



SYSA SELECT TEAM INFORMATION SHEET

2011-2012 PROGRAM YEAR

This form is to be used by any SYSA team that employs some form of player selection and is not playing recreational soccer.



Team Information	
Team Name	Hurricanes
Team ID Number (e.g., 104172588)	104168083
SYSA Club	Lake city
Gender & Age (e.g., Girls U11, Boys U12)	Girls U-18
Primary Team Contact Info (phone, email)	Matt Hayward 206-818-9079 mbhayward@comcast.net
Team Web Site	
Years Playing Together	5
Past Level of Play	State Div 1
Have You Coached This Team Before?	Yes
Total Roster Slots	18
<ul style="list-style-type: none"> Est. # Returning Players (WSPL req.) 	14
<ul style="list-style-type: none"> Est. # Available Roster Slots 	3
Coach Information	
Primary	Individual who will serve as the primary instructor for this team. S/he may be the coach or a trainer but will have primary responsibility for player development.
Coach Name	Mathew Hayward
Contact Info (Email, Phone)	206-818-9079 mbhayward@comcast.net
Duty: Head Coach, Trainer, Asst Coach	Head coach
Licenses (Minimum E License)	National D
Background (Coaching, Playing)	
Secondary (if applicable)	If applicable, individual who will support the primary instructor and be another coaching / instructional resource for player development.
Coach Name	
Contact Info (Email, Phone)	
Duty: Head Coach, Trainer, or Asst Coach	
Licenses: (Minimum E License)	
Background (Coaching, Playing)	
Philosophy	
Coaching Philosophy	Play hard commit t to your team
Game Playing Time Philosophy	
Other Sport/Activities Accommodation	Yes talk with coach
Schedule	
Program Year Duration – Start & End Months (must be covered by fee summary above)	May –August
Downtime Periods (when & amount of time)	Fall
Practice Frequency & Duration	2-3 times a week
Training Location (general locales for training)	North Seattle Ingraham H.S
Competitive Play Venues	
Targeted Fall League	
Will You Be Doing a 2 nd (Winter/Spring) League (must be included in team fees)?	YES / To Be Determined
Targeted Winter/Spring League (if applicable):	Spring
State Cup Participation	Yes
Number of Tournaments, excluding State Cup (note how many require out of state travel)	3-4
Other Team/Program Highlights	Trainies from spu and others



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Fee Information			
Cost Per Player (Program Fee)			\$800.00
This must include ALL costs incurred by participating team members, including but not limited to: coaching and trainer fees; standard uniform kit, team equipment, club player registration, SYSA select team fee, team league registrations, referee fees, field fees, subsidy for one (1) need-based scholarship, tournament registration fees, state cup fee (if applicable), general and administrative fees, and all other team and club fees.			
Detail Breakout (put an X where appropriate)	Included Above	Not Included	May Be Additional
Club Fee		X	
Team Fee	X		
Coaching Fees	X		
Trainer Fees	X		
Standard Uniform Kit			X
Team Equipment	X		
Tournaments	X		
LPT's (if applicable)			
State Cup Fees	X		
Additional Training	X		
Additional Facilities Rental	X		
Fields/Referees for "Friendlies"	X		
Team-Building Events / Summer Camps		X	
Fall League			
Winter/Spring League	X		
Indoor League			
Scholarship Fund	X		
Coach Travel Expenses	X		
Any Additional Not Included Above			
Standard Uniform Kit Contents & Est. Amount:			
State all items that are included in the standard kit that is part of the 'Cost Per Player' cited above (e.g., # jerseys, # shorts, # socks, # training t-shirts, ball, bags, warmup)			
Optional Uniform Kit Items & Est. Amount.			
State all items that are optional to the standard kit and additions to the 'Cost Per Player' cited above (e.g., extra shorts, ball bags, warmup).			



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Instructions for Completing This Form

Attention coaches and team managers: In order to inform parents and players about the available 2010-11 select teams in SYSA, we will be compiling information about the teams into one document. Please fill out the sections of the template above. Each team will be allocated approximately two pages, (multiple teams by one program/club at the same age and gender will share a page). Keep your responses succinct. Incomplete information sheets will be returned. **Completed templates should be emailed to Ed D'Alessandro at raqtime@msn.com no later than one week before the start of your tryouts.** Thanks for your help with this.

NOTE: Information about your team cannot be included in the handout until these two steps have been completed. Please fill in these two dates:

1. Date of Select Team Application submitted to SYSA Registrar Bob Sigley: 05/08/2011 _____
2. Date of Select Team Fee payment of \$100 paid online: 05/08/2011 _____

Team Information

Team Name. Enter the full team name and it is to be registered with SYSA and leagues.

SYSA Club. Enter the club that is hosting this team (e.g., Woodland)

Gender & Age. Enter the gender and age of the team (e.g., Girls U-11, Boys U-16).

Primary Team Contact Info (Phone & Email). Enter the phone and email information for the individual who is the primary team contact.

Team Web Site. Enter the team web site. If no web site, enter "NONE".

