



*“Sportsmanship, Character, Development”*

### **Registration Information 2011**

Welcome to LISC! Please review the following information in regards to registration and what steps need to be done. Registration information and additional forms are available on the web site, [www.liscsoccer.com](http://www.liscsoccer.com) under the forms link. Please bring completed forms with you to one of the registration nights on July 11th and July 12th at the Savoy Recreation Center (402 Graham Dr. Savoy, IL 61874). You must make every attempt to attend one of those days of registration. Registration will be from 6-8pm at the SRC and registration will consist of: signing of player cards, payment of dues, filling out medical waivers (please sign these at the registration in front of a notary), LISC parental/player agreements, and Fall Cup/Spring Cup tournament volunteer sign up sheets. **Players will not be eligible to play until payment is made and forms are completed and signed.**

Please bring to registration: **(please note that practice players need to pay their dues and bring the medical waiver for their paperwork requirements. Practice players must also sign the player/parent agreement and fill out the tournament volunteer’s sheet.)**

1. The player in order to sign the roster form
2. 1x1 picture of player for the player card
3. Medical waiver (will be notarized on site or you may bring a notarized copy. Forms are available at [www.liscsoccer.com](http://www.liscsoccer.com) under the forms link as well
4. Copy of the health insurance card
5. Signed parent and player agreement (see attached)
6. Make sure that you sign the tournament volunteer’s sheet at registration (must turn in prior to playing)
7. Copy of the player's birth certificate (for new players only)
8. Dues payment in full or installment option (scholarship applications available)
9. Order new uniforms for all players

Uniforms must be ordered for **ALL** players only with Soccer Country by **July 15th**. At registration your jersey numbers need to be confirmed with the Parent Representative/Uniform Coordinator Sue Lenschow. Please see the order deadline of **July 15<sup>th</sup>** for uniforms and optional items. If you have questions or concerns about the uniform ordering process please contact our Parent Rep. Sue Lenschow at [sue.lenschow@gmail.com](mailto:sue.lenschow@gmail.com)

Additionally, if you know of any local businesses that would like to be a club/tournament sponsor, please contact John Moore, Director of Capital Development at [jbmooore@mchsi.com](mailto:jbmooore@mchsi.com).

Sincerely,  
Josh Alford  
LISC Director of Coaching  
[www.liscsoccer.com](http://www.liscsoccer.com)



## Emergency Medical Release & Liability Waiver

Participant's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

### EMERGENCY INFORMATION

Father's Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell/Bus Phone (\_\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell/Bus Phone (\_\_\_\_\_) \_\_\_\_\_

***In an emergency when parent/guardian cannot be reached or is not applicable, please contact the following:***

Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell/Bus Phone (\_\_\_\_\_) \_\_\_\_\_

Name \_\_\_\_\_ Home Phone (\_\_\_\_\_) \_\_\_\_\_ Cell/Bus Phone (\_\_\_\_\_) \_\_\_\_\_

Allergies \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Physician \_\_\_\_\_ Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Bus Phone (\_\_\_\_\_) \_\_\_\_\_

Medical/Hospital Insurance Company \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Policy Number \_\_\_\_\_

**THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT (PLAYER/COACH/REFEREE) CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN.**

I the undersigned participant and parent/guardian of the above listed minor (if participant is under the age of 18) acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue Illinois Youth Soccer Association, its directors, officers, employees, coaches, managers, agents, sponsors and associated personnel including those of its affiliated organizations, and the owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant 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, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasees from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasees because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasees. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alternation without the express written consent from the Illinois Youth Soccer Association will cause the participant to be removed from the Program. (revised 7/14/06)

Parents/Guardians Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Parents/Guardians' Signature is required if participant is under the age of 18)

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(Participant's Signature is required)

**NOTE: ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT.**

## What Dues Cover

### **TOURNAMENTS INCLUDED IN FEE:**

**U9**-LISC spring invite and fall cup

**U10-U11**-2 outside tournaments for year and LISC spring invite and fall cup

\***U12-U14**-4 outside tournaments for year and LISC spring invite and fall cup

\***High School**-3 outside tournaments and LISC spring invite or LISC fall cup

\*Any additional tournaments are subject to a surcharge to be paid by team members. Estimated amount would be \$40.00-60.00 per team member.

