KEY INFORMATION

Contact Information:

Susan Strnad – Club Manager Phone: (972) 989-6294 Email: s.strnad@stormfc.net

Casey Rone – Office Manager Phone: (972) 825-6230 Email: officestormfc@gmail.com

Jennifer Azua – Club Registrar Phone: (903) 641-5481 Email: Jennifer.azua@navarrohospital.com

Websites:

www.gotsoccer.com

www.stormfutbol.com

www.arlingtonsoccer.org

www.ntxsoccer.org (all youth forms can be found here)

Helpful Smartphone Apps:

Groups: Free app for messaging your teams with reminders.

Teamsnap: Free app for messaging your teams. Also has calendar & personal reminders.

GotSoccer app: Free app that you will need for your virtual cards and for entering game scores.

General Information:

All Teams have an individual GotSoccer account. You will obtain the team account log-in information from Jennifer Azua (listed above).

Player sit-outs for yellow/red cards. Any player serving a sit-out due to issuance of cards MUST attend that game, in street clothes, and sit on the bench with their team. This is a club policy. If a player does not show up to the game they will then have to sit-out and show up in street clothes to an additional game. This is MANDATORY.

You will need to take headshots of all players an upload these into got soccer. Details with screen shots of how to upload photos are listed are included in this manual.

Please make sure all player parents know about our Dropbox to upload game photos. These photos will be used for end of year banquet as well as various marketing materials.

Encourage all players and parents to go and like our Facebook page as we often communicate club information there.

Game Day Uniform Policy: All teams always wear black unless there is a color conflict and we are the home team. They must always wear their game shorts, game socks and always have their shirts tucked in. In the month of October all players must wear their pink jersey. If they do not bring their pink jersey they do not play. The team will not change color to accommodate that player.

STANDARDS CHART

	U6	U7	U8	U9	U10	U11	U12	U13
Field Size	30X20 yards	30X20 yards	30X20 yards	47X30 yards	47X30 yards	75X47 yards	75X47 yards	112X75 yards
# of Players	4v4	4v4	4v4	7v7	7v7	9v9	9v9	11v11
GK	No	No	No	Yes	Yes	Yes	Yes	Yes
Playing Times	4x 8 min	4x 8 min	3x 15 min	2x 25 min	2x 25 min	2x 30 min	2x 30 min	2x 35 min
Break Times	5 min	5 min	5 min	10 min	10 min	10 min	10 min	15 min
Ball Size	3	3	3	4	4	4	4	5
Goal Size	4'x6'	4'x6'	4'x6'	6.5'x18.5'	6.5'x18.5'	6.5'x18.5'	6.5'x18.5'	8'x24'
Offside	No	No	No	Yes	Yes	Yes	Yes	Yes

AGE CHART BY SEASONAL YEAR

	2014-2015	2015-2016	2016-2017	2017-2018	2018-2019	2019-2020	2020-2021
Birth Year							
2015							U-5
2014						U-5	U-6
2013					U-5	U-6	U-7
2012				U-5	U-6	U-7	U-8
2011			U-5	U-6	U-7	U-8	U-9
2010		U-5	U-6	U-7	U-8	U-9	U-10
2009	U-5	U-6	U-7	U-8	U-9	U-10	U-11
2008	U-6	U-7	U-8	U-9	U-10	U-11	U-12
2007	U-7	U-8	U-9	U-10	U-11	U-12	U-13
2006	U-8	U-9	U-10	U-11	U-12	U-13	U-14
2005	U-9	U-10	U-11	U-12	U-13	U-14	U-15
2004	U-10	U-11	U-12	U-13	U-14	U-15	U-16
2003	U-11	U-12	U-13	U-14	U-15	U-16	U-17
2002	U-12	U-13	U-14	U-15	U-16	U-17	U-18
2001	U-13	U-14	U-15	U-16	U-17	U-18	U-19
2000	U-14	U-15	U-16	U-17	U-18	U-19	U-20
1999	U-15	U-16	U-17	U-18	U-19	U-20	
1998	U-16	U-17	U-18	U-19	U-20		
1997	U-17	U-18	U-19	U-20			
1996	U-18	U-19	U-20				
1995	U-19	U-20					
1994	U-20						

COMPETITIVE TEAMS

General Information:

Prior to being added to the team the player & a parent must complete, in its entirety, a competitive player packet. This packet changes every year and can be given out in hard form or emailed for completion. They must also supply a copy of their birth certificates.

