

BAYONNE YOUTH SOCCER ASSOCIATION

P.O. Box 112, Bayonne, NJ 07002

www.bysa.com

REGISTRATION AGREEMENT – FALL 2017

Print all required information and sign below & on reverse side.

PLAYER INFORMATION

| | |
|---|----------------------|
| PLAYER NAME: _____ | MALE/FEMALE: ____ |
| ADDRESS: _____ (Must be Bayonne Resident) | |
| PHONE #: _____ | DATE OF BIRTH: _____ |
| UNIFORM SIZE (YS, YM, YL, AS, AM, AL, AXL): _____ | |
| TEAM LAST YEAR: _____ | |
| INTERESTED IN COACHING? _____ | |

PARENT/GUARDIAN INFORMATION

| | FATHER/GUARDIAN | MOTHER/GUARDIAN |
|----------------|-----------------|-----------------|
| NAME: | | |
| ADDRESS: | | |
| PHONE #: | | |
| CELLPHONE #: | | |
| EMAIL ADDRESS: | | |

NAME & PHONE # OF ALTERNATE CONTACT IF ENGLISH IS NOT PRIMARY LANGUAGE:

PAYMENT INFORMATION

Fee is \$125.00 per player.

Checks should be made out to BYSA and mailed to BYSA, PO Box 112, Bayonne, NJ 07002

Registration ends on May 31, 2017. All forms must be postmarked by that date.

Registration Fee is Non-Refundable.

AGREEMENT

My signature below indicates that as the parent/legal guardian for the minor for whom this application is submitted I certify that all information above is true, accurate and correct. I authorize all emergency and medical treatment, which may be needed in the event of an injury (*complete information on reverse side*). I agree to defend, indemnify, release and hold harmless the Bayonne Youth Soccer Association, its directors, appointees, coaches and representatives from any claim arising from said minor's participation in BYSA sponsored activities except to the extent of the amount of liability insurance coverage in effect at time of any occurrence.

I also agree to comply with and abide by all rules, regulations and policies of the USYS, NJYS, NCSANJ and the Bayonne Youth Soccer Association including BYSA's Zero Abuse Policy (on reverse side).

Print Name Parent/Legal Guardian: _____

Signature Parent/Legal Guardian: _____ Date: _____

Signature of Player: _____ Date: _____

Complete Medical Release on Reverse Side

BYSA Medical Release & Membership Guidelines

| | |
|--|--|
| Name of Emergency Contact: | |
| Phone of Emergency Contact: | |
| Primary Medical Insurance Company: | |
| Insurance Company Policy Number: | |
| Primary Doctor: | |
| Primary Doctor's Phone Number: | |
| Allergies/ Other Medical Information: | |

BYSA Zero Abuse Policy (ZAP)

For the purpose of this policy, the definition of a BYSA Member shall include the center referee (CR), assistant referee (AR), the club's / team's line persons, BYSA official, coach, trainer, parent, or player.

- (1) **Abuse** will be defined as such: Any player, trainer, coach, referee, BYSA official, or parent who threatens another BYSA Member through a physical act or verbal statement, either explicitly or implicitly.

- (2) **Abuse** shall include but is not limited to verbal and nonverbal communication which contains foul or abusive language and which implies or directly threatens physical harm, spewing a beverage on or spitting at a BYSA Member or the BYSA Member's personal property. Abuse includes:
 - Foul or abusive, verbal or nonverbal communication
 - Threatening bodily harm or the attempting of bodily harm
 - Kicking or the attempt to kick
 - Choking
 - Grabbing or the attempt to grab
 - The attempt to make any bodily contact of a BYSA Member
 - Throwing of an object or the attempting to throw an object
 - Pushing or laying of hands upon a BYSA Member

- (3) **Disciplinary Action:** The offending party shall be required to appear before the BYSA Board of Directors' Games Conduct Committee within 48 hours of the act (or as soon as practicable). A review of said offense will be conducted at which time a determination will be made as to any disciplinary action to be taken. Such Disciplinary action can include a suspension or expulsion from BYSA. If the act is determined to be a violation of the Zero Abuse Policy the Games Conduct Committee will explain to the offending party the seriousness of the offense as well as make clear the ramifications of a second violation of the ZAP (refer to #7 below).

- (4) **Abuse Suspension** shall be at the discretion of the Games Conduct Committee. Suspension shall commence as soon as practicable after the Games Conduct Committee determines that suspension is warranted. The suspension will be defined as the inability to **participate in or attend any BYSA activities**, for example any match/game, any team's practices, any BYSA event and any training session, until such suspension is fully completed. There will be no refund of registration fees in regard to any suspension. The suspension period shall be consecutive regardless of seasonal play.

- (5) **Match** shall mean any official match (game) of that individual's or their child's team in BYSA recreational league and Northern Counties Soccer Association league play. Examples of matches: regular season, all star, any type of playoff, championship, officially sanctioned tournament and NCSA select team or tournaments matches or any ODP team matches.

- (6) **A written** copy of such Abuse will be filed with BYSA and in the case of physical abuse of a BYSA Member under the age of 18 years old, the Bayonne Police or the local authorities at the place of occurrence.

- (7) **A second violation of this policy will result in the individual's family expulsion from BYSA for life.**