

TASA POLICIES

Parents please keep this sheet for reference

The majority of our policies are set according to Georgia Youth Soccer Association (GYSA) and United States Youth Soccer Association (USYSA) policies. We must remain in good standing with GYSA and USYSA to register our teams with these associations.

TASA is club/league soccer. Select teams will have a mixture of home games scheduled here in Thomasville and away games where travel will be necessary. Developmental teams play each Saturday in Tallahassee. There will also be tournament play that will involve full weekends.

Seasonal year – August 1 through July 31 (Fall & Spring)

Developmental teams may reform each season – Fall & Spring

Select (Challenge & Athena) players are bound to a team for both Fall & Spring

Releases/transfers are done on a **very** limited basis

When registering with TASA/GYSA you are committing to an entire season. This includes participation in all games and all tournaments (especially end-of-season championships) that your team decides to attend. If for any reason you are unable to attend you must notify your coach in advance. Remember soccer is a team sport and each individual player on the team is an integral part of the team. GYSA, area tournaments and league playdates have begun to assess monetary fines for team no-shows and cancellations. These fines will be charged to the TASA team that is a no-show or cancels. Missing games and practices may affect your selection to a team at future tryouts.

Attendance – Attendance at practice is very important. Starters in a game may be determined based upon attendance at practice. To play well as a team it is important to practice as a team. Skills and strategies will be developed at practice and implemented at games. Please send your child prepared with a positive, respectful attitude, shin guards and fluids (non-carbonated) to practice and games.

Rain – Games are played in the rain! Thunder, lightning and threatening conditions will stop a game. It is the responsibility of the referee on the field to make this decision. SHOW UP at the game unless you have received an official call that the game has been cancelled. Be prepared to wait during a delay to allow the weather to clear. If you do not show up or leave, you may cause your team to forfeit the game.

Fees – The registration fee is due either at tryouts for select players or at registration for developmental players. This fee is payable to the Thomasville YMCA and covers GYSA and administrative costs for the YMCA and TASA. An additional TASA player fee is payable to TASA and covers costs that are associated with your team's season. It covers referee fees, technical trainers and programs such as the Tallahassee Recreational of Gulf Coast Leagues. Tournament entries, including Rose City Tournament are extra and will be based upon individual teams activities. Current fees and due dates will be posted on the TASA website. Both the registration fee and the player fee are assessed in the fall and spring. For any families for which this causes an undue hardship, arrangements can be made via a petition to the Board of Directors for special consideration.

Rose City Tournament – You may be asked to assist in the management of this tournament. Help is needed with field preparation, field marshals (day of) and clean up. This is the local tournament for TASA that is held each fall and spring. It promotes soccer in our community and is an income source for TASA that allows us to keep our registration costs low. Thomasville hosts an average of 55 teams over two days for this tournament. It is a great weekend of soccer!

If you have any questions, concerns, comments or suggestions please feel free to contact a board member. An open board meeting is held the first Wednesday of each month, 8 pm at 116 Mimosa Drive.

You may contact us at:

226-7171 or TASA-soccer@excite.com or www.eteamz.com/TASA-soccer/
PO Box 662, Thomasville, GA 31799



PO Box 662
Thomasville, GA 31799

226-7171
TASA-soccer@excite.com

Affiliate of: Georgia Youth Soccer Assn.

ATTACH
Photo (1x2 inch)
&
2 photocopies of
Birth Certificate

PLAYER INFORMATION

SSN _____ GSSA id _____

NAME (as appears on birth certificate) _____

preferred name _____ SEX _____

Birthdate _____
Attach two photocopies of birth certificate

ADDRESS _____

CITY, STATE, ZIP _____

Out of state residents must complete a release form – please ask for one

HOME PHONE _____ PRIMARY E-MAIL _____

PRIOR EXPERIENCE Registered with TASA Registered with other GYSA league

Other _____

**OUR SOCCER PROGRAM DEPENDS ON YOUR PARENTAL SUPPORT
AND WILLINGNESS TO PARTICIPATE
PLEASE INDICATE AREAS IN WHICH YOU ARE WILLING TO ASSIST**

Team Parent Head Coach Asst. Coach Referee Rose City Tournament

PRIMARY GUARDIAN (PLEASE CIRCLE) BOTH MOTHER FATHER OTHER

MOTHER'S NAME _____ FATHER'S NAME _____

HOME PHONE _____ HOME PHONE _____

WORK PHONE _____ WORK PHONE _____

WORK E-MAIL _____ WORK E-MAIL _____

MOBILE PHONE _____ MOBILE PHONE _____

PAGER _____ PAGER _____

I have read and understand the TASA policies.

I hereby give approval for the participation of my child in any and all GSSA, TASA, and affiliated associations or league activities and assume all risk and hazards incident to such participation, including transportation to and from said activities, waive, release, absolve, indemnify and agree to hold harmless the GSSA, TASA, and affiliated association league, the organizers, supervisors, officers, directors, participants and persons or parents supervising or transporting participants to or from such activities from any claims arising out of injury to my child. I understand that a player who registers with an affiliated league is bound to that league for the entire seasonal year, unless a transfer is requested for extenuating circumstances.

Signature of parent or legal guardian _____

Date _____

***** TASA use only *****

Registration fee check # _____ cash \$ _____

Birth Certificate: on file // b.c. attached _____ this page signed _____ pg 2 signed & notarized

Date received _____ by: _____ BOYS GIRLS U _____ age division

RELEASE OF ALL CLAIMS AND STATEMENT OF RESPONSIBILITY
MEDICAL RELEASE FORM

TO BE FILLED OUT, SIGNED & **NOTARIZED** FOR EACH PARTICIPANT

For and in consideration of participation in the Thomas Area Soccer Association (TASA) soccer program, we hereby release acquit, forever discharge, indemnify and hold harmless TASA, its officers, directors, coaches, and representatives of and from any and all claims, demands, actions, or causes of action, liability or damage arising out of or in any way related to participation of our child in the TASA soccer program. This also applies to any tournament officials, or other games played.

Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA/USSF and its affiliates (GYSA/GSSA & TASA) accepting the registrant for its soccer programs and activities (the "Programs") I hereby release, discharge and/or otherwise indemnify the USYSA/USSF, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant' s participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. My child has received a physical examination by a physician and has been found physically capable of participating in the programs

If under 18 we further certify that our child has our permission to participate in the TASA program. In event of injury or illness to our child, we hereby grant authority to a qualified physician or dentist to render such medical treatment as said physician deems reasonable and necessary, and we also accept responsibility for any expense involved in connection with such illness or injury.

If over 18 in event of injury or illness, I hereby grant authority to a qualified physician or dentist to render medical treatment. I accept responsibility for any expense involved in connection with such illness or injury.

Player: _____

Home phone: _____ Emergency phone: _____

Insurance Co.: _____ Co. Phone: _____

Policy Holder' s name: _____

Policy Number(s): _____

I, _____ (print: Parent/Guardian' s name)

hereby give permission for any and all medical/dental attention to be administered to

my child _____ (print: Child' s name)

in the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. I also assume the responsibility for the payment of any such treatment. This release is effective for the period of one year from the date given below.

*The Player' s Coach, Asst. Coach or Team Manager

*A club/league representative where my child is playing

*Any tournament representative where my child is participating in a tournament

Physician: _____ phone: _____

Dentist: _____ phone: _____

Known Allergies or other medical problems to be noted:

Subscribed and sworn before me,

Date of last tetanus shot: _____

this ___ day of _____, 20___

Signature of Parent/Guardian

Signature of Notary