

Gjøa Youth Soccer & SABA

Incorporated

850 – 62nd Street, Brooklyn, NY 11220



2010-2011 Season

Dear Players and Parents:

Welcome to another season! You will be part of a club that has a long history of many victories. This season marks our 100th year of existence and in that time, Gjøa has participated in many sports, with soccer as our main concern. Our partnership with Soccer At It's Best Academy, under the leadership of Harry Triana promises to continue to be a very positive step towards many more victories and successes for players.

Our season lasts from September through June including indoors throughout the winter. We play weekly games in all 5 boroughs and Long Island. All of our games are on Saturday or Sunday. The coach determines practice days and locations. All teams are encouraged to travel to tournaments and you will be notified of them in advance.

Please be advised that this is a competitive club and player participation, attendance, behavior, and attitude are considered as they compete for spots on a team. A coach can determine at any point during the season that a player will be moved to “reserve” status and only practice with the team until determined otherwise.

It is the responsibility of the player and parent to attend all games and practices. There is a commitment with registering with the club and you should address any concerns you have with the coach or manager before registering. Each team has a limited number of spots and if you fill one now you are expected to fill that spot for the entire season.

The Gjøa registration fee for the entire season is \$300.00 payable to Gjøa Youth Soccer. This includes a uniform (the uniform is the property of the club until the official season ends – if a player quits or is asked to leave during the season, s/he must return it), insurance, a couple tournaments, an end-of-season awards party, indoor gym practice fees and other costs associated with playing in the league. If you hand in an address form for fund raising, your registration cost is \$200.00. No refunds are given to a player who quits during the season.

There will be a SABA trainer's fee depending on the trainer's experience and license. This fee is split equally into a Fall Season (September – January) and a Spring Season (February – June). These fees are payable to SABA. A payment schedule can be worked out if necessary and there are a limited number of scholarships available. Please contact me if you have any questions.

Please read all of the accompanying forms and fill them out carefully. Your coach or manager will contact you with more information. Feel free to contact us:

Ed – phone 917-679-5976 or by e-mail at edodonnell1@gmail.com

Jimmy - phone 917-923-0054 or by e-mail at JimSven12@verizon.net

Yours through Soccer,

Jimmy Svendsen

Jimmy Svendsen

Youth Athletic Director

SPORTING CLUB GJØA/SABA REGISTRATION FORM 2010-2011

Player's Information

Last Name: _____ First: _____ Middle: _____
Birth date: _____ Sex - M _____ F _____ Citizen of USA - Y _____ N _____
Address: _____ City: _____ Zip Code: _____
Home Phone # - _____ School attending: _____ Grade: _____
E-Mail - _____ @ _____ Uniform Size: Shirt: _____ Shorts: _____

Parent's Information (You must sign in two places)

Father's Name: _____ Mother's Name: _____
Occupation: _____ Occupation: _____
Business Phone: _____ Business Phone: _____
E-Mail - _____ @ _____ E-Mail - _____ @ _____

With your signature this form registers your child with the Sporting Club Gjøa Youth Soccer Program, Soccer At It's Best Academy, Cosmopolitan Junior Soccer League, Eastern New York Youth Soccer Association, and the United States Youth Soccer. We understand that we (my child and I) must abide by the rules and regulations of the club. We understand that it is our responsibility to get ready for, be prepared for, and be at all practices and games and that, if we cannot attend, it is our responsibility to call and inform the coach or manager. We also understand that it is possible, during the season, to be moved from one division to another depending upon play, behavior and attendance.

X _____

The undersigned, parent/guardian of minor _____ do hereby authorize the officer, leader, coach, or agents to transport, as required, the above minor to and from club sponsored activities including but not limited to athletic and social. I/we assume all risks and hazards incidental to such participation in Soccer including transportation to and from activities and I/we do hereby waive, release, absolve the organizers, sponsors, supervisors and participants from any claim arising out of injury to my/our child, except to the extent and in the amount covered by accident or liability insurance. I give permission for my child's picture to be included in news articles and on the Gjøa/SABA websites.

X _____

Parent Volunteers

The club can only do as well as the people working with it. We are all stakeholders in the success or failure of our organization. With that in mind, **we need** parent volunteers to help during the season. Please indicate below the areas that you can help.

