their parents and commitments that the players and parents make to the MSC. **Your child will be expected to play a full year of travel soccer, which consists of an eight game fall season and an eight game spring season.** Most games are played on Sunday afternoons. No player will be cut from a team during the year. At the end of the year, around June, all players are expected to try out for the Travel Team for the following year. **The fee for the 2010-11 season will be \$225.00, which is due at registration** The fees provide an eight game Fall and eight game Spring season, footskills training by a professional coach, state licensed team coaches, and a uniform which includes a shirt, shorts and socks. As long as the players finish the full year, they will keep their uniforms. If a player quits before the year is completed, the entire uniform must be turned back in to the MSC.

Each coach makes the decision whether to participate in tournaments or an indoor soccer league. The decision is done on a team-by-team basis. The cost for tournaments and indoor soccer is an additional expense. The coach will determine the amount. Usually, the cost is spread evenly over the team participants. Again, this is an added expense that will be determined by the coach.

All team participants must play on the **appropriate** age team. This especially applies to all the new U9 boys and girls teams for the following season, if they are still on the team. An example is a U8 player that plays on a U9 team this year would have to play on the U9 team the following year. The player would not be a U9 player playing on the U10 team for the following year.

The MSC Travel and Rec programs have come a long way. The Club has grown while other communities have discontinued their travel programs. The coaching and technical training improves each year; as a result, the travel teams are becoming more competitive at every level. Soccer, like many other team sports, is more than winning and losing. It's about teamwork, dedication, practice, learning to have respect for referees, coaches, opponents, and learning the rules of the game. Most importantly, soccer is intended to be fun. It's a game that should be enjoyed by the player and his/her parents.

If you have any questions about anything listed or not listed above, or if during the year anything occurs that needs to be brought to my attention, please call me at 440-715-3979.

Sincerely,

Child's Name

Michael Hirsch
President

Signature of Parent or Guardian



MAYFIELD TRAVEL SOCCER TEAMS OPEN TRY-OUTS

Fall Season "10" & Spring Season "11"

WHEN:

Sunday, June 6th	Monday, June 7th
Girls: 6:00 PM - 7:15 PM	Boys: 6:00 PM - 7:15 PM
Boys: 7:30 PM - 8:45 PM	Girls: 7:30 PM - 8:45 PM

WHERE:

Mayfield High School Library Field - Wilson Mills Road

WHO:

Players that enjoy the game of soccer and want to develop their skills further and are ready for more competition than can be found in recreational soccer. Please call the appropriate coach with any questions and let them know if you are interested. Your children **MUST** try-out for the team appropriate for their age.

BRING:

School picture (passport size), registration package / fee (\$225), copy of birth certificate, water bottle and come dressed with shinguards ready to play.

AGE GROUPS:

U - 8's	Born 8/1/02 - or after
U - 9's	Born 8/1/01 - 7/31/02
U - 10's	Born 8/1/00 - 7/31/01
U - 11's	Born 8/1/99 - 7/31/00
U - 12's	Born 8/1/98 - 7/31/99
U - 13's	Born 8/1/97 - 7/31/98
U - 14's	Born 8/1/96 - 7/31/97

Coaches: GIRLS

U - 8 / 9's	Donna Forte	6 v 6 (Max 12)
U - 8 / 9's	Joe Longano	6 v 6 (Max 12)
U - 8 / 9's	Tom Datillo	6 v 6 (Max 12)
U - 10's	Jack Greene	6 v 6 (Max 12)
U - 11's	Jack Greene/Bob Gephart/Rob Iacco	8 v 8 (Max 14)
U - 12's	Mike Hirsch / Grant Mackay	8 v 8 (Max 14)
U - 13's	Mike Rabin	11 v 11(Max 18)
U - 14's	Jerry Kysela.....	11 v 11(Max 18)

Coaches: BOYS

U - 8 / 9's	Bob Gephart.....	6 v 6 (Max 12)
U - 10's	Rob Ferenac.....	6 v 6 (Max 12)
U - 11's	Mike Hirsch	8 v 8 (Max 14)
U - 12's	Brian Kane.....	8 v 8 (Max 14)
U - 13's	Gordon Blackburn.....	11 v 11(Max 18)
U - 14's	Tony Bondra.....	11 v 11(Max 18)

Please contact Michael Hirsch
at 440-715-3979 for all other
inquires.

For more information,
please go to

www.mayfieldsoccer.com



**MAYFIELD
SOCCER**

www.mayfieldsoccer.com

MAYFIELD TRAVEL SOCCER TEAMS TRY-OUT CHECKLIST

Fall Season "10" & Spring Season "11"

Leave this section blank until registration

Team: U- Boys Girls

Coach

Try-out #

Fill in the following information prior to registration

Childs Name:

Parents Name(s):

Primary Address:

City

Phone Number: Home

E-Mail Address (s):

School Grade Level Next Fall:

Played last year: Yes No

Registration Materials Checklist

Picture Yes No

Birth Certificate Yes No

Season Fee @ \$225.00 Yes No

Medical Form Yes No

Commitment Letter Yes No

Has a Uniform Yes No

New Uniform Size: Jersey YM YL AS AM AL AXL

New Uniform Size: Short YM YL AS AM AL AXL

Uniform # For Returning Players Only

MEDICAL RELEASE FORM

As the parent/legal guardian of _____, I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Date of Players Birth _____ / _____ / _____
Month Day Year

Date of last Tetanus Booster _____ / _____ / _____
Month Day Year

Known allergies of this player, including any allergies to medicine: _____

Any other medical problems which should be noted: _____

Family Physician _____ Phone () _____

Name of Parent/Guardian _____

Address _____ City/State/Zip _____

Phone (H) _____ (W) _____ (FAX) _____

Person responsible for charges (if different from above) _____

Address _____ City/State/Zip _____

Phone (H) _____ (W) _____ (FAX) _____

Person to notify if parent/guardian is unavailable _____

Phone (H) _____ (W) _____ (FAX) _____

Insurance Carrier _____ Policy Number _____

Signature of Parent/Guardian _____

STATE OF _____

COUNTY OF _____





Parent's Code Of Conduct

As a parent, you play a special role in contributing to the needs and development of youngsters.

