Olympic Development Program

Player Recommendation Instructions

For players that qualify, please follow the instructions stated below:
For a player that you feel meets the standard TO TRY-OUT FOR State ODP

1) Complete the Recommendation Player Form
2) Complete the ODP Try-out/Registration Form
3) Attach a $110.00 check made payable to : CYSA ODP
4) Non-CYSA Players need to complete the ODP Sign-up Form and pay for Insurance.

Mail Form, Registration and Fee to the CYSA office, NO LATER THAN SEPTEMBER 1ST, 2012 (NO EXCEPTIONS!!) This fee covers all the try-outs at the State level.

Player Eligibility:

- Must meet the age requirement to participate to participate can only try-out for the pool of their birth year. Players found to be too young or too old will be disqualified.
- You must attend try-outs to be named to an ODP Pool.
- Any Non-Registered CYSA Player must "Sign-Up" for ODP through the CYSA office (Fee: $12.50)
- Birth Years for 2012-2013 Season are: (for Boys and Girls)
  - 2000,1999, 1998, 1997

Try-Out Information is posted on the Cal North Website at:

www.calnorth.org

IMPORTANT

FIRM DEADLINE FOR FORMS/FEE TO ARRIVE AT CYSA OFFICE:

SEPTEMBER 1ST

(Post marked envelopes, not accepted, form and fee must be in the office on September 1st)

OLYMPIC DEVELOPMENT PROGRAM
PLAYER RECOMMENDATION FORM

PLAYER INFORMATION

FIRST NAME: _____ LAST NAME: _____
(No nicknames please)

ADDRESS: _____ CITY:_____ ZIP: _____

PHONE: (_____)_____ BIRTHDATE: _____ (Required)

PARENTS: _____

TEAM DETAILS:
TEAM NAME: _____ GENDER: M F AGE: U-_____

IS THIS A CYSA TEAM: _____ IF YES, CLUB: _____ LEAGUE: _____

** IF NO, YOU WILL NEED TO ALSO SUBMIT THE ODP SIGN-UP FORM AND FEE AS WELL, WITH THIS RECOMMENDATION.*

RECOMMENDATION BY

COACH NAME: _____ LAST NAME: _____

PHONE: (_____)_____ EMAIL: _____

TEAM NAME: _____ DISTRICT: _____

LICENSE LEVEL: CYSA: _____ USSF _____ NSCAA: _____ OTHER: _____

****LEAGUE/CLUB DIRECTOR OF COACHING***: _____ PHONE: _____

****SIGNATURE OF DOC:*** _____ DATE _____
**Required*

PLEASE MAILTO THE CYSA CAL NORTH STATE OFFICE.
1040 Serpentine Lane, Suite 201, Pleasanton, CA 94566

For Office Use Only

Date Received: _____ Fee: _____ By: _____

_____ _____
ODP Technical Director Date

Rev. 6/2012