____ Field Committee ____ Team Parent ____ Tournament Committee
____ Team Web Reporter ____ Board of Directors ____ Parade Committee

-----Official use only-----
2 recent pictures received - _____ original proof of birth and a copy received - _____

Amount paid - _____ date - _____ Skill-a-thon form or \$ received- _____ # of names - _____

Manager's child - _____ Scholarship - _____ Skill-a-thon form received- _____ # of names - _____
Other important information:

SPORTING CLUB GJØA/SABA MEDICAL RELEASE FORM – 2010 - 2011

I, _____, hereby give permission for any medical attention necessary to be administered to my child, _____, in the event of an accident, injury, sickness, etc., under the direction of the person (s) listed below, until such time as I may be contacted. I also hereby assume the responsibility for payment of any such treatment.

Address: _____ Zip: _____

Phone numbers:

Home: _____ Business: _____

Nearest relative/friend to contact in an emergency:

Name: _____ Phone: _____

Insurance information:

Company: _____ Policy number: _____

In the event that I cannot be reached, any of the following is designated to act in my behalf:

NAME

TITLE

Doctor's name: _____ Phone: _____

Any known allergies: _____

Signature (Parent or Guardian): _____ Date - _____

*****PLEASE HAVE THIS FORM NOTARIZED*****

SUBSCRIBED AND SWORN TO BEFORE ME, THIS _____ DAY OF _____ 20__



Sporting Club Gjøa

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Dear Families:

The Sporting Club Gjøa is again trying to raise money to help pay for uniforms and other improvements to our soccer program. In order to raise enough money, we want your child to participate in the 11th ANNUAL SC GJØA SOCCER SKILL-A-THON to be held during the season. During this SKILL-A-THON, your child will work on heading, dribbling and passing skills, attempting to achieve goals that their coach will set.

Some of you may remember this program from the last several years. It has proven to be very successful and we would like to thank those of you who participated for your continued support. Please note that this program will only take a few minutes of your time and will help to improve your child's soccer skills as well as raise the necessary monies to run the soccer program.

Please use the attached sheet to list the names and complete addresses of friends and relatives living **anywhere in the United States** who **might** sponsor your child in the SKILL-A-THON. Include any close or distant relatives, the family doctor or dentist, and local and out-of-town friends. The more people from outside our area, the more successful the SKILL-A-THON will be. List **adults only** and do not list a single address more than once. Please note that all names and addresses will be kept STRICTLY CONFIDENTIAL and **will not be used for any other purposes. PRINT NEATLY!!!**

Please return the list with the registration packet. If you return AT LEAST 10 names and addresses you will receive a \$100 discount on your registration fee of \$300. This would make the registration fee for your child to play soccer \$200. In essence, the 10 names and addresses are worth \$100 to you.

You do not need to contact the people on the list. Before the SKILL-A-THON, we will mail them a personalized letter and invite (not require) them to sponsor your child for any amount they wish. Each letter will fully explain the SKILL-A-THON, how contributions will benefit your child and how their donation is fully tax deductible. In turn, sponsors will donate money in a return envelope that we provide (no obligation to them – no collection required by you).

