



Hawaii Youth Soccer Association



Team Reservation Form

Payment must be submitted with this form; team fees are non-refundable

Season: 7AS _____ Winter _____ Spring _____

Actual Age Group: U8 U9 U10 U11 U12 U13 U14 U15 U16 U17 U18 U19
(Circle One; note: the league may combine age groups or competitive levels)

But we wish to play in the: _____ division.

Competition level desired (circle one): GOLD SILVER BRONZE

Gender (circle one): BOYS GIRLS

Club: _____ Previous HYSA Team No. (if any) _____

Team Name: _____ Uniform Colors: _____

Head Coach: _____ License: _____
 Street Address: _____
 City: _____ State _____ Zip: _____
 Phone: Home: _____ Work: _____ Fax: _____
 Email Address: _____

Other Contact: _____ License: _____
 Phone: Home _____ Work _____ Fax _____
 Email Address: _____

Home Area: _____

Black Out Dates: List the dates that your team cannot play. Schedules will not be changed for other leagues/sports, only for school activities listed below:

Coach Acknowledgement

I, _____, have read the "Advisory to Coaches"

(Print Coach Name)

(dated 7/27/02) and the "HYSA Team Manual" and agree to follow the guidelines set forth by the HYSA Board of Directors. I understand that if I do not follow the guidelines or meet the expectations as stated, I may be placed on probation or removed from the list of eligible coaches. If I do not comply with the HYSA guidelines and receive sanctioning I may appeal the sanctioning through the appeals process established by the HYSA. The decision of the HYSA Board in the appeal is final.

(Signature) (Date)