



2008-2009 Adult Winter Indoor

(Year Around Leagues)

Monday, September 15th
Tuesday, October 28th
Wednesday November 5th
Tuesday November 11th

Saturday November 15th
Saturday January 31st

Registration Opens
Registration Closes
Coaches' Meeting 7pm at PSA
Schedules to be published
Online at www.psasoccer.org
Season Begins
Season Ends

- Team Registration Only
- Individuals will be placed on a waiting list
- Recreational and Competitive Leagues Offered
- Eight Game Season
- Games will be any day of the week
- Games not played Thanksgiving, Christmas and New Years Break
- All games will be at the New PSA Arena

Team Registration: \$675

Divisions

- Coed under 30
- Coed over 30
- Woman's under 30
- Woman's over 30
- Super Liga Men's Open
- Men's Over 30
- Men's Over 40
- Men's Over 50



6500 Preston Meadow
Plano, Tx 75024
972-208-5437 fax 972-208-3801
www.psaplano.org
info@psaplano.org



Plano Sports Authority Indoor Soccer Team Roster

INITIAL PAYMENT INFORMATION (PSA USE ONLY)		
RECEIPT NUMBER	TOTAL AMOUNT	
NO. OF PLAYERS PAID	DATE	INITIAL

PLEASE TYPE OR PRINT CLEARLY

SEASON/YEAR	SPORT	LEAGUE	GRADE	TEAM NAME (COACHES LAST NAME)		
COACHES' NAME		ADDRESS	PHONE NUMBERS	E-MAIL ADDRESS		
HEAD COACH			HOME	E-MAIL		
			CELL	ADD'T'L E-MAIL		
ASST. COACH			HOME	E-MAIL		
			CELL	ADD'T'L E-MAIL		
PLAYER'S NAME		ADDRESS	PHONE NUMBERS	E-MAIL & SCHOOL INFORMATION		
1			HOME	E-MAIL		
			WORK or CELL	SCHOOL	GRADE	D-O-B
2			HOME	E-MAIL		
			WORK or CELL	SCHOOL	GRADE	D-O-B
3			HOME	E-MAIL		
			WORK or CELL	SCHOOL	GRADE	D-O-B
4			HOME	E-MAIL		
			WORK or CELL	SCHOOL	GRADE	D-O-B
5			HOME	E-MAIL		
			WORK or CELL	SCHOOL	GRADE	D-O-B
6			HOME	E-MAIL		
			WORK or CELL	SCHOOL	GRADE	D-O-B
7			HOME	E-MAIL		
			WORK or CELL	SCHOOL	GRADE	D-O-B
8			HOME	E-MAIL		
			WORK or CELL	SCHOOL	GRADE	D-O-B
9			HOME	E-MAIL		
			WORK or CELL	SCHOOL	GRADE	D-O-B
10			HOME	E-MAIL		
			WORK or CELL	SCHOOL	GRADE	D-O-B
11			HOME	E-MAIL		
			WORK or CELL	SCHOOL	GRADE	D-O-B
12			HOME	E-MAIL		
			WORK or CELL	SCHOOL	GRADE	D-O-B
13			HOME	E-MAIL		
			WORK or CELL	SCHOOL	GRADE	D-O-B
14			HOME	E-MAIL		
			WORK or CELL	SCHOOL	GRADE	D-O-B



Please type or print clearly. Payment information must correspond to the player's line number on the front.

Signature is required whether paying individual or by team.

Amount Paid	Signature	Payment Type	Name on Credit Card	Credit Card # or Drivers License:	Exp Date
1	\$	<input type="checkbox"/> MC <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> Check <input type="checkbox"/> Disc <input type="checkbox"/> Amex			
2	\$	<input type="checkbox"/> MC <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> Check <input type="checkbox"/> Disc <input type="checkbox"/> Amex			
3	\$	<input type="checkbox"/> MC <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> Check <input type="checkbox"/> Disc <input type="checkbox"/> Amex			
4	\$	<input type="checkbox"/> MC <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> Check <input type="checkbox"/> Disc <input type="checkbox"/> Amex			
5	\$	<input type="checkbox"/> MC <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> Check <input type="checkbox"/> Disc <input type="checkbox"/> Amex			
6	\$	<input type="checkbox"/> MC <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> Check <input type="checkbox"/> Disc <input type="checkbox"/> Amex			
7	\$	<input type="checkbox"/> MC <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> Check <input type="checkbox"/> Disc <input type="checkbox"/> Amex			
8	\$	<input type="checkbox"/> MC <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> Check <input type="checkbox"/> Disc <input type="checkbox"/> Amex			
9	\$	<input type="checkbox"/> MC <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> Check <input type="checkbox"/> Disc <input type="checkbox"/> Amex			
10	\$	<input type="checkbox"/> MC <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> Check <input type="checkbox"/> Disc <input type="checkbox"/> Amex			
11	\$	<input type="checkbox"/> MC <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> Check <input type="checkbox"/> Disc <input type="checkbox"/> Amex			
12	\$	<input type="checkbox"/> MC <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> Check <input type="checkbox"/> Disc <input type="checkbox"/> Amex			

