



“Sportsmanship, Character, Development”

Registration Information 2008-2009

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 under the forms link. Please bring completed forms with you to one of the registration nights on July 9th and July 16th 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 to be notarized. Practice players must also must sign the player/parent agreement and sign 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)
4. Copy of the health insurance card (in case of poor penmanship on the medical waiver)
5. Signed parent and player agreement (see attached)
6. Make sure that you sign the tournament volunteer’s sheet at registration
7. Copy of the player's birth certificate (for new players only)
8. Dues payment in full or installment option (scholarship applications available at Forms page of www.liscsoccer.com)

Uniforms must be ordered for new players only with Soccer Country by July 16th. At registration your jersey numbers need to be confirmed with the Parent Representative/Uniform Coordinator Janelle Drackley. This is done so there are no duplicate numbers being issued on the same team or if you guest play with another team that is the same age or a split age i.e.-U12/13 classic player guest playing with U13 premier. Please see the order deadline of **July 16th** for uniforms and optional items. If you have questions or concerns about the uniform ordering process please contact our Parent Rep. Janelle Drackley at janelledrackley@liscsoccer.com

Sincerely,

Mike Kobylinski
LISC Director of Coaching
mikokobylinski@liscsoccer.com
www.liscsoccer.com

**Little Illini Soccer Club
Fee Commitment Form
2008-2009**

Players Name _____	Age Group _____			
	U9	10 - 11	U12 – 14	Girls U15 -18
Due at Registration	\$200.00	\$300.00	\$345.00	\$300.00
Due September 15	\$100.00	\$150.00	\$150.00	\$140.00
Due November 1	\$100.00	\$150.00	\$150.00	\$140.00
Due February 1	\$100.00	\$150.00	\$150.00	\$0.00
TOTAL FEES**	\$500.00	\$750.00	\$795.00	\$580.00

**coaches' travel assessment included in fees

U8 Development Team & Practice Players

Three Season Fee (August – May) \$300.00
 Per Season Fee (Fall, Winter, Spring) \$120.00

I would like to contribute towards the LISC Scholarship Fund

\$10.00 _____ **\$20.00** _____ **\$50.00** _____ **\$100.00** _____

**This portion is tax deductible. Little Illini Soccer Club is a registered
501©3 – Federal Identification #37-1285740**

Total Received \$ _____ **Check #** _____
 (please make checks payable to LISC)

Credit Card # _____ **Expiration Date** _____
 Mastercard/Visa/Discover

Name on Card _____

**Please charge my credit card: 1) IN FULL 2) Installment Plan dates listed above
 (please circle one)**

I understand that I am obligated to pay the full annual club fee and membership fee according to the payment schedule above. I understand that failing to meet this obligation could result in my child not being allowed to play until my payments are brought up to date.

 Authorized Parent/Guardian Signature:



LITTLE ILLINI SOCCER CLUB

SPONSORSHIP AND SCHOLARSHIP CAMPAIGN

www.liscsoccer.com

Dear LISC Members & Friends:

The LISC Board is proud to announce our **“Sponsorship and Scholarship Campaign.”** This campaign has been developed to generate individual and corporate sponsorship to help fund Club activities and to support our scholarship program. LISC offers a high level of soccer training and competition for 22 boys and girls’ soccer teams and over 300 rostered players. Many of our players come from low income backgrounds and in 2007, the Club granted scholarships in excess of \$30,000.00. This creates a financial strain for the Club and the Board is soliciting help from our members and local organizations and corporations to help fund our efforts. As an incentive, we are offering an opportunity to reduce individual LISC dues by signing up sponsors under this program. This is a voluntary program and we are hoping to tap into local resources to help defray the cost of operating our soccer club.

Any LISC members who are credited with gaining new sponsors will receive the following discounts from their annual membership dues:

Sponsorship Level	Sponsor’s Commitment	Your LISC Dues Discount
Hat Trick	\$2,500	\$500
Golden Goal	\$1,000	\$200
Goal	\$750	\$150
Assist	\$500	\$100
Save	\$250	\$50

For instance, if a member signs up two sponsors, one at the Golden Goal level and one at the Save level, that family will receive a discount on their LISC dues in the amount of \$250.00 (\$200 plus \$50).

