Greetings Parents and players,

You are receiving this email because you have registered a player (or players) for 2026 Cal North Young Olympians Program (**YOP**) Playdays. If you registered multiple players using the same email address, you may only receive this email one time. If your child is properly registered and paid, then you may have also received a confirmation from **TeamSnap**. Please make sure you check your junk/spam folders. However, receiving this communication means you are on the registration list. All communications will be via TeamSnap, please make sure your email service will accept email from this platform.

YOP will begin on Sunday August 16th and this email will contain specific information for those who are able to attend the first weekend. If you are unable to attend the August 16th session no problem, we will look for you in September and so on. However, if you could please take a moment to update your TeamSnap availability the coaches will be very happy to know who is actually attending.

For those attending on August 16th, please review the details below:

LOCATION MAVIS STOUFFER PARK | 1000 Stouffer St. Ripon, 95366

YOP- (Players can attend both or either session-No reservations required)
Girls: 9:00-10:30 and 1:00-2:30 PM **|** 1st time check in, opens 1 hr. prior to session time
Boys: 11:00-12:30 PM and 3:00-4:30 PM | 1st time check in, opens 1 hr. prior to session time

Players only need to check in one time to turn in their Medical Release and pick up your Jerseys. You only need to Check in ONE Time!

All players are invited to attend both sessions on each date (Boys attend Boys, Girls Attend Girls). There is NO Mandatory attendance. There is No reservation required, although marking your availability on TeamSnap is greatly appreciated so we can plan for appropriate staff coverage.

YOP Goal Keepers :
Goal keeper training will begin in October.

Player Check-In:
All players must check-in before their first try-out session. **You only check in ONE time**.

What will happen at Check-In?

- **Check-in opens 1 hr. prior to each session**, be patient this can be slow process.
- Every player will be cleared as properly registered and paid.
- Every player will need to bring their completed Medical Release to check in.
- Every player will be assigned a set of Jerseys with a number.
- A player will only "Check in" ONE time, for all subsequent sessions a player will report directly to the field assignment for their age/gender.

Player Registration Name: We have some players who have been registered (by accident) under the wrong name (either first, last or both names). Please make sure you let me know in advance so I can make the changes in our database. If your child attempts to check in and their

name is NOT on the check in roster, please have the check in person look under the name of WHO actually entered the registration information.

Medical Release: The Medical release was available for download at the time of registration. If you missed downloading the form, you can access it below. Please print a copy (**full size**) complete the form and bring to Check in. All players MUST (New and Returning) present this form to participate, No exceptions. Link: Medical Release Form

Jerseys: YOP players will be issued Jerseys, like all of ODP. Each coach will decide which one to wear at any given time. Always bring both Jerseys to all sessions.
DO NOT LOSE, GIVE AWAY OR MISPLACE YOUR SHIRTS. YOU WILL NEED THESE FOR ALL TRAINING SESSIONS AND FOR TRAVEL IF YOU ARE INVITED TO AN EVENT. We cannot replace the shirts if you lost one. Your first test is to keep track of your (2) Jerseys'!!

What to bring to YOP Play dates: All players will need to bring their own ball, large water bottle and wear shin guards and cleats. Bring both of your assigned jerseys to all Playdays. ALWAYS BRING A BALL TO ALL ODP/YOP ACTIVITIES. Always Mark your name on all your belongings.

Team Assignment in TeamSnap: There have been a number of inquiries from parents asking about a team assignment in TeamSnap after the player is registered. All YOP players have now been assigned to a Team in TeamSnap. You should receive an invite to complete your profile if you do not, please contact me and I will resend the invite to you. All communications will be via TeamSnap!

VERY IMPORTANT:
Field/Area Restrictions: In order to make this process smoother, there are areas we ask that parents/spectators to avoid during the Session time. The fields will be marked at Stouffer Park, please respect the policies.

As always, we recommend checking the Cal North website to see if your questions can be answered there first.

YOP: https://www.calnorth.org/yop

If we failed to answer any of your questions please email: ODP@calnorth.org

Thank You,
Joyce Bordley, Cal North Managing Director of ODP

STATE ODP TRY-OUTS

OFFICE USE

California Youth Soccer Association, Inc.
Membership Form / Forma de Membresía

20 26 /20 27 Season / Temporada

PLAYER INFORMATION / FORMACION DEL JUGADOR

Legal First Name* / Nombre (legal) | Middle Initial / Inicial | Legal Last Name* / Apellido | Suffix (e.g. Jr.) | Gender* Género

Birth Date/ Fecha de nacimiento | # Prev Seasons / Temporada Anterior | Grade / Grado | School Name (during season of play) / Nombre de Escuela (durante la temporada)

List any medical conditions that player has that could affect participation / Listar condiciones médicas del jugador que le pueden afectar en la competencia