### **BREAKDOWN OF WHAT IS INCLUDED IN FEE:**

\*Coaching and Trainer stipends

\*Coaches' travel expenses for the season

\*In season training sessions and winter training

\* CIYSL (Central Illinois Youth Soccer League) games and fees

\*Tournament registration fees

\*Official fees

\*Insurance with IYSA

\*Field rentals

\*Indoor training rentals

\*Age-specific curriculum set forth by professional sports performance coach

\*Waiver of entry fee for LISC Tournaments

\*State Cup expenses for eligible team (with exception of parking fees)

\*Equipment purchases related to the club (excluding uniforms)

\*Coaching license fees along with coaching clinics

\*Web site maintenance and improvement. New website in 2010!

\*Capital improvements

\*Executive Director/Director of Coaching salary

\*Office and rental

\*Assistant Director of Coaching salary

\*Scholarships

\*Administrative costs

\*Other items as directed by the Executive Board

\* **New indoor soccer complex**

## **LISC Parental Contract**

By signing this contract, I agree to become a member of the Little Illini Soccer Club, and understand that such membership entails the following obligations:

- Pay all the required fees listed in the registration packet when they are due or that will result in the removal of my child's player card and he/she will be unable to play until dues are paid.
- My child must attend at least 2 training sessions a week in the fall and spring and be on time with appropriate attire, ball and water. The coach is to be notified preferably two hours in advance if a player will miss practice or at least two weeks prior to a tournament (to allow time for registration of guest players). Failure to do so on a consistent basis could result in suspension from team.
- Volunteer a total of 9 hours of service during the two LISC tournaments (no more than 6 hours in a single LISC tournament): the Fall Cup Tournament in Champaign-Urbana (to be held September 24-26<sup>th</sup>, 2010) and the Spring Invite Tournament in Champaign-Urbana (tentatively scheduled for May 2011). HS Girls/Boys are only required to volunteer up to 6 hours at the tournament held during the season in which they play. U9-U14 Girls/Boys must volunteer for both the Fall Cup and Spring Invite tournaments.
- Assume a fair share of responsibility for Club and team assignments such as field work, travel arrangements, maps, field work, communication, etc. (your coach will have a list of needed volunteer positions in which you will assign them at your team meeting)
- Abide by Little Illini Soccer Club and Illinois Youth Soccer Association guidelines for parent behavior at practices and games. Failure to do so could result in removal from games/practices.
- Review the policy manual/procedures if situations are to arise during the season and be aware of the policies of the LISC ([www.liscsoccer.com](http://www.liscsoccer.com))
- Failure to have my child at training or games could be detrimental to the team in which case if it poses to be a consistent problem then that could result in suspension from team and fees would be non-refundable. Injuries would be the only exception.
- Will follow the step-by-step process in the policy manual when there are issues with a coach.

## **LISC Player Contract**

By signing this contract, I agree to become a member of the Little Illini Soccer Club, and understand that such membership entails the following obligations:

- I will commit to the fall and spring seasons and will make an effort to participate in the club's winter training program. HS age players will commit to either fall or spring seasons and make an effort to participate in the club's winter training program.
- I will attend at least 2 training sessions a week in the fall and spring and be on time with appropriate attire, ball and water. The coach is to be notified preferably 2 hours in advance if a player will miss practice and at least two weeks prior to a tournament.
- Abide by Little Illini Soccer Club and Illinois Youth Soccer Association guidelines for player behavior at practices and games. ([www.iysa.org](http://www.iysa.org))
- Bring any concerns to the attention of the team's coach or coach's representative.
- I understand that by failure to attend training sessions/games will result in follow up from the coach and possible suspension from practice/games.

Signature of parent: \_\_\_\_\_

Signature of player: \_\_\_\_\_

**To: All Little Illini Soccer Club Families (Must read info!)**

**Parents/Players Name and Team:** \_\_\_\_\_

*Volunteer Responsibilities:* It is a requirement for all families to volunteer for a total of 9 hours of service for the Fall Cup and Spring Invite tournaments (no more than 6 hours in a single LISC tournament). Questions regarding volunteer assignments can be directed to Lance Cooper, Director of Volunteer Services, at [slcpr1@gmail.com](mailto:slcpr1@gmail.com).