Once the packet is complete, it and the birth certificate needs to be sent to Jennifer Azua. She will upload the player information into your team GotSoccer account.

Once uploaded, you must upload a headshot of the player into the GotSoccer account (details of how to do this, including screen shots, are located in this manual).

Items to always carry with you on game day:

Copy of signed official roster

Copies of medical releases

A smartphone – you will need to be able to pull up virtual player cards

Referee Money

ARLINGTON AND CLASSIC REFEREE FEES
(Each team pays half of the middle ref and one line ref in EXACT CHANGE)

Age Group	Center	Each Team Pays	Each Line
U11/12	$ 34	$ 17	$ 24
U13/14	$ 40	$ 20	$ 28
U15/16	$ 48	$ 24	$ 30
U17/19	$ 60	$ 30	$ 38

Ball bag

Medical kit

Field flags

Tournaments

Once you are aware of a tournament your team would like to participate in, you can contact Jennifer Azua and she will register your team for you.

It is your responsibility to go to the tournament website and review the paperwork check-in requirements and get your paperwork turned in on time.

Some tournaments have a mandatory manager meeting which you will need to attend.

Most tournaments allow you a maximum of 5 guest player if you so choose. That form can be found on the NTX Soccer website. I have also included a copy of this form in the Appendix A.

Logging into team account

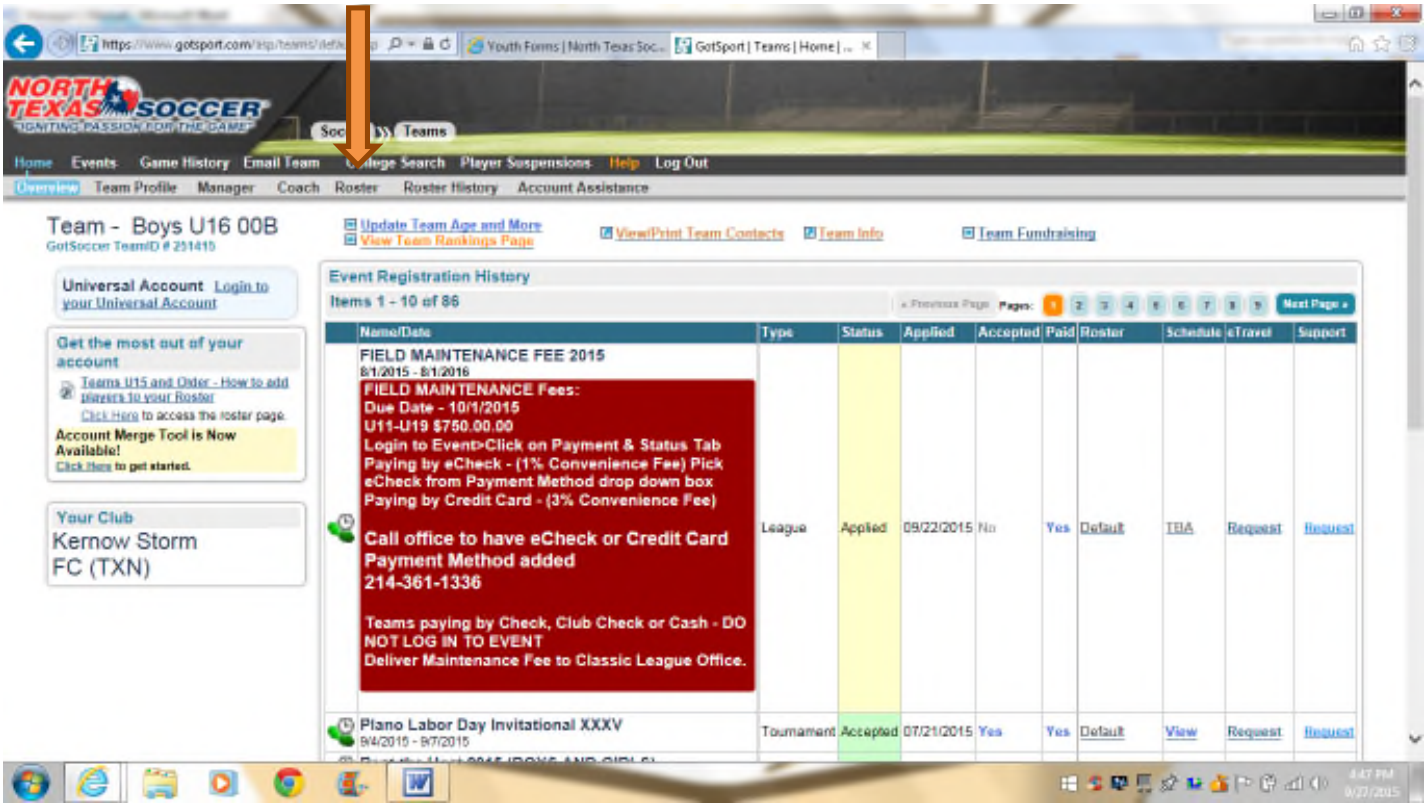
Go to www.gotsoccer.com

Click on User Login

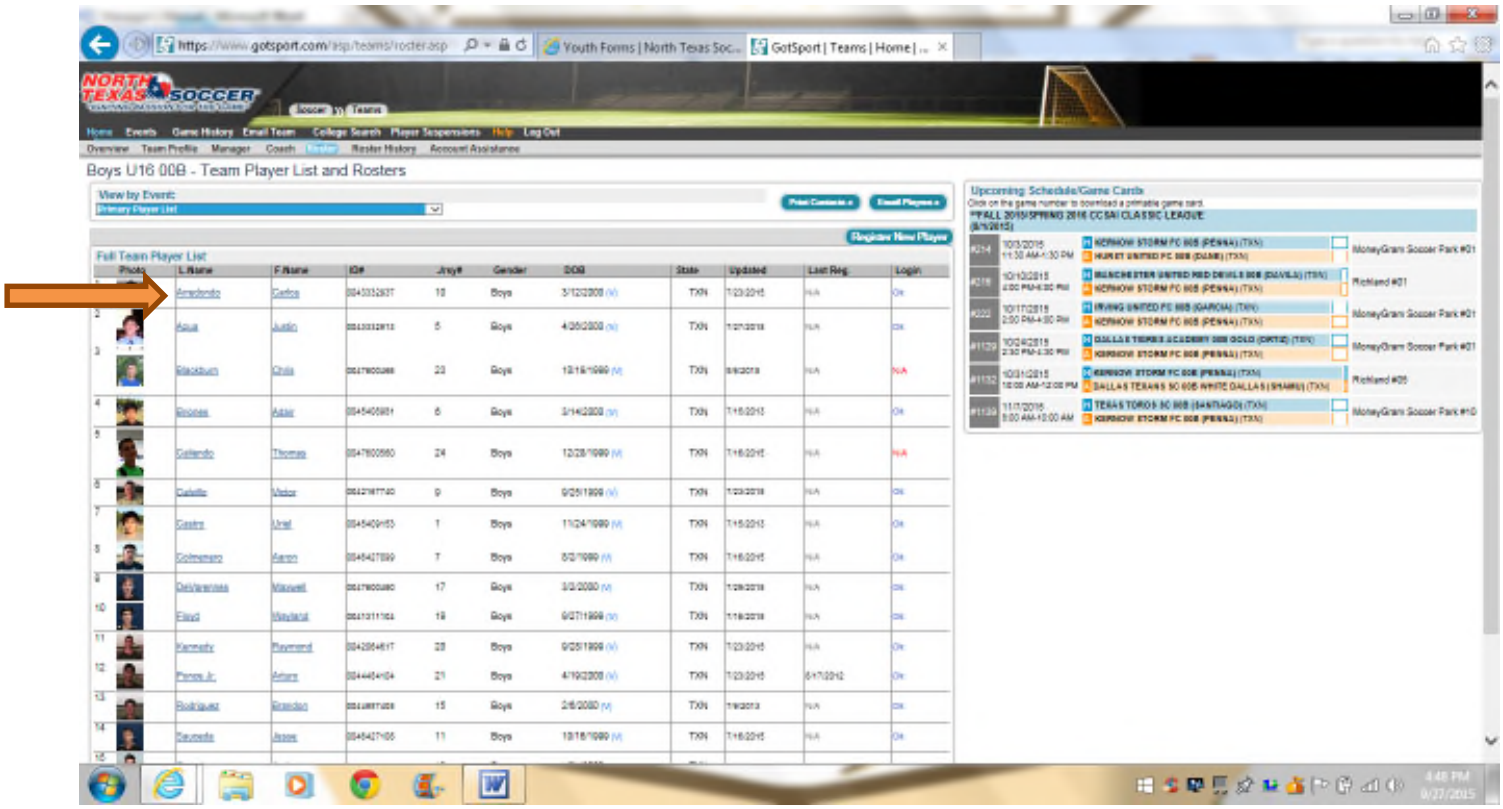
Click on Team and Team Official Log In

Type in Username & password

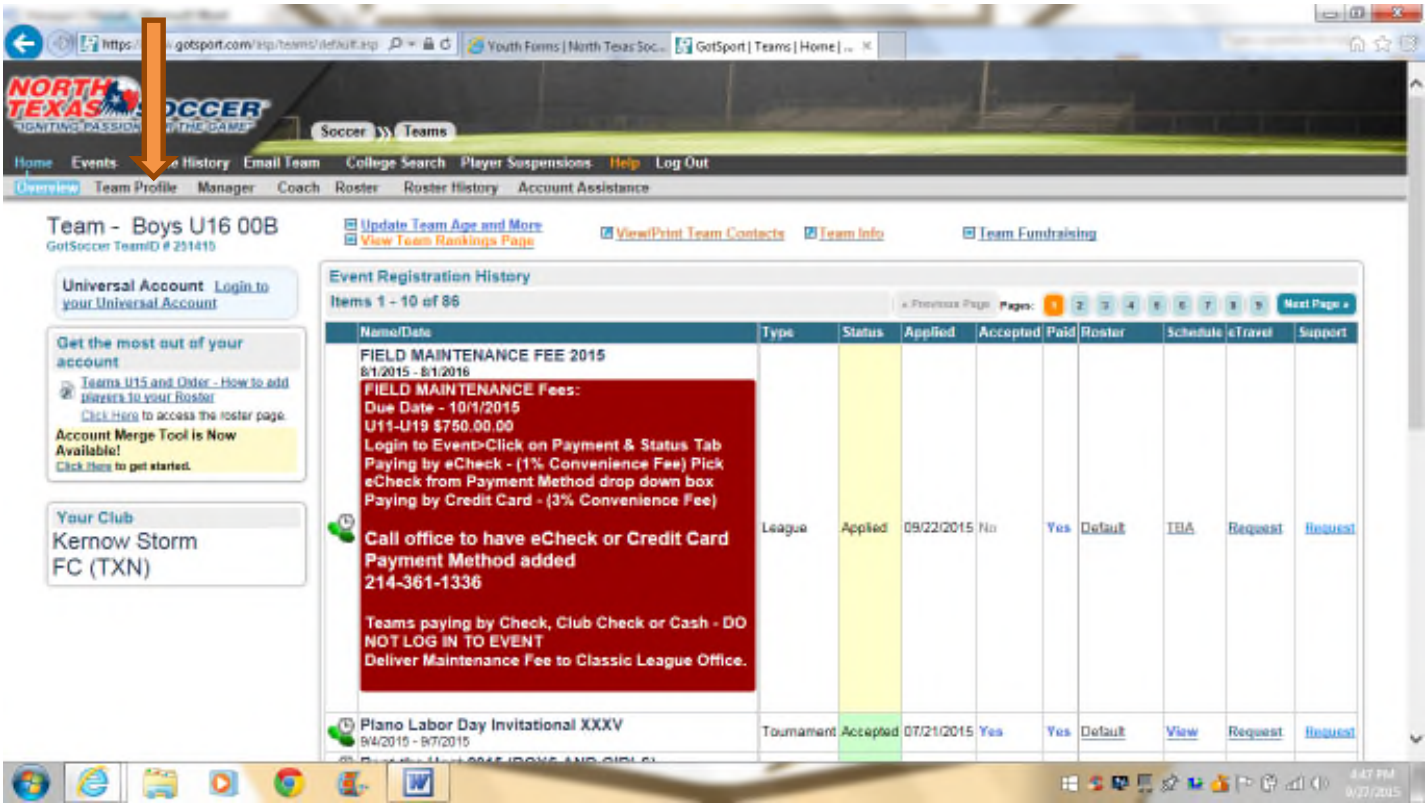
This brings you to the Overview page. To upload player pictures click on Roster