GUARDIAN INFORMATION / FORMACION

☐ Check here if your contact info has changed. / Haga clic aquí si su información de contacto ha cambiado

Legal First Name / Nombre (legal) | Legal Last Name / Apellido

MI / Inicial | Gender* / Género | Relation / Parentesco | Email

Address / Dirección

City / Ciudad | State / Estado | Zip / Area postal

Mobile Phone / Cell | Home Phone / Tel. de Casa

PARENTAL/VOLUNTEER SUPPORT / APOYO DE LOS PADRES

☐ Coach ☐ Manager ☐ Referee ☐ Board ☐ Fields ☐ Concessions ☐ Publicity ☐ Fundraising

NOT REQUIRED FOR ODP

Other:

GUARDIAN INFORMATION / FORMACION

☐ Check here if your contact info has changed. / Haga clic aquí si su información de contacto ha cambiado

Legal First Name / Nombre (legal) | Legal Last Name / Apellido

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NOT REQUIRED FOR ODP

Other:

MEDICAL AND LIABILITY RELEASE / IMPORTANCIA MEDICA Y LIBERACIÓN DE OBLIGACIONES – DEBE DE SER FIRMADO

I, the parent/legal guardian of the above-named player, a minor, or a player age 18 or over, agree that I and the player will abide by the rules and regulations of the U.S. Youth Soccer (USYS), and its affiliated organizations, and the California Youth Soccer Association, Inc (CYSA), and its affiliated organizations. I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYS and CYSA Parties, the owners and operators or the facilities used for the programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, player's transportation to/from any Program, which transportation is hereby authorized. I further grant the USYS and CYSA Parties the right to use player's name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the Programs.

As the parent/legal guardian of the above-named player, or player age 18 or over, 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 well-being of me or my dependent.

I understand that if this player has been registered and rostered on a team with any CYSA league at any time during this seasonal year that unless he/she transfers off that team, this player may not be rostered on any other CYSA team. Being concurrently rostered on two different CYSA teams and/or providing false or misleading information may be cause for the player and/or team to be disqualified from any and all CYSA games in which the player participated and the player and/or team may face additional disciplinary action(s).

Yo, el padre/guardian legal del jugador antes mencionado, un menor de edad o un jugador edad de 18 años, estamos de acuerdo en obedecer las reglas y regulaciones de la U.S. Youth Soccer (USYS) y sus organizaciones afiliadas; la California Youth Soccer Association INC. (Cal North) y sus organizaciones afiliadas. Yo mismo(a), el jugador y respectivos herederos, administradores y asesores, que intentan estar ligados legalmente, por este medio le dan e indemnizan a las entidades USYS y Cal North, los dueños y operadores o las instalaciones que se usan para los programas y sus respectivos directores, oficiales, empleados, agentes y representativos de alguna demanda en contra de ellos, daños y causas de alguna acción surgida en conección con la participación del jugador en los programas sin incluir ninguna limitación, la transportación del jugador hacia o desde cualquier programa, dicha transportación es por este medio autorizada. Yo, a continuación concedo a la USYS y Cal North los derechos para usar el nombre del jugador, fotos y/o similar a impreso, publicado y otro material sobre los programas proveídos que esté relacionado al estatus del jugador como participante en los programas.

Como el padre/guardian legal del jugador antes mencionado, o un jugador de edad de 18 años o más, yo por este medio doy mi concentimiento para obtener cuidado médico de emergencia proveído por un doctor en medicina o dentista. Este cuidado médico puede ser dado bajo las condiciones necesarias para preservar la vida, miembros o el bienestar mío y de mi dependientes.

Entiendo que si este jugador ha sido registrado y se le ha asignado equipo dentro de una liga de Cal North, en cualquier momento durante esta temporada y que solamente si el ó ella solicitan su transferencia de su equipo, este jugador no podrá ser asignado a otro equipo dentro de Cal North. Si un jugador ha sido registrado y asignado a dos equipos diferentes de Cal North y/o si han dado información falsa, sería causa de que el jugador o equipo sea descalificado de toda competencia en la cual el jugador participó, además el jugador y equipo podrían enfrentar acciones disciplinarias adicionales. Además, reconozco que Cal North ha proporcionado una hoja informativa para padres y Hoja informativa para los atletas sobre concusiones que yo mismo he revisado con mi hijo.

LEAGUE/CLUB USE ONLY

NOT REQUIRED FOR ODP

Date Received _____

☐ Pictu[illegible]eceived

☐ Birth Doc Re[illegible]d ☐ Birthdate Verified

Payment Recei[illegible] _____

Cash _____ Check _____

Scholarship _____

SIGNATURE OF PARENT/LEGAL GUARDIAN/ FIRMA: _____ DATE/FECHA: _____