Volunteer options include:

**Concessions** – sell prepared food and drinks during tournament

**Field Marshals** - check player and game cards, referee availability, etc., for tournament games

**Grill** – cook and wrap hot dogs, burgers, and chicken for sale by concessions staff

**Registration** – check in teams and player cards, collect registration fees and materials, etc.

**Runners** – general duties, e.g., take scores to fields, fill in for missing volunteers, etc.

**Scoring** – obtain, review, and turn in score cards following tournament games

**Trophies** – help distribute trophies to 1<sup>st</sup> and 2<sup>nd</sup> place teams at end of the tournament

Please list below, in rank order, your volunteer preferences. **THIS MUST BE TURNED IN AT REGISTRATION OR TO THE LISC OFFICE BEFORE YOUR CHILD CAN PLAY.**

Rank order your volunteer preferences and turn this form into the volunteer table during registration (or mail to the LISC office): e.g., 1). Scoring 2). Registration 3). Trophies

1). \_\_\_\_\_ 2). \_\_\_\_\_ 3). \_\_\_\_\_

Other Committees: We also have several committees that we would like to fill:

Marketing/Promotion

Finance

Sponsorships

Field Development

Please consider helping out in these important areas and contact Seamus Reilly, Director of Facilities at [sereilly@parkland.edu](mailto:sereilly@parkland.edu) and John Moore, Director of Capital Development at [jbmoore@mchsi.com](mailto:jbmoore@mchsi.com).

**Little Illini Soccer Club  
Financial Assistance Application Form**

***TO QUALIFY FOR SCHOLARSHIP FUNDING, YOU MUST SUBMIT THIS APPLICATION AND A COPY OF YOUR MOST RECENT FEDERAL INCOME TAX RETURN (IRS 1040) PRIOR TO REGISTRATION TO THE LISC OFFICE LOCATED AT 302 W. HILL STREET, SUITE #104, CHAMPAIGN, IL 61820.***

*Circle below; if partial, please indicate the dollar amount you will pay:*

Dues Scholarship          Partial Scholarship \$ \_\_\_\_\_          Uniform Scholarship

Date: \_\_\_\_\_

Team/Age Level: \_\_\_\_\_

Player's Name: \_\_\_\_\_

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

Zip: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Employer \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Employer \_\_\_\_\_

E-mail address \_\_\_\_\_

Best way to contact you? \_\_\_\_\_

Number of people living at home: \_\_\_\_\_

Reason for scholarship request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Scholarship awards are based solely on financial need. No request, no matter how great the need is, will be considered unless tax documentation is submitted to LISC***

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

***Questions or concerns please email the scholarship committee chairman Neal Gibbens at [n.gibbens@comcast.net](mailto:n.gibbens@comcast.net)***

## LISC SCHOLARSHIP EXPECTATIONS

□□LISC is a not-for-profit organization that receives its financial support from membership dues, tournament revenue and donations. We are dedicated to making competitive soccer available to players from all economic backgrounds and are proud to provide scholarship opportunities to a substantial number of players. The scholarships are divided into three categories:

○ Uniform scholarship

○ Dues scholarship include dues for the season requested

○ Partial dues scholarships include a portion of the dues for the season requested, pro-rated to family's ability to pay

□□Scholarships do not include travel or meal expenses related to league or tournament games. These expenses are the sole responsibility of the scholarship family.

□□Scholarship families are solely responsible for providing or arranging transportation to and from practices and games.

□□Scholarship families are required to provide volunteer services at all LISC tournaments.

□□The parents or guardians of any scholarship players must be available to communicate with the LISC coaching staff, scholarship committee and team representatives.

□□The scholarship players must attend at least 2 training sessions a week in the fall/spring and be on time with appropriate attire, ball and water. The coach is to be notified preferably two hours in advance if a player will miss practice or at least two weeks prior to a tournament (to allow time for registration of guest players). Failure to do so on a consistent basis could result in suspension from team.

□□LISC reserves the right to revoke or not renew scholarships if there is a failure to meet the scholarship expectations.

## SCHOLARSHIP FUND

In the 09/10 season the Little Illini Soccer Club provided approximately \$15,000 in full or partial scholarships to about 25 players. We will not be able to continue to provide scholarships at this level without additional funding. We have established a **Scholarship Fund** to continue to support these players and to reach out to additional players who cannot participate without our support. See page 3 to donate to the Scholarship Fund.