



AASA
The UPS Store
1210 Broadway St. S, Ste. 240 #145
Alexandria, MN 56308

Alexandria Area Soccer Association

www.alexandriasoccer.org



Challenger Sports British Soccer Camp is back! British Soccer Camp provides players of all ages and abilities with the rare opportunity to receive high-level soccer coaching from a team of international experts. Each day includes individual foot skills, technical drills, tactical practices, small-sided games, coached scrimmages, and a daily tournament. Equally important, the Challenger

coaching staff provides your child with lessons in respect, responsibility, integrity, sportsmanship and leadership. Camp programs include a free ball and shirt and a free British Soccer jersey for online registrations 45 days prior to camp! Register online at: www.challengersports.com/britishsoccercamps.aspx.

June 14 - 18, 2010.

Mini Soccer	10 AM - 12 PM	Ages 4 - 7	\$87
Half Day	9 AM - 12 PM	Ages 8 - 19	\$105
Half Day	1 PM - 4 PM	Ages 8 - 19	\$105
Full Day	9 AM - 4 PM	Ages 8 - 19	\$153

When you register online 45 days in advance of camp, you will receive a free Challenger Sports soccer jersey--new color for 2010!



Alexandria Area Soccer Association

2010 • SUMMER TRAVELING TEAMS • 2010



Alexandria Soccer

TRAVELING TEAM PROGRAM:

The Alexandria Area Soccer Association is a member of the Northwest District, which includes 13 communities throughout West Central and Northwest Minnesota. The playing schedule includes approximately 10 league games per team and two tournaments. Additional tournament play and/or supplemental games outside of the Northwest District league play may be arranged for some teams if necessary, in an effort to equalize the number of games per team. Practice begins in May. League play continues until July 12. League playoffs are July 15-18.

U9-U10: Games are scheduled in clusters or jamborees. This means several teams meet and play games against all teams present in one day. The games are scheduled on Saturdays.

PRACTICES/SCHEDULES:

90 minute sessions are scheduled between 5:00 p.m. - 9:00 p.m. Monday - Thursday. Exact times will be determined by coaching staff. Practices/Games will be scheduled on the following days: (or according to MYSA schedule)

Girls Practices/Games	Boys Practices/Games
U9-U16	U12-U19
Tuesday, Thursday, Saturday	Monday, Wednesday, Saturday
U19	U10
Monday, Wednesday, Saturday	Tuesday, Thursday, Saturday

ATTENTION COACHES: AASA will be holding a Coaches E-Certification Clinic April 9-11, 2010 in Alexandria. AASA will reimburse you for the cost of the clinic when you coach the entire 2010 summer season. Registration information can be found on the Minnesota Youth Soccer Association website at: www.mnyouthsoccer.org.

REGISTRATION NIGHT

Tuesday, February 9, 2010
7 PM at Discovery Middle School Cafeteria

Please register at the level that corresponds to your birthday. Complete and sign the registration form and attach a wallet size photo with your registration fee made payable to AASA. If your family needs financial assistance in order to participate, confidential assistance is available. Please contact Stephanie Heseltine at 762-7277

If you need additional forms please visit our website:
www.alexandriasoccer.org

	Regular Registration Fee	Late Registration Fee
U9 - U10	\$78.00	\$93.00 (after April 25)
U12 - U19	\$128.00	\$178.00 (after Feb 26)
		(No Exceptions)

Registration fee will be fully refunded up until February 26th. After that, \$50 administrative fee will be withheld from all refunds. No refunds after April 6th.

Fees must be paid at the time of registration. All other additional expenses related to traveling teams are the responsibility of the player's family, i.e. transportation, hotels, meals, etc.

COACHES/PARENT REPS/TEAM MEETINGS:

Coaches/parent reps will be assigned to each team. After registration is complete, coaches will notify his/her players regarding team meetings and practice times. Coaches at certain levels are still needed. Please be willing to volunteer your help. Instruction and coaching clinics are provided.

EQUIPMENT/JERSEYS:

\$3 of each registration fee will go towards a uniform fund. Jerseys are handed out to each player during the first week of practice. They are to be turned back in at the end of the season. **If a jersey is not returned, it becomes the player's responsibility to cover the replacement cost of the jersey, \$35.00.** All players are responsible for supplying their own shorts, socks, shoes and shin guards.

Information about referee and other clinics will be available on our website.

Become a fan of Alexandria Area Soccer Association on Facebook!

MINNESOTA YOUTH SOCCER ASSOCIATION

Player Adult Protection Program

Player/Adult Protection Guidelines

DEFINITIONS

For the purposes of this document, we will define **ADULT** as those persons in their roles as coach, assistant coach, board member, team manager or volunteer who works with, for or around **PLAYERS**. This would include anyone older than the age group they are interacting with; for example a 15 year old assistant coach of a U-11 team would be considered an **ADULT** for the purposes of these Guidelines.

PLAYER defines all persons who are members of or play on a soccer team. This definition does include those players who participate at the U-19 level, even though they may be of legal age. In the example of the 15 year old assistant coach: if he/she is also a rostered participant on a U-16 or higher team, that person is also subject to the guidelines applicable to a **PLAYER**.

GUIDELINES

These guidelines recognize that the lines of authority and separation between adults and players must be recognized and respected. Generally, players are children and as such, deserve special protection. These guidelines provide that protection, while setting levels of acceptable conduct for adults.

I. PHYSICAL CONTACT

A. **ADULTS** must be aware that any physical contact with **PLAYERS** can be misinterpreted. Physical contact should be limited to that necessary and appropriate to teach a skill, treat an injury, or console or congratulate a player. In the instance of teaching a skill, minimal contact should be involved and none which places the **ADULT** in a position of power and/or intimidation; for example, taking a **PLAYER** by the shoulders and physically moving them to another field or body position.

B. Sexual contact of any kind or type is prohibited between **ADULTS** and **PLAYERS**, whether or not contact is consensual. (The exemption to this guideline would be in the event of player/coach spouses or legally-declared domestic partners.)

II. SOCIAL CONTACT

A. **ADULTS** should not socialize or spend time alone with **PLAYERS** except at games, practices, or team functions. An **ADULT** in a one-on-one situation with a **PLAYER** is generally inappropriate.

1. **ADULTS** should avoid instances such as driving alone with a non-family **PLAYER**. However, in the event that a **PLAYER** remains on a field waiting for transportation, the **ADULT** should wait with the **PLAYER** on the field to guarantee the **PLAYER'S** safety and well-being. (**ADULTS** should stress with their **PLAYERS'** parents the responsibility for safe and timely transportation to and from the field.)

2. During out-of town tournaments, a non-parent/custodian **ADULT** shall not share any sleeping arrangements with a **PLAYER** or **PLAYERS**, (*this restriction may be waived with parental/custodian permission).

3. **ADULTS** should respect the privacy of **PLAYERS**. If shower or changing room facilities are available, schedules should be arranged so that **ADULTS** and **PLAYERS** have separate use. If using a changing room, **ADULTS** should provide privacy for **PLAYERS** to make necessary preparations before entering for pre/post-game discussions. In addition, **ADULTS** should not allow others to enter except by the expressed wish of the **PLAYERS** still present.

III. HEALTH AND WELL-BEING

A. **ADULTS** share the responsibility for the **PLAYERS'** health while at practices, scrimmages and games. **ADULTS** should have **PLAYERS'** release forms and medical kits with them at all times. **ADULTS** are also responsible for seeing that the field conditions are safe for the **PLAYERS** and that the field equipment is in good, safe condition prior to the start of any activity.

B. Head injuries resulting in disorientation should result in a **PLAYER** remaining out of the game.

C. **ADULTS** transporting players must model safe driving techniques and enforce seat belt use with **PLAYERS** and other vehicle occupants.

