

 **SCARBOROUGH INDOOR SOCCER LEAGUE** 
AFFILIATED WITH
SCARBOROUGH SOCCER ASSOCIATION

TEAM APPLICATION 2017 - 2018
TEAM REGISTRATION FEES

DEADLINE: \$2200.00 Friday October 6th
EARLY BIRD: \$2100.00 Wednesday September 20st
PLUS A \$200.00 BOND FOR MEN
PLAYER FEES: \$20.00 Player Registration \$5.00 Player/Official Book
REFEREE FEES: \$22.50 Per Team, Per Game paid in cash to the referees
League runs October through April
NO EXCEPTIONS

THIS APPLICATION FORM WILL BE CONSIDERED IF FULLY COMPLETED IN TYPE OR PRINT, ACCOMPANIED BY THE **FULL AMOUNT OF THE REGISTRATION FEE** AND RECEIVED BY THE S.I.S.L. AT THE SSA OFFICE BY THE REGISTRATION DEADLINE.

A FULL REFUND WILL BE ISSUED IF A TEAM IS **NOT** ACCEPTED.

NO REFUND WILL BE ISSUED IF A TEAM PULLS OUT **AFTER THE DEADLINE ON FRIDAY OCTOBER 6, 2017**. A 50% REFUND WILL BE GIVEN BEFORE THAT DATE.

PLEASE MAKE YOUR CHEQUE OR MONEY ORDER PAYABLE TO *SCARBOROUGH SOCCER ASSOCIATION/SSA*. **YOU CAN ALSO PAY BY VISA, MASTER CARD, OR DEBIT.**

SISL TELEPHONE NUMBER IS 416-285-8002 x27
SSC MANAGER PHONE NUMBER IS 416-759-5607

LEAGUE BEGINS **SUNDAY OCTOBER 22nd, 2017**

THE LEAGUE FEES DO NOT INCLUDE REFEREE AND TIMEKEEPER/ASSISTANT REFEREE FEES WHICH ARE AS FOLLOWS:
\$22.50 PER TEAM PER GAME FOR ADULTS.

THE REFEREE AND TIMEKEEPER/ASSISTANT REFEREE FEES ARE PAID IN CASH TO THE TIMEKEEPER BEFORE THE START OF THE GAME. FOR ALL OTHER FEES PLEASE REFER TO THE BY-LAWS, ARTICLE 16.

ALL PLAYERS MUST BE REGISTERED WITH THEIR DISTRICT ASSOCIATION PRIOR TO PARTICIPATING IN ANY GAME.

VERY IMPORTANT, TEAMS FROM OUT OF THE SCARBOROUGH DISTRICT MUST HAVE PLAYING OUT PERMISSION FROM THEIR CLUB AND DISTRICT AND AN AIMS ROSTER.

TEAMS WHO HAVE OUTSTANDING FINES FROM LAST SEASON WILL NOT BE ACCEPTED INTO THE LEAGUE UNTIL THESE FINES ARE PAID IN FULL.

PLAYERS WHO DID NOT SHOW UP FOR DISCIPLINE FROM THE 16/17 SEASON WILL NEED TO ATTEND A HEARING FOR THIS SEASON ONCE THEY HAVE REGISTERED FOR THE 17/18 SEASON. A PLAYER DOES NOT SERVE DISCIPLINE TIME UNTIL

HE/SHE HAS REGISTERED.

DATES TO REMEMBER

CUP DRAWS WILL BE DONE ON **MONDAY NOVEMBER 6TH** @ THE SOCCER CENTRE IF YOU WOULD LIKE TO SEE WHO YOUR TEAM WILL PLAY. THE DRAW WILL BE DONE **AT 7PM.**

THERE WILL BE A CUP ROUND FOR ALL DIVISIONS FOR 2017/18.

* WOMEN'S CUP WILL BE DIVIDED INTO TWO SEPARATE CUPS: PREMIER AND DIVISION 1 WILL PLAY IN ONE CUP, AND DIVISION 2 AND DIVISION 3 WILL PLAY TOGETHER IN A SEPARATE CUP.

DISCIPLINE:

DISCIPLINE IS DONE BY REVIEW, YOU MUST REQUEST A HEARING

NO FEES FOR YELLOW CARDS. THREE YELLOW CARDS BECOME A RED CARD.

RED CARDS/SPECIAL INCIDENT REPORTS: **\$30.00** FOR 1ST OFFENCE, **\$50.00** FOR 2ND OFFENCE **\$100.00** FOR THIRD OFFENCE 4TH OFFENCE SEE YOU NEXT SEASON!!!

ALL OUTSTANDING FEES FOR RED/SPECIAL INCIDENT REPORTS WILL BE DEDUCTED FROM TEAM BONDS, if not paid by the end of the year.

ANY TEAMS CAUGHT SMOKING OR DRINKING ALCOHOL IN THE FACILITIES WILL BE BROUGHT UP BEFORE DISCIPLINE.

ALL TEAMS ARE RESPONSIBLE FOR THEIR PLAYERS AND THEIR SPECTATORS!!

PLEASE NOTE THAT ALL PLAYERS REQUIRE A PASSPORT SIZE PHOTO IN THEIR BOOK. ID IS REQUIRED THAT HAS A PLAYERS ADDRESS. A LICENCE AND/OR NEW HEALTHCARD ARE THE ACCEPTABLE ID'S. PHOTOCOPIES ARE ACCEPTABLE.