Team Payment Information:

Payment Information (PSA Office Use Only)

Team Registration Fee	\$675	# of players	x \$	\$
				Total Team Payment \$
\$\$	Name on Credit Card Please Print	Credit Card # or DL	Exp Date	
	<input type="checkbox"/> MC <input type="checkbox"/> Cash <input type="checkbox"/> Visa <input type="checkbox"/> Check <input type="checkbox"/> Disc <input type="checkbox"/> Amex			

WAIVER STATEMENT: PARTICIPANTS IN PSA SPORTS/ACTIVITIES UNDERSTAND AND ASSUME THE RISK ASSOCIATED WITH THEIR SPORT/ACTIVITY, THEREFORE, I HEREBY RELEASE, DISCHARGE, COVENANT NOT TO SUE, AND AGREE TO INDEMNIFY, SAVE AND HOLD HARMLESS PSA FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, OR DAMAGES CAUSED BY OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF PSA OR OTHERWISE AND FURTHER AGREE THAT IF, DESPITE THIS RELEASE, I OR ANYONE ELSE MAKE A CLAIM AGAINST PSA I WILL INDEMNIFY, SAVE AND HOLD HARMLESS PSA FROM ANY ATTORNEY FEES, LOSS, LIABILITY, DAMAGE OR COST ANYONE MAY INCUR AS A RESULT OF SUCH CLAIM. RETURNED CHECKS ARE SUBJECT TO A \$30.00 FEE? **REFUND POLICY:** THERE ARE NO REFUNDS ON TEAM PAYMENTS. PLAYER CAN BE REPLACE UP UNTIL THE THIRD GAME.



Coaches Application Background Check

SEASON/YEAR	SPORT	LEAGUE	GRADE	Team Name
** <u>Legal</u> First Name	Middle Initial	Maiden Name	** <u>Legal</u> Last Name	
Address	City & Zip Code	PLEASE PRINT CLEARLY TO AVOID ADDITIONAL CONTACT HAVING TO BE MADE TO VERIFY INFORMATION.		Are you registering current team? <input type="checkbox"/> Yes <input type="checkbox"/> No
Home Phone	Work or Cell Phone	E-mail Address		Would you like to coach a unassigned team? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Male <input type="checkbox"/> Female	**REQUIRED INFORMATION	**Drivers License # & State		**DOB ____/____/____ (Month/Date/Year)
Have you ever been arrested or convicted of a Class B or above Misdemeanor or Felony? If so, what is the disposition of the case?	Have You Coached Before?		<input type="checkbox"/> Yes <input type="checkbox"/> No	Organization
	<input type="checkbox"/> Head Coach <input type="checkbox"/> Asst. Coach		Team Names:	

CONSENT FOR CRIMINAL BACKGROUND HISTORY CHECK/AUTHORIZATION/WAIVER/INDEMNITY

I HEREBY GIVE MY PERMISSION IN EXCHANGE FOR GOOD AND VALUABLE CONSIDERATION FOR THE PLANO SPORTS AUTHORITY, INC. (PSA) TO OBTAIN INFORMATION RELATING TO MY CRIMINAL HISTORY RECORD. THE CRIMINAL HISTORY RECORD, AS RECEIVED FROM THE REPORTING AGENCY, MAY INCLUDE ARREST AND CONVICTION DATA AS WELL AS PLEA BARGAINS AND DEFERRED ADJUDICATIONS AND DELINQUENT CONDUCT COMMITTED AS A JUVENILE. I UNDERSTAND THAT THIS INFORMATION WILL BE USED, IN PART TO DETERMINE MY ELIGIBILITY FOR A VOLUNTEER POSITION WITH PLANO SPORTS AUTHORITY, INC. (PSA). I ALSO UNDERSTAND THAT AS LONG AS I REMAIN A VOLUNTEER HERE, THE CRIMINAL HISTORY RECORDS CHECK MAY BE REPEATED AT ANY TIME. I UNDERSTAND THAT I WILL HAVE AN OPPORTUNITY TO REVIEW THE CRIMINAL HISTORY AS RECEIVED BY PLANO SPORTS AUTHORITY, INC. (PSA) AND A PROCEDURE IS AVAILABLE IF I DISPUTE THE RECORD AS RECEIVED.