Years Playing Together. Enter the number of years this team, or the majority of this team's members have played together.

Past Level of Play. Enter the past level of play (e.g., District Gold, PDL B, WSYS P2)

Have You Coached This Team Before? If you have coached this team or a subset of this team before, please select 'Yes'. Otherwise, select 'No'.

Total Roster Slots. Enter the number of rostered players this team intends to carry.

Est. # Returning Players (WSPL req). Enter the number of returning players from the past year's roster (WSPL requirement). Else enter N/A.

Est. # Available Roster Slots. Enter the number of roster slots that are available to be filled competitively through the tryout process. This would be the total roster slots less any slots already filled by returning players, a coach's child or other.

Coach Information

Primary. This is the individual who will serve as the primary instructor for this team. S/he may be the coach or a trainer but will have primary responsibility for the instruction of the players.

Secondary (if applicable). Where applicable, this is the individual who will support the primary instructor and be another coaching / instructional resource to the team.

Coach Name. Enter the name of the individual who will serve as the primary instructor for this team.

Contact Info (Email, Phone). Enter the coach contact information (email, phone).

Duty. Enter the duty of this contact. Valid values include: Head Coach, Trainer, or Assistant Coach.

Licenses. Enter the license information for this coach (SYSA requires a minimum of an E license). Examples include: USSF D, UEFA C.

Background (Coaching, Playing). Enter the background information of this individual, including all relevant prior coaching and playing experience.

Philosophy



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This form is to be used by any SYSA team that employs some form of player selection and is not playing recreational soccer.

Coaching Philosophy. Supply a summary of the coaching philosophy and fundamental beliefs that are the foundation for your team’s activities for the program year.

Game Playing Time Philosophy. State your team’s philosophy on game playing time.

Other Sport/Activities Accommodation. Enter the team’s philosophy on participation in other sports and extra-curricular activities that will conflict with scheduled training and matches. What level of accommodation is provided for competing activities?

Schedule

Program Year Duration – Start & Ending Months. List the starting and ending months for the team’s program year (e.g., Starts June 1st, Ends in January with completion of State Cup). Note that this duration must be reflected in the fee summary.

Downtime Periods (when & # weeks or months). For family planning, note any period of team inactivity. (e.g., team off August weeks 1&2 and December weeks 3&4).

Practice Frequency & Duration. Enter the number of weekly practices and the duration of each practice (e.g., 2 practices/week, 1.5 hours in duration/session).

Training Location (general locales for training). Enter the general area of the city the team will be training in (e.g., Citywide; South ... in the Mt Baker and McGilvra clubs; East ... near the Lake City and LVR clubs; North ... near the Shorelake and Hillwood clubs; West ... near the Ballard, Woodland and Queen Anne clubs).

Competitive Play Venues

Targeted Fall League. Enter the fall league the team plans to play in the fall. Valid values include: District 1 Gold; District 1 Silver; District 1 Bronze; WYS Inter-District; PDL “A”; PDL “B”; PDL “C”; WSPL; WSYDL; CYL; or “TBD based on Team Formation”.

Will You Be Doing A 2nd (Winter/Spring) League? If the team is certain to be playing in a second league (winter or spring) and has included this in its team fees, enter ‘Yes’ else enter ‘To Be Determined’.

Targeted Winter/Spring League (if applicable). If the team is certain to be playing in a second league enter the winter/spring league in which the team plans to play. Valid values include: WYS District 1 Gold; WYS District 1 Silver; WYS Inter-District; PDL “A”; PDL “B”; PDL “C”; or WA US CLUB/PSPL; or “TBD based on Team Formation”.

State Cup Participation. Enter the WA Youth Soccer state cup in which your team plans to participate. Valid values include: None; Fred Meyer Commissioners’ Cup; WA Youth Soccer Challenge Cup; or US Youth Soccer WA State Championships.

Number of Tournaments, excluding State Cup (note how many require out of state travel). Enter the number of tournaments your team plans to participate in. This number should NOT include the State Cup tournament.

Other Team/Program Highlights. Note any other highlights regarding your team activities or program for the year.

Fee Information

Cost Per Player (Program Fee). Enter the full cost that will be paid by members on your team. This must include **ALL** costs including but not limited to: coaching and trainer fees; standard uniform kit, team equipment, general and administrative expenses, player registration, team league registration, referee fees, field fees, subsidy for need-based scholarship (see below), tournament registration fee, state cup fee (if applicable) and any general and administrative or other club fees.

Detail Breakout. Enter an ‘X’ in each row under ‘Included Above’, ‘Not Included’, or ‘May Be Additional’ to clarify for families what extra costs they may be asked to incur during the program year.

Standard Uniform Kit Contents & Est. Amount. Enter the contents of the standard kit and the estimated amount.

Optional Uniform Kit Items & Est. Amount. Enter the optional kit items that can be purchased and each one’s estimated cost.

Note: Per SYSA Minimum Standards for Select teams, all teams **MUST** budget for a minimum of the equivalent of one full scholarship using reduced or free lunch requirements as the guideline for allocation. Other scholarship may be supplied at team discretion.