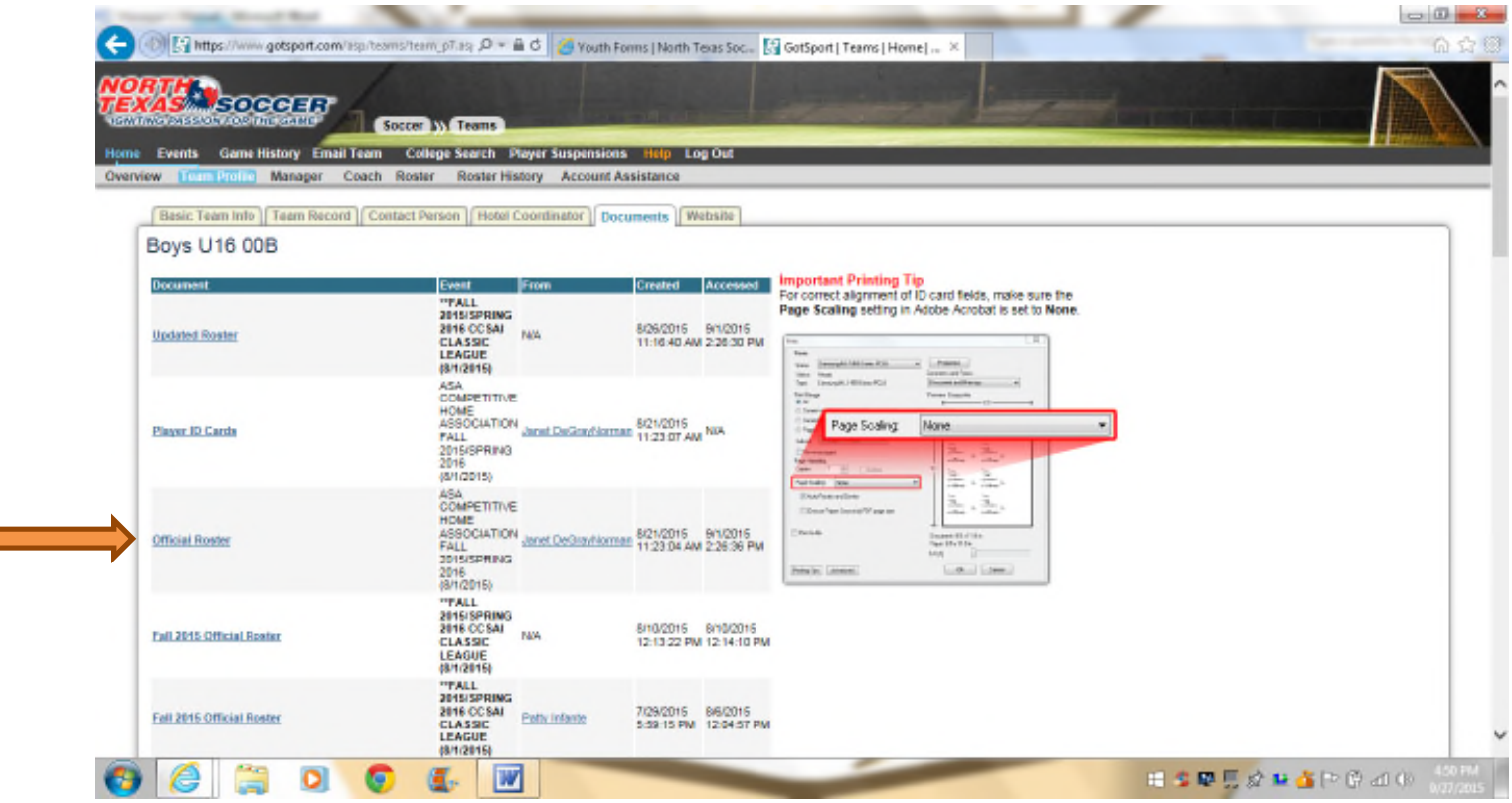
Click on the individual player and on the right side you will see where to upload the picture.



To get your official roster and player ID cards click on Team Profile



Click on Official roster and have your coach sign it. Make several copies to have on hand for tournaments. Player ID cards are only needed in a few tournaments. There is no need to print them unless required to for a tournament.



ACADEMY TEAMS

Items to always carry with you on game day

Copies of all players completed signed academy forms

Copy of game day roster (can be printed in got soccer as detailed in this manual or handwritten on the form located in Appendix A)

Referee Money – Each team will pay the Middle ref $12 and one lineman $18 in EXACT CHANGE

Ball bag

Medical kit

Field flags

General Information:

All players must complete an Academy Player Registration Form (a copy is provided in Appendix A) and provide a copy of their birth certificate. To complete this form players must register with their home Recreational association and have the form signed by their Home Recreational Association Registrar.