I, THE UNDERSIGNED, DO, FOR MYSELF, MY HEIRS, EXECUTORS AND ADMINISTRATORS, HEREBY REMISE, RELEASE AND FOREVER DISCHARGE AND AGREE TO INDEMNIFY AND DEFEND PLANO SPORTS AUTHORITY, INC. (PSA) AND EACH OF THEIR OFFICERS, DIRECTORS, EMPLOYEES, VOLUNTEERS AND AGENTS HARMLESS FROM AND AGAINST ANY AND ALL CAUSES OF ACTIONS, SUITS, LIABILITIES, COSTS, DEBTS AND SUMS OF MONEY, CLAIMS AND DEMANDS WHATSOEVER, INCLUDING CLAIMS FOR THE NEGLIGENCE, GROSS NEGLIGENCE, AND/OR STRICT LIABILITY OF PLANO SPORTS AUTHORITY, INC., AND ANY AND ALL RELATED ATTORNEYS' FEES, COURT COSTS, AND OTHER EXPENSES RESULTING FROM THE INVESTIGATION OF MY BACKGROUND IN CONNECTION WITH MY APPLICATION TO BECOME A VOLUNTEER MEMBER.

(Signature) _____ (Please Print Name) _____ Date _____

PSA conducts background checks on all employees and volunteers.

Coaches' Code of Ethics

I will:

- Consider it a privilege to coach children.
- Remember I am a youth coach and that the game is for children and not adults.
- Consider it an obligation to be an example while developing character, integrity and honesty.
- Use positive coaching methods to make the experience enjoyable, increase self-esteem and foster a love and appreciation for the sport.
- Place the emotional and physical well being of my players ahead of any personal desire to win.
- Not direct comments or criticism relative to players' game performance.
- Remember to treat each player as an individual.
- Remember the large spread of emotional and physical development for the same age group.
- Provide a safe playing situation for my players.
- Organize practices that teach sports' skills for the players' age I coach.
- Use coaching techniques appropriate for each of the skills that I coach.
- Insure I know the rules of each sport I coach and teach these rules to my players and their parents.
- Lead, by example in demonstrating fair play and sportsmanship to all my players.
- Promote sportsmanship over gamesmanship following the sport's rules with no violation of them to win.
- Not abuse a player physically, verbally, emotionally or mentally.
- Not argue, threaten or demean a player, parents, coaches or officials.
- Not use foul and abusive language at any time in representing PSA.
- Control the emotions, ego, frustrations and displays of anger of myself, players and team parents.
- Not use alcohol, drug or tobacco related products in the presence of players, coaches, officials or volunteers.
- Report any conduct that has violated this code or is detrimental to the positive environment projected by PSA through youth sports.

As a PSA Coach,

- I agree to read the Rules, Policies & Procedures, follow the same and support the PSA sports program.

Safe Kids Program for PSA and the PSA StarCenter

PSA is committed to provide a safe environment and safe environment to prevent sexual misconduct. PSA is committed to:

- Provide a safe environment and to prevent child abuse and sexual misconduct
- Make every reasonable effort to ensure that every person involved in coaching a sport/activity will abide by the Safe Kids guidelines adopted by PSA
- Make every reasonable effort to exclude any adult with a legally documented history of child abuse/molestation or any other conviction or record that would bring unnecessary risk to the health and safety of the participants of our programs

PSA will:

- Take appropriate action on all allegations of child abuse and/or sexual misconduct
- Report all allegations immediately to the authorities for investigation
- Cooperate fully with any such investigation
- The following represents the preventive measures will taken by PSA regarding abuse:
- Physical, emotional, mental, and verbal abuse of any of the participants, coaches, managers, employees, volunteers involved in PSA sponsored activities is not permitted
- Inappropriate touching of any kind is forbidden
- PSA agrees to provide more than one adult working at or overseeing every activity and seek to avoid one-on-one situations. If a child needs special attention (one-on-one training or an individual meeting), it will be handled with the assistance or presence of another adult
- Coaches, volunteers and paid staff should never ride alone with a child or participant in a car. Procedures will be established for coaches, volunteers and paid staff to follow in the event a participant is stranded at a PSA sponsored activity
- Parents are encouraged to attend all PSA sponsored activities
- PSA will review and update these procedures with all coaches, volunteers and paid staff who work with children
- PSA will maintain a list of employees who have reviewed these procedures
- PSA will conduct background checks on volunteer sports' directors; league coaches and coaches

(Signature)

(Sport/TeamName/League)

Date