



HYSA ODP STATE SELECTIONS

Information & Registration

PLEASE READ EVERYTHING - IMPORTANT DEADLINES/INFORMATION

The HYSA ODP State Selections program is by invitation only for players born in the years; 1993, 1994, 1995, 1996, 1997 & 1998

REGISTRATION FEES - STRICT DEADLINES

Registration Fee **Received By** March 11, 2010: \$150

Registration Fee **Received** March 12 – 28, 2010: \$200

LOCATION

Kapiolani Regional Park (Soccer Fields)
3840 Paki Avenue
Honolulu, HI 96815

DAILY SESSIONS – Thursday, March 25, 2010 to Sunday, March 28, 2010

1996, 1997 & 1998: 9:00 - 11:00am and 1:30 - 3:30pm.

1993, 1994 & 1995: 11:15am - 1:15pm and 3:45 - 5:45pm.

Check-in and t-shirt pick up is one hour before your first session on March 25, 2010.

Saturday's schedule will be adjusted to accommodate the Senior All Star game.

You are expected to attend both sessions every day, (with the exception of March 25, 2010 for those attending public school). If you must miss any of the sessions, please submit your reason in writing prior to check-in.

UNIFORM AND EQUIPMENT NEEDED

Mandatory items: Soccer shoes, socks, shin guards, soccer shorts & soccer ball.

Recommended Items: Jackets, water jugs & sunscreen.

Numbered T-shirts will be provided to all players registering on or before Thursday, March 25, 2010.

There is no guarantee that t-shirts will be available for players registered after March 11, 2010.

STATE POOL SELECTION AND EVALUATIONS

All players will receive a letter within two weeks after the State Selections indicating whether or not they have been selected to their State Team Pool.

Note: Only players who do not make the State Team Pool will receive an evaluation.

REFUND POLICY

Refunds will be made up to the day before the event starting date, MINUS A \$50.00 ADMINISTRATION FEE. All refund requests MUST be submitted in writing.

FINANCIAL CONCERNS/QUESTIONS?

Contact: Herb Schreiner

Phone: (808) 381-3674

E-Mail: hawaiiiodp@yahoo.com



ODP State Selection – Player Registration Form

Player's Last Name:		Player's First Name:	Middle Initial:
Mailing Address:		City/State/Zip Code:	Home Ph #:
Player's Email Address:		Player's Cell #:	Birth Date (MM/DD/Year):
Position: <input type="checkbox"/> FIELD PLAYER <input type="checkbox"/> GOALKEEPER	Gender: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	Player's T-Shirt Size: (select youth or adult size) <input type="checkbox"/> Yth Med <input type="checkbox"/> Yth Lrg <input type="checkbox"/> Adlt Small <input type="checkbox"/> Adlt Med <input type="checkbox"/> Adlt Lrg <input type="checkbox"/> Adlt X-Lrg	
Father/Guardian's Name:		Father/Guardian's Email Address:	Father/Gurardian's Cell #:
Mother's Name:		Mother's Email Address:	Mother's Cell #:
Person to Notify in Emergency:			Phone #:
Physician to Notify in Emergency:			Phone #:

IMPORTANT

I, the parent/guardian of the registrant, a minor, agree that I, and the registrant will abide by the rules of the United States Youth Soccer, and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the United States Youth Soccer accepting the registrant for its programs and activities(the "Programs"), I hereby release, discharge, and/or otherwise indemnify the United States Youth Soccer, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrants participation in the Programs and/or being transported to or from the same, which transportation I herby authorize.
 (For all ODP Events till July 31, 2010)

NAME:	
Print Name of Parent/Legal Guardian	
SIGNATURE:	DATE:

Consent for Medical Treatment

As the parent or legal guardian of the registered player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or wellbeing of my dependant. (For all ODP events till July 31, 2010)

NAME:	
Print Name of Parent/Legal Guardian	
SIGNATURE:	DATE:

Make check payable to "HYSA".

Mail completed form and payment to:

HYSA ODP
 1161-E Wainiha Street
 Honolulu, HI 96825