

7/3/16

## School Soccer 2016

(Season commences Saturday 14<sup>th</sup> May)

Dear Parents and Caregivers,

We are calling for registrations for School Soccer 2016 to play in the NWJSA competition. The focus is on fun and participation. Matches are modified to suit the age of the participants and a coaching clinic is conducted prior to each match for younger age groups. Teams will most likely play all games at West Lakes on Saturday mornings. Senior and Under 12 teams play at West Beach. Teams will be registered once numbers have been finalised.

Age groups for 2016: Under 6, Under 7, Under 8, Under 9, Under 10, Under 11, Under 12 and Under 13 (Seniors)

### Registration fees

Fees of \$80 have been set to cover the costs associated with soccer. The fee covers, National Registration Fee, Public Liability Insurance, FFSA Development levy, team registration, training balls, first aid supplies, team equipment and the end of season medal and photograph. A soccer top will be loaned to you for the season. If tops are not returned, a fee will be charged to cover the replacement cost.

### Club Players

Players who are already registered with a soccer club have paid the National Registration Fee and FFSA Development Levy (\$24.00), and are not required to pay it again.

The school and insurance fee of \$56.00 applies to these players but students must show proof of club registration when paying.

### Registration and Payment

**Registration forms and payment are due by Wednesday 23rd March.** Students who nominate after the deadline are not guaranteed a position, a late fee of \$10 will be applied by NWJSA.

All players will also be required to register online at My Football Club with the FFA. More details about this process will be forwarded once registration forms have been returned to school.

### Behaviour

Parents give generously of their time to coach and there is a responsibility on each child to be well behaved, cooperative and enthusiastic. Children who cannot maintain a satisfactory attitude will not be considered for selection.

### Supervision

Students are the responsibility of parents/caregivers and must be supervised at trainings and games. Parents are welcome to share this supervision. OSHC is unable to support the supervision of students at trainings as the cost of covering the extra staff member is not sustainable. Siblings are not to be left at school during trainings. Coaches are responsible for the training and game but also appreciate any help you can offer.

### Parent Volunteers – Coach and Manager positions

Coaches are required for all teams. Without coaches/managers we will not be able to register teams. Even if you have no experience please have a go, share with someone. The league organisers offer a free grass roots coaching course on a Saturday prior to the season. Support will be given to all coaches by the school.

Please Note - \$50 School Sport Vouchers are not being offered by NWJSA IN 2016.

We thank everyone for their great efforts in supporting Soccer and hope the above information helps.

Yours sincerely,

Bob Bowden  
Deputy Principal

Ian Burge  
LBS Soccer Delegate

# LARGS BAY SCHOOL SOCCER REGISTRATION FORM

Team(school to assign)\_\_\_\_\_

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Year Level \_\_\_\_\_ Room Number \_\_\_\_\_ Gender \_\_\_\_\_

Parents Name \_\_\_\_\_

Address \_\_\_\_\_

Mobile Telephone \_\_\_\_\_

Alternate Mobile Telephone \_\_\_\_\_

Email \_\_\_\_\_

**I agree to pay and/or enclose fees of \$80 (\$56 if registered with an FFA affiliated soccer club)**

**I give permission for my child to play and train for school soccer and for medical assistance to be sought if necessary.**

**I also agree to support the schools behaviour code and attend games and practices or arrange for other adult supervision.**

\_\_\_\_\_ Parent / Caregiver      Date: \_\_\_\_\_

## **COACH / MANAGER**

**I am able / unable to coach the team**

**If yes, please indicate preferred training afternoon: \_\_\_\_\_**

**or**

**I can coach Saturday games only**

**I have / do not have a current criminal history screening clearance (Not compulsory)**

**I am able / unable to manage the team**

**Please complete medical information on reverse of this form**

## MEDICAL INFORMATION

SPORT.....

CHILD'S NAME.....

Information contained in this section is necessary to ensure that the student's medical conditions are properly managed, however, no student with special needs will be excluded from a sport unless on medical advice.

DOES YOUR CHILD HAVE ANY OF THE FOLLOWING MEDICAL CONDITIONS?	CIRCLE ANSWER	FURTHER INFORMATION OR SPECIAL INSTRUCTIONS. IF MEDICATION REQUIRED, SEND WITH STUDENT.
CONVULSIONS / SEIZURES (e.g. Epilepsy)	Yes/No	
ASTHMA OR OTHER CHEST PROBLEMS	Yes/No	
ALLERGIES (e.g. Bee stings)	Yes/No	
DIABETES	Yes/No	
VISION OR HEARING PROBLEMS (e.g. Glasses or Hearing Aid)	Yes/No	
EAR DISORDER (e.g. Drainage tubes)	Yes/No	
DERMATITIS (relevant skin conditions)	Yes/No	
OTHER RELEVANT CONDITIONS (e.g. A.D.D. Attention deficit disorder)	Yes/No	
MEDICATION (e.g. any current medication)	Yes/No	

Any other relevant information.....

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PARENT'S NAME.....

SIGNATURE.....