Through your encouragement and good example, you can help assure that all the boys and girls learn good sportsmanship and self-discipline. In the Mayfield Soccer Club, young people learn to work together, to sacrifice for the good of the team, to enjoy winning and deal appropriately with defeat - all while becoming physically fit and healthy. Best of all, they have fun.

SUPPORT YOUR CHILD

Supporting your child by giving encouragement and showing interest in their team is very important.

Help your child work toward skill improvement and good sportsmanship in every game. Teach your child that hard work and an honest effort are often more important than victory - that way your child will always be a winner despite the outcome of the game!

ALWAYS BE POSITIVE

Parents serve as role models for their children. Become aware of this and work to be a positive role model. Applaud good plays by your child's team as well as good plays by the opposing team.

Support all efforts to remove verbal and physical abuse from youth sports activities.

REMEMBER: YOUR CHILD WANTS TO HAVE FUN

Remember that your child is the one playing soccer, not you. It's very important to let children establish their own goals - to play the game for themselves. Take care not to impose your own standards and goals on them.

Don't put too heavy a burden on your child to win games. Surveys reveal that 72% of children would rather play for a losing team than ride the bench for a winning team.

Children play for the fun of playing.

REINFORCE POSITIVE BEHAVIOR

Positive reinforcement is the best way to help your child achieve their goals and their natural fear of failure. Nobody likes to make mistakes. If your child does make one, remember it's all part of learning, so encourage your child's efforts and point out the good things your child accomplished.

DON'T BE A SIDELINE COACH OR REFEREE

Coaches and referees are usually parents just like you. They volunteer their time to help make your child's youth soccer experience a positive one. They need your support too.

That means refraining from coaching or refereeing from the sidelines. As a volunteer organization, there's usually always an opportunity for you to take your interest in coaching or refereeing to the next level and become one yourself!

How can I support my child, the team, the coach?

Attend the games throughout the season, attend practices whenever possible. Be on time to practices and to every games. If your child will not attend a practice or a game, inform the coach at least a day in advance. On game day be at the fields 30 minutes before the game starts.

If a player cannot make it to a game or practice because of transportation, offer to carpool so everyone can attend. Don't be late picking up the kids. Ask if the coach needs an assistant. Become the team parent. Help with phone calls, snack duties.....

US Youth Soccer Player Membership Form

2010-2011
Season

OHIO YOUTH SOCCER ASSOCIATION NORTH

League Name: _____ Age Group: _____ Male/Female: _____

Club/Team Name: _____ Player ID #: _____

First Name: _____ M.I.: _____ Last Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Area Code/Tel. Number: _____

Email: _____ Birth Date: _____

Cell Phone: _____ Mother's Month & Day of Birth: _____ (Required)

Father's Name: _____ Mother's Name: _____
(First Name; Include Last Name if Different from Player) (First Name; Include Last Name if different from Player)

Last Club Team Played On: _____ Primary or Secondary Team: _____

WAIVER OF LIABILITY:

By checking one of the boxes below, I the parent/guardian for the above child release, discharge and/or otherwise indemnify the organization/league/club for which I am registering the child to play, US Youth Soccer, the Ohio Youth Soccer Association North, its affiliated sponsors, employees and associated personnel, including the owners of fields and facilities utilized against any claim by or on behalf of the registrant as a result of his or her participation.

(Agreement for Electronic Submission) By checking this box and submitting this e-Registration form, I acknowledge that: I am the parent/guardian authorized to consent on the player's behalf; I have reviewed this form and the information it contains and represent that it is accurate; and I agree to submit this form electronically with the intent to be bound by its terms and conditions.

By checking this box, I acknowledge that: I am the parent/guardian of the player authorized to consent on the player's behalf; I have reviewed this form and the information it contains and represent that it is accurate; and I have opted to print this form, sign it, and return it by mail, instead of submitting electronically.

Parent/Guardian Signature: _____ Date: _____

GENERAL CONSENT FOR MEDICAL TREATMENT:

By checking one of the boxes below, I give my consent to have an athletic trainer, coach paramedic, and/or doctor of medicine or dentistry provide medical assistance and/or treatment. I agree to be financially responsible for the reasonable cost of such assistance and/or treatment. This consent does not apply to major surgery unless surgery must be performed to treat an emergency condition. Attempts will be made to contact parents of players participating in the program based on information provided on this form.

(Agreement for Electronic Submission) By checking this box and submitting this e-Registration form, I acknowledge that: I am the parent/guardian authorized to consent on the player's behalf; I have reviewed this form and the information in contains and represent that it is accurate; and I agree to submit this form electronically with the intent to be bound by its terms and conditions.

By checking this box, I acknowledge that: I am the parent/guardian of the player authorized to consent on the player's behalf; I have reviewed this form and the information it contains and represent that it is accurate; and I have opted to print this form, sign it, and return it by mail, instead of submitting electronically

Parent/Guardian Signature: _____ Date: _____