Thank you for your support,

Jimmy Svendsen

Jimmy Svendsen
Youth Athletic Director

**FORMS ARE DUE BACK WITH THE REGISTRATION FORM
IN ORDER TO QUALIFY FOR THE DISCOUNT!!!!!!**



Sporting Club Gjøa

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SKILL-A-THON SPONSOR LIST

Player's Full Name: _____ Age: _____

Manager's Name: _____ Team: _____

PLEASE **PRINT** CLEARLY

1. Name _____
Address _____
City _____ State _____ Zip _____

2. Name _____
Address _____
City _____ State _____ Zip _____

3. Name _____
Address _____
City _____ State _____ Zip _____

4. Name _____
Address _____
City _____ State _____ Zip _____

5. Name _____
Address _____
City _____ State _____ Zip _____

6. Name _____
Address _____
City _____ State _____ Zip _____

7. Name _____
Address _____
City _____ State _____ Zip _____

8. Name _____
Address _____
City _____ State _____ Zip _____

9. Name _____
Address _____
City _____ State _____ Zip _____

10. Name _____
Address _____
City _____ State _____ Zip _____

11. Name _____
Address _____
City _____ State _____ Zip _____

12. Name _____
Address _____
City _____ State _____ Zip _____

13. Name _____
Address _____
City _____ State _____ Zip _____

14. Name _____
Address _____
City _____ State _____ Zip _____

15. Name _____
Address _____
City _____ State _____ Zip _____

16. Name _____
Address _____
City _____ State _____ Zip _____

17. Name _____
Address _____
City _____ State _____ Zip _____

18. Name _____
Address _____
City _____ State _____ Zip _____

19. Name _____
Address _____
City _____ State _____ Zip _____

20. Name _____
Address _____
City _____ State _____ Zip _____

Remember, no names and addresses will be used for any other purposes other than the SC Gjøa SKILL-A-THON and will not be shared with any person or company. Forms are due with registration packet in order to qualify for the \$100 discount. For additional names, please attach a separate sheet.

SPORTING CLUB GJØA/SABA REGISTRATION FORM 2010-2011

Player's Information

Last Name: _____ First: _____ Middle: _____
Birth date: _____ Sex - M _____ F _____ Citizen of USA - Y _____ N _____
Address: _____ City: _____ Zip Code: _____
Home Phone # - _____ School attending: _____ Grade: _____
E-Mail - _____ @ _____ Uniform Size: Shirt: _____ Shorts: _____

Parent's Information (You must sign in two places)

Father's Name: _____ Mother's Name: _____
Occupation: _____ Occupation: _____
Business Phone: _____ Business Phone: _____
E-Mail - _____ @ _____ E-Mail - _____ @ _____

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X _____

The undersigned, parent/guardian of minor _____ do hereby authorize the officer, leader, coach, or agents to transport, as required, the above minor to and from club sponsored activities including but not limited to athletic and social. I/we assume all risks and hazards incidental to such participation in Soccer including transportation to and from activities and I/we do hereby waive, release, absolve the organizers, sponsors, supervisors and participants from any claim arising out of injury to my/our child, except to the extent and in the amount covered by accident or liability insurance. I give permission for my child's picture to be included in news articles and on the Gjøa/SABA websites.

X _____

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Address: _____ Zip: _____

Phone numbers:

Home: _____ Business: _____

Nearest relative/friend to contact in an emergency:

Name: _____ Phone: _____

Insurance information:

Company: _____ Policy number: _____

In the event that I cannot be reached, any of the following is designated to act in my behalf:

NAME

TITLE

Doctor's name: _____ Phone: _____

Any known allergies: _____

Signature (Parent or Guardian): _____ Date - _____

*****PLEASE HAVE THIS FORM NOTARIZED*****

SUBSCRIBED AND SWORN TO BEFORE ME, THIS _____ DAY OF _____ 20__



Sporting Club Gjøa

Incorporated

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SKILL-A-THON SPONSOR LIST

Player's Full Name: _____ Age: _____

Manager's Name: _____ Team: _____

PLEASE **PRINT** CLEARLY

1. Name _____
Address _____
City _____ State _____ Zip _____

2. Name _____
Address _____
City _____ State _____ Zip _____

3. Name _____
Address _____
City _____ State _____ Zip _____

4. Name _____
Address _____
City _____ State _____ Zip _____

5. Name _____
Address _____
City _____ State _____ Zip _____

6. Name _____
Address _____
City _____ State _____ Zip _____

7. Name _____
Address _____
City _____ State _____ Zip _____

8. Name _____
Address _____
City _____ State _____ Zip _____

9. Name _____
Address _____
City _____ State _____ Zip _____

10. Name _____
Address _____
City _____ State _____ Zip _____

11. Name _____
Address _____
City _____ State _____ Zip _____

12. Name _____
Address _____
City _____ State _____ Zip _____

13. Name _____
Address _____
City _____ State _____ Zip _____

14. Name _____
Address _____
City _____ State _____ Zip _____

15. Name _____
Address _____
City _____ State _____ Zip _____

16. Name _____
Address _____
City _____ State _____ Zip _____

17. Name _____
Address _____
City _____ State _____ Zip _____

18. Name _____
Address _____
City _____ State _____ Zip _____

19. Name _____
Address _____
City _____ State _____ Zip _____

20. Name _____
Address _____
City _____ State _____ Zip _____

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