IT IS THE RESPONSIBILITY OF ALL PLAYERS/OFFICIALS TO MAKE SURE THEY ARE PROPERLY REGISTERED ON THEIR TEAM ROSTER AND THEIR BOOK HAS AN UP TO DATE PICTURE, IS STAMPED AND HAS THE PROPER STICKER. PLEASE CHECK! **PICTURES DATED 2014** AND BEFORE MUST BE REPLACED.

IF YOU REQUIRE FURTHER INFORMATION **PLEASE CALL: 416-285-8002 X 27**
PLEASE EMAIL: ssasisl@hotmail.com

SCARBOROUGH INDOOR SOCCER LEAGUE

PLEASE NOTE *

- ALL STOPPAGES OF THE CLOCK WILL BE AT THE REFEREES DISCRETION.
- PLACEMENT IN DIVISIONS WILL BE DECIDED BY THE LEAGUE BASED ON LAST SEASONS PERFORMANCE (AS CLOSE AS POSSIBLE). TEAMS MAY BE RELAGATED AND PROMOTED
- ALL REQUESTS MUST BE IN WRITING. ALL COMPLAINTS MUST BE IN WRITING.
- THREE (3) OFFICIALS ARE ALLOWED ON THE BENCH AND ALL 3 MUST HAVE A BOOK. THOSE ON THE BENCH ARE: COACH, ASST COACH AND MANAGER.
- A TEAM CONTACT WILL ALSO BE PUT ON THE ROSTER. IF ANY INFORMATION CHANGES OR THE CONTACT CHANGES IT IS UP TO EACH TEAM TO INFORM THE LEAGUE. THERE IS NO CHARGE FOR THIS PERSON BEING ADDED AS A CONTACT.
- ALL TEAMS **NOT** REGISTERING WITH SCARBOROUGH DISTRICT MUST PRESENT AN AIMS ROSTER **BY OCT 22ND, 2017**. IF A NEW PLAYER IS ADDED A NEW ROSTER MUST BE PRESENTED BEFORE THE GAME. A \$100.00 FINE WILL BE LEVIED IF A ROSTER IS NOT GIVEN.
- A PLAYER WILL NOT BE ALLOWED TO PLAY IF HIS/HER PLAYER BOOK IS NOT PRESENTED TO THE TIMEKEEPER AT THE START OF THE GAME.
- THERE WILL BE A (10) TEN MINUTE GRACE TIME. THE GRACE TIME ONLY APPLIES IF A TEAM IS SHORT OF THE MANDATORY MINIMUM OF PLAYERS. IF A TEAM HAS THE MANDATORY MINIMUM OF PLAYERS THE GAME MUST START AT THE SCHEDULED KICK-OFF TIME.
- A GAME WILL BE DEEMED COMPLETE WHEN 75% OF THE SCHEDULED TIME HAS EXPIRED.
- **A PLAYER CAN ONLY PLAY ON 1 (ONE) TEAM IN THE SISL.**
- **NO GUEST PLAYERS OR TRIAL PLAYERS OR PLAYING UP.**
- IF A TEAM CANNOT SHOW FOR THEIR GAME IT IS A FORFEIT. GAME CANCELLATIONS MUST BE IN WRITING IN OFFICE **THREE (3) BUSINESS DAYS** BEFORE GAME OR FINE WILL BE ENFORCED.
- ALL TEAMS SHOULD BE AWARE THAT IF THE SISL DECIDES TO CLOSE DOWN FOR A DAY OF GAMES THIS WILL BE TREATED AS “AN ACT OF NATURE” AND THESE GAMES WILL NOT BE REPLAYED AT A LATER DATE

SISL APPLICATION FORM 2017– 2018

TEAM REGISTRATION FEES

DEADLINE: \$2200.00 **Friday October 6th**
EARLY BIRD: \$2100.00 **Wednesday September 20th**
PLUS A \$200.00 BOND FOR MEN

This application form will be considered if fully completed in type or print, accompanied by the **full amount of the registration fee** and received by the S.I.S.L. at the SSA Office by the registration deadline.

A full refund will be issued if a team is **NOT** accepted.

NO REFUND WILL BE ISSUED IF A TEAM PULLS OUT AFTER THE DEADLINE ON FRIDAY OCTOBER 6TH, 2017. A 50% REFUND WILL BE GIVEN BEFORE THAT DATE.

PLEASE MAKE YOUR CHEQUE OR MONEY ORDER PAYABLE TO *SCARBOROUGH SOCCER ASSOCIATION/SSA*. **YOU CAN ALSO PAY BY VISA, MASTER CARD OR DEBIT.**

TEAM NAME: _____

WOMEN'S DIVISION _____ **PREFERENCE:** _____

SENIOR MEN'S DIVISION _____ **PREFERENCE:** _____

TEAM CONTACT: (SEND INFO TO:) _____

CELL: _____ **PHONE :** _____

****EMAIL :** _____
(All information in the SISL is sent via email. Please make sure your email address is always up to date)

COACH'S NAME: _____

CELL: _____ **PHONE:** _____

EMAIL: _____

The _____ Soccer team agrees to play in the Scarborough Indoor Soccer League in the 2017-2018 season and agrees to abide by all rules & regulations of the league. All pages of application have been received and read.

Print Name: _____ **Signature:** _____

SISL TELEPHONE# 416-285-8002 X 27 SISL EMAIL: ssasisl@hotmail.com

OFFICE USE ONLY

PAID:

BOND: