



Livermore Youth Soccer League

"Develop, foster and promote an organized youth soccer program for the citizens of the city of Livermore."

2010 Registration Financial Aid Application Instructions

Livermore Youth Soccer League has limited funds available to help reduce the cost of league registration for families that demonstrate financial need.

2010 Registration financial aid applications will be accepted between April 24, 2009 and May 15, 2010.

Mailed application packages must be postmarked by May 15, 2010 to be considered on-time.

Forms delivered in person must be received by May 15, 2010 to be considered on-time.

Application postmarked on or after May 16, 2010 -or- delivered in person on or after May 16, 2010 will be deemed late and will not be accepted. Fee payments contained in late applications will be returned.

INSTRUCTIONS:

- ___ A. Complete a CYSA 1601 Player Registration Form for each individual child
- ___ B. Complete the 2010 Financial Aid Application, combining all members applying from a family on one form.
- ___ C. Provide minimum registration fee payment of \$35.00 per player
- ___ D. Submit complete document and payment package to LYSL by one of the three following methods:
 1. ~~At the April 24, 2010 at Walk-In registration held 10am-3pm at the Livermore High School Student Union.~~
 2. **By US Mail** (postmarked no later than 5/15/2010)

LYSL Financial Aid
PO Box 881
Livermore, CA 94551
 3. **By drop-off** in mail slot at LYSL Office

LYSL Office
1816 Holmes Street
Livermore, CA 94550

INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED.

If you have any questions regarding the application procedures please contact the Director of Finance, finance@lysl.org , 925-443-7570 and the League President, president@lysl.org, 925-443-7570.



CALIFORNIA YOUTH SOCCER ASSOCIATION, INC. MEMBERSHIP FORM



2010 / 2011 SEASON

PLAYER INFORMATION

Legal First Name: _____ Mid Init: _____ Last Legal Name: _____

Date of Birth (MM/DD/YY): _____ Gender: M F Mother's Birth Date (MM/DD/No Year Req'd): _____ / _____

School (during season): _____ Grade: _____ Last League & Season: _____ # Prev Seasons: _____

Team/Friend/Coach Request: _____
Requests may not be honored in all clubs and leagues - check with your local club/league before completing.

Emergency Contact: _____ Phone: _____ Alt Phone: _____

List any medical conditions that player has that could affect participation: _____

Player's Physician: _____ Phone: _____

PRIMARY GUARDIAN

Guardian type: Father Mother Other/Legal

Last Name: _____ First Name: _____

Company & Occupation: _____ Gender: M F

Home Address: _____

City: _____ Zip: _____

Home Phone: _____ Cell: _____

Business Phone: _____ Email: _____

PARENTAL SUPPORT

We ask for active participation of all parents in our program. Check area(s) in which you would be willing to help.

- Coach
- Asst. Coach
- Team Manager/Parent
- Referee
- Field Preparation
- Concessions
- Board Member/Committee
- Clerical/Financial
- Publicity/Newsletter
- Special Projects/Fundraising
- Sponsor

Other: _____

SECONDARY GUARDIAN

Guardian type: Father Mother Other/Legal

Last Name: _____ First Name: _____

Company & Occupation: _____ Gender: M F

Home Address (Same as Above): _____

City: _____ Zip: _____

Home Phone: _____ Cell: _____

Business Phone: _____ Email: _____

PARENTAL SUPPORT

We ask for active participation of all parents in our program. Check area(s) in which you would be willing to help.

- Coach
- Asst. Coach
- Team Manager/Parent
- Referee
- Field Preparation
- Concessions
- Board Member/Committee
- Clerical/Financial
- Publicity/Newsletter
- Special Projects/Fundraising
- Sponsor

Other: _____

OFFICIAL USE ONLY

Dist _____ Lg _____ Club _____ Team _____ U- _____ Div _____

Picture Received

Birth Doc Received Birthdate Verified

Registration Fees:

Registration Fee\$ _____ Rec'd by: _____

Other Fee\$ _____ Date: _____

TOTAL \$ _____ Csh / Ck # _____

Scholarship

IMPORTANT MEDICAL AND LIABILITY RELEASE - MUST BE SIGNED

I, the parent/legal guardian of the above-named player, a minor, or a player age 18 or over, agree that I and the player will abide by the rules and regulations of the U.S. Youth Soccer (USYS), and its affiliated organizations, and the California Youth Soccer Association, Inc (CYSA), and its affiliated organizations. I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYS and CYSA Parties, the owners and operators or the facilities used for the programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, player's transportation to/from any Program, which transportation is hereby authorized. I further grant the USYS and CYSA Parties the right to use player's name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs.

As the parent/legal guardian of the above-named player, or player age 18 or over, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of me or my dependent.

I understand that if this player has been registered and rostered on a team with any CYSA league at any time during this seasonal year that unless he/she transfers off that team, this player may not be rostered on any other CYSA team. Being concurrently rostered on two different CYSA teams and/or providing false or misleading information may be cause for the player and/or team to be disqualified from any and all CYSA games in which the player participated and the player and/or team may face additional disciplinary action(s).

GUARDIAN / 18 YEAR OLD PLAYER NAME (PLEASE PRINT): _____

SIGNATURE: _____ DATE: _____

LIVERMORE YOUTH SOCCER LEAGUE

PO Box 881
Livermore, CA 94551

2010 Registration Financial Aid Application

CONFIDENTIAL – LYSL will not share this information with others.

Please fill out (print) all areas completely.

1 PARENT/GUARDIAN INFORMATION				
Parent / Guardian Last Name:		First Name:		Home Phone No.:
				()
Work Phone No.:	Cell Phone No.:		E-mail:	
Home Address (Do NOT use a P.O. Box):			City	State Zip Code
Mailing Address (If different from above):			City:	State: ZIP Code:

2 PLAYER INFORMATION					
List all children in your family and indicate those currently participating in Livermore Youth Soccer League.					
Player Last Name	First Name	Age	Grade in School	LYSL Player?	Prior Seasons
				<input type="checkbox"/> No <input type="checkbox"/> Yes	
				<input type="checkbox"/> No <input type="checkbox"/> Yes	
				<input type="checkbox"/> No <input type="checkbox"/> Yes	
				<input type="checkbox"/> No <input type="checkbox"/> Yes	
				<input type="checkbox"/> No <input type="checkbox"/> Yes	

ELIGIBILITY INFORMATION

3A PUBLIC ASSISTANCE PROGRAM INFORMATION		
CHECK all programs you participate in.		
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> WIC	<input type="checkbox"/> LIHEAP
<input type="checkbox"/> TANF (AFDC)	<input type="checkbox"/> Healthy Families A & B	<input type="checkbox"/> Cal Works
If you do not participate in any of the above programs, SKIP to section 3B		

3B HOUSEHOLD INCOME INFORMATION	
Number Of Persons in Household: Adults _____ + Children (under 18) _____ = _____	
Total Annual Household Income: \$ _____ , _____	
Please Check All	<input type="checkbox"/> Wages / Salaries <input type="checkbox"/> Child Support <input type="checkbox"/> Interest/Dividends <input type="checkbox"/> Unemployment Benefits <input type="checkbox"/> Self Employment Income <input type="checkbox"/> Spousal Support <input type="checkbox"/> Insurance Settlements <input type="checkbox"/> Disability Payments <input type="checkbox"/> Rental/Royalty Income <input type="checkbox"/> Social Security <input type="checkbox"/> Legal Settlements <input type="checkbox"/> Workers Compensation

4 DECLARATION (Please read and sign below)

I certify that the information that I have provided in this application is true and correct. I agree to provide proof of income if requested. I agree to provide proof of public assistance program participation if requested. I understand and agree that if I receive LYSL financial assistance through falsification or misrepresentation of the information provided in this application that I will be required to pay back the fee discount received. I understand that LYSL will not share my information. I understand that the amounts of assistance provided by LYSL are discretionary and subject to the approval of the LYSL Financial Aid Committee.

X

Patient/Guardian signature

Date

FOR LEAGUE USE ONLY		
Mail to: LYSL – FINANCIAL AID PO Box 881, Livermore, CA, 94551	Date Received:	Approval Signature
	Amount Approved	



Livermore Youth Soccer League

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Registration Financial Aid Program Information & Timeline

Thank you for applying for registration financial aid. This information sheet is being provided to explain the process and the timeline.

April 24, 2010 to May 15, 2010	Applications Accepted. <ul style="list-style-type: none">Applicants pay \$35.00 fee deposit per player
April 25, 2010 to May 16, 2010	Aid Award Notices Mailed From League to Applicants. <ul style="list-style-type: none">The notices will state the registration fee per child, the deposit received with the application, the aid amount awarded by the league, and the balance due.The notices will include instructions for mailing in the fee balance due.
May 16, 2010 to June 15, 2010	Applicants MUST Pay Fee Balances <ul style="list-style-type: none">Player registration will not be completed until league has received final payment of fees.
July 1, 2010	Applications and fee deposits returned to applicants whose fees are not paid.

IMPORTANT NOTES

The \$35 paid with the application is a deposit. It will be applied to the total fee along with any aid amount the league is able to offer.

The balance due to complete registration is calculated as the total registration fee (\$120 for U5 to U8, \$140 for U9 and older) minus the deposit paid, minus the aid award.

The balance due must be received by June 15, 2010.

Registrations for players who do not pay their fees by June 15, 2010 will be cancelled and the fee deposit returned to the applicant.

All information provided on the application is kept confidential by LYSL and is only viewed by the LYSL Financial Aid Committee.