If anyone has any questions about this program, please feel free to contact any Board member. Thank you very much for any assistance you can offer.

LISC Board



LITTLE ILLINI SOCCER CLUB

SPONSORSHIP APPLICATION

www.liscsoccer.com

<u>Sponsorship Level (Circle One)</u> Hat Trick Golden Goal Goal Assist Save		<u>Check Number:</u> <u>Amount:</u>
<u>Name, Last</u>		<u>Name, First</u>
<u>Company</u>		
<u>Address</u>		
<u>Work Phone</u>	<u>Mobile Phone</u>	<u>Email</u>
<u>Web Site to be linked on:</u> www.liscsoccer.com		
<u>Signature</u>		<u>Date</u>

- Please identify the LISC representative to be credited for your sponsorship.

Name: _____

Telephone: _____

- Return application with payment to:

LISC
P. O. Box 6733
Champaign, IL 61826-6733

LIISC Navy Fleece w/ Patch: AS AM AL AXL \$39.95 x _____

LIISC Orange Polartec Fleece w/ Patch: AS AM AL AXL \$49.95 x _____

LIISC Patch ORANGE or BLUE \$ 5.00 x _____

LIISC Blanket \$22.95 x _____

Hat pricing will be available at registration :

LIISC Navy/White Hat S/M M/L L/XL

LIISC Orange Visor (adjustable size)

LIISC Navy Visor (adjustable size)

LIISC Navy Beanie (stocking cap)

LIISC Navy Ear Warmer

SUBTOTAL: \$ _____

**Additional Shipping & handling
on orders after July 16, 2008. \$ 5.00**

TAX: \$ _____

TOTAL: \$ _____

Payment Method:

DATE ORDERED: _____

Cash

Check # _____

Credit Card VISA MASTERCARD DISCOVER (circle one)

I authorize, **Soccer Country** to charge all uniform fees to this credit card.

Cardholder's Name (as listed on the card) _____

Credit Card # _____ Expiration Date: _____

Card ID (last 3 digits on back or card in signature panel) _____

Billing Address: _____ Zip Code _____

Signature: _____



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 alteration 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.

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 at least 6 hours of service to the Fall Cup Tournament in Champaign-Urbana from Oct. 3-5th. Volunteer at least 3 hours of service to the Spring Cup Tournament in Champaign-Urbana from May 1st-3rd. For HS Girls/Boys you will only need to volunteer for the season in which you play. For U8-U14 Girls/Boys you will volunteer for both the Fall and Spring Cup.
- 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.liscsocer.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)
- 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

At registration you will sign up for volunteer assignments for the two tournaments that the club sponsors each year. It is a requirement for all families to volunteer 6 hours of service for the Fall Cup and 3 hours of service for the Spring Cup. If you miss registration or are added to a team at a later date then you must list below in rank order your preference for what you would like to volunteer for i.e.-1) Scoring 2) Registration 3) Trophies

These Volunteer areas include:

Concessions	Scoring
Site Coordinators	Trophies
Field Marshals	Runners
Registration	Advertising
Clean- Up/Take Down	

We also have several committees that we would like to fill

These Committee areas include:

Marketing/Promotion
Finance
Sponsorships
Field Development

Please consider helping out in these important areas.

SCHOLARSHIP FUND

In the 07/08 season the Little Illini Soccer Club provided approximately \$30,000 in full or partial scholarships to almost 40 players. We will not be able to continue to provide scholarships at this level without additional funding. We would like to establish a **Scholarship Fund** to continue to support these players and to reach out to additional players who cannot participate without our support.

Additionally, if you know of any local businesses that would like to be a club/tournament sponsor, please contact Lance Olson, VP of LISC at lanceolson@liscsoccer.com