D. **ADULTS** need to be aware of signs of neglect and abuse (physical, emotional, or sexual) of the **PLAYERS**. Observations should be reported to the local law enforcement agency.

IV. LANGUAGE

A. Offensive and insulting language by **ADULTS** or **PLAYERS** is unacceptable. **ADULTS** should model good communication skills.

B. Language that is denigrating in nature, content or tone or refers to one's gender, race, national origin, disability, sexual orientation or religion is unacceptable.

C. Inappropriate language targeting officials, opponents, or spectators may be grounds for **PLAYER** penalties or **ADULTS'** removal from the game and/or the premises.

V. VIOLATIONS

A. Violations of these guidelines by **ADULTS** or **PLAYERS** will subject them to disciplinary actions, including but not limited to, warnings, sanctions, suspensions or release by the Affiliate Member and/or MYSA.

B. Appropriate legal authorities may be called upon based on the nature of the violation.

C. Anyone witnessing a violation of these guidelines should report the violation to the Alexandria Area Soccer Association, Risk Coordinator. The local Coordinator will report the violations to the office of the State Risk Manager/ Vice President of Administration, MYSA as appropriate.

*(this statement not part of original MYSA document)

Alexandria Area Soccer Assn.

SUMMER 2010 REGISTRATION FORM

MUST ATTACH WALLET SIZE PHOTO HERE

PLAYER'S NAME: _____

PLEASE PRINT

BIRTHDAY: _____ MALE ___ FEMALE ___ CURRENT GRADE _____

ADDRESS: _____ City: _____ ZIP: _____

FATHER: _____ DAY PHONE: _____ CELL: _____

MOTHER: _____ DAY PHONE: _____ CELL: _____

HOME PHONE: _____ PLAYER CELL: _____

PARENT'S EMAIL: _____ PLAYER'S EMAIL: _____

- U10** birth date between 8-1-99 to 7-31-01
- U12** birth date between 8-1-97 to 7-31-99
- U14** birth date between 8-1-95 to 7-31-97
- U16** birth date between 8-1-93 to 7-31-95
- U19** birth date between 8-1-90 to 7-31-93

In Marching Band?

Yes No

Make checks payable to Alexandria Area Soccer Assn. (AASA)

AMOUNT ENCLOSED: _____ TODAY'S DATE: _____

EMERGENCY MEDICAL CARD

AASA Traveling Teams 2010

I certify my child is the appropriate age as required by AASA policies. I hereby give my permission and approval for the above named child to participate in soccer activities with the Alexandria Area Soccer Association. I assume all risks and hazards incidental to such activity and participation and release the sponsors, coaches and participants from any claim arising from an injury to my child. I/we have received and reviewed the PLAYER/ADULT PROTECTION GUIDELINES. I/we understand that our soccer association will use these guidelines as the basis for decisions made regarding the conduct of those who participate in coaching, training, or other activities that bring them into direct contact with the youth of the organization. I authorize the use of my child's image on the AASA website and Facebook Fan Page. Names will not be attached to photos.

Signature of Parent/Custodial Adult _____ Date _____ Player Signature _____ Date _____

Pertinent Medical Information (i.e. allergies, medications): _____

Persons who will care for the player in case parent cannot be reached:

1. Name _____ Phone: _____

2. Name _____ Phone: _____

Doctor to be notified: _____ Office Phone: _____

Dentist to be notified: _____ Office Phone: _____

In case of emergency, our procedure will be to contact the parent/guardian at home or at work. If parent/guardian is unable to be reached we will contact one of the persons listed above.

Mail or drop off forms to:
AASA, The UPS Store
1210 Broadway St S, Ste 240 #145
Alexandria, MN 56308

PLEASE RETURN THIS FORM (SIGNED AND COMPLETED) WITH THE ATTACHED REGISTRATION FEE AND WALLET SIZE PHOTO, by February 26, 2010.

OFFICE USE ONLY: DATE RECEIVED
AMOUNT ENCLOSED

CUT HERE