



Registration Financial Aid Policy

1) Purpose

- a) This document serves as reference material for registered players who wish to request Financial Aid for the registration fee for members of Dublin United Soccer League.
- b) Financial Aid is described as credit for League Registration fees & League Comp fees that may be repaid (in partial or in full) or not paid back at all. (Competitive team fees, such as Tournament Fees, Uniforms, and Team Party will not be covered).

2) Background

- a) Each year during the League (DUSL) Budget process the league will determine the amount of money to be allotted to the Registration Financial Aid Fund. Funds will be limited.

3) Conditions and Limitations

- a) All applicants must be in financial good standing with the league prior to application acceptance.
- b) All funds provided are for offsetting Registration / Comp Fees ONLY and can not be used for any other purpose.
- c) All applicants must have been approved and placed on an Official TEAM ROSTER by the League Registrar.
- d) All applications must be received by the Director of Finance at the time of registration.
- e) The acceptance of any application will be up to the Director of Finance with the approval of the Finance Committee Review Board.
- f) Aid award will be determined on a case by case basis.
- g) Additional Volunteer Hours will be required. 1 hour of volunteer time for every \$50 of Financial Aid provided.

4) Request Procedure

- a) Proper written request form must be submitted with form 1601 player application to:

Attn: Director of Finance - Aid
Dublin United Soccer League
PO Box 2485
Dublin, CA 94568

- b) Or Turned in at any walk in registration with form 1601 player application
- c) Forms must be turned in by 5/31/10 – **No Applications Accepted After That Date.**

5) Others

- a) For any other questions, please contact the Director Finance at finance@dublinsoccer.org



Dublin United

SOCCER LEAGUE

CONFIDENTIAL

APPLICATION FOR FINANCIAL AID – Please Fill Out All Areas

Player's Name _____ Team Name (if known) _____

Team Coach Name (if known) _____ Age Group U _____ Gender: M or F

Parent/Guardian Name(s) _____ E-mail _____

Address _____ City _____ Zip _____

Home Phone () _____ Work Phone () _____ Cell Phone () _____

List all children in your family participating in Dublin United and whether they are registered with Dublin United (use an additional page if necessary)

Name _____ Age _____ School Grade _____ Dublin United Player: Y N

Name _____ Age _____ School Grade _____ Dublin United Player: Y N

Name _____ Age _____ School Grade _____ Dublin United Player: Y N

How many years has your family been a member of Dublin United Soccer League? _____

Does family have single or multiple incomes? Please identify type _____

How much of the fees can you contribute? _____

How much financial aid is requested? _____

(Competitive Team Fees Will Not Be Covered – Only League Registration Fees & League Comp Fees)

Would you like to set up an installment plan to pay the balance of the league fees? Y _____ N _____

Please state your reason(s) for requesting financial aid (use an additional page if necessary): _____

The amount of financial aid that Dublin United has available is limited, so please complete this form in its entirety and only request the amount you cannot afford to pay. Additional information to support request may be required.

I/We hereby request financial aid from Dublin United Soccer League. I/We understand that there is a requirement to work an additional hours of volunteer time, 1 hour of volunteer time per \$50 of financial aid provided (to go along with the 8 hours that are required per family) by Nov. 30, as assigned by Dublin United.

I/We certify that all information submitted on this application is truthful and accurate.

Parent/Guardian Signature(s) _____ Date _____

Amount Approved by Dublin United \$ _____ Dublin United Approval Signature _____

**Please return this completed confidential application to:
Financial Aid, Dublin United, P.O. Box 2485, Dublin, CA 94568 or Turn in at the walk in Registration**



CALIFORNIA YOUTH SOCCER ASSOCIATION, INC. MEMBERSHIP FORM



2009 / 2010 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: _____