Once completed, you will need to give the completed form and copy of the birth certificate to Terri Sample or Jennifer Azua to be uploaded into your GotSoccer for the player to be considered legal for game day. You must keep a copy of this form for your binder.

All Teams have an individual GotSoccer account. You will obtain the team account log-in information from Jennifer Azua (listed above).

You will need to take headshots of all players an upload these into got soccer. Details with screen shots of how to upload photos are listed are included in this manual.

Tournaments

Once you are aware of a tournament your team would like to participate in, you can contact Jennifer Azua and she will register your team for you.

It is your responsibility to go to the tournament website and review the paperwork check-in requirements and get your paperwork turned in on time.

Some tournaments have a mandatory manager meeting which you will need to attend.

Logging into team account

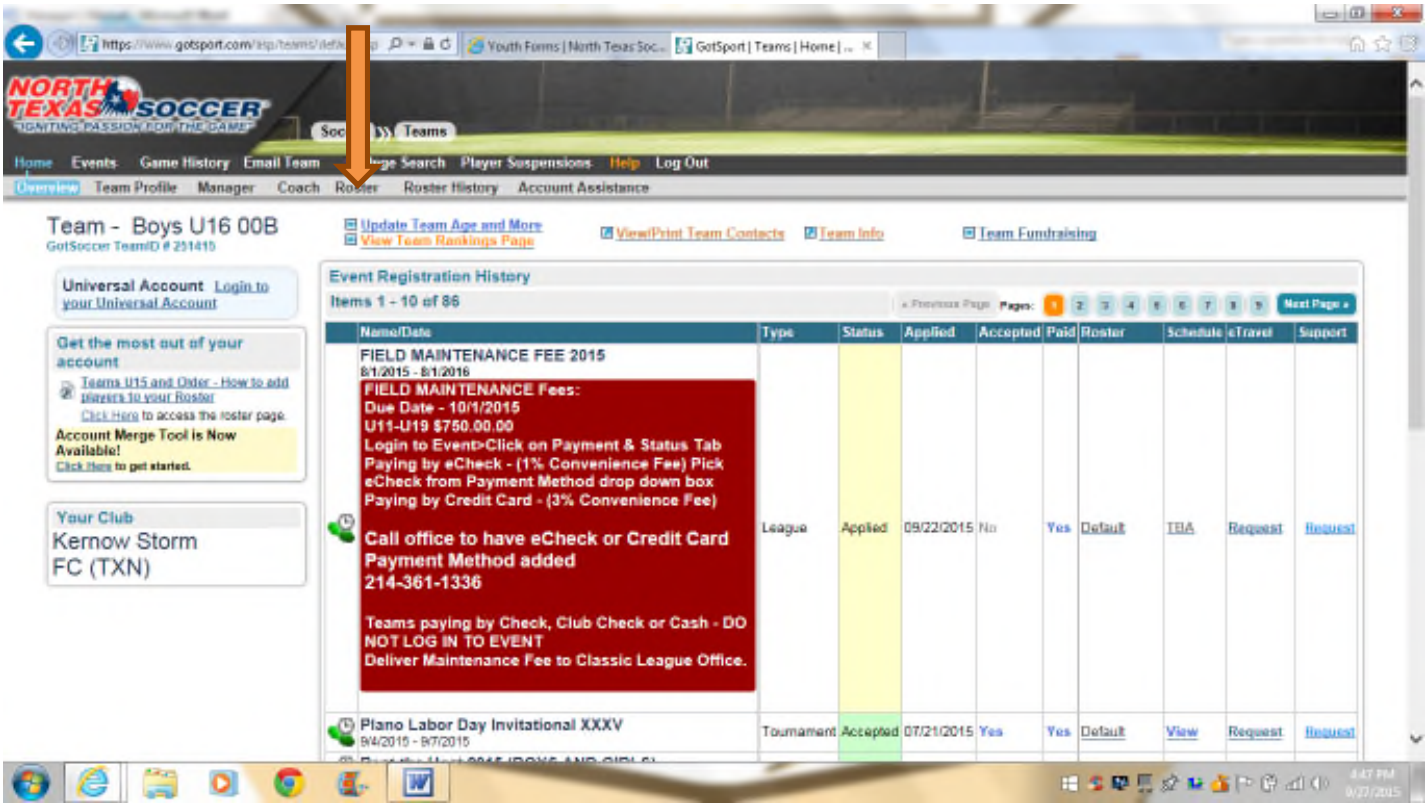
Go to www.gotsoccer.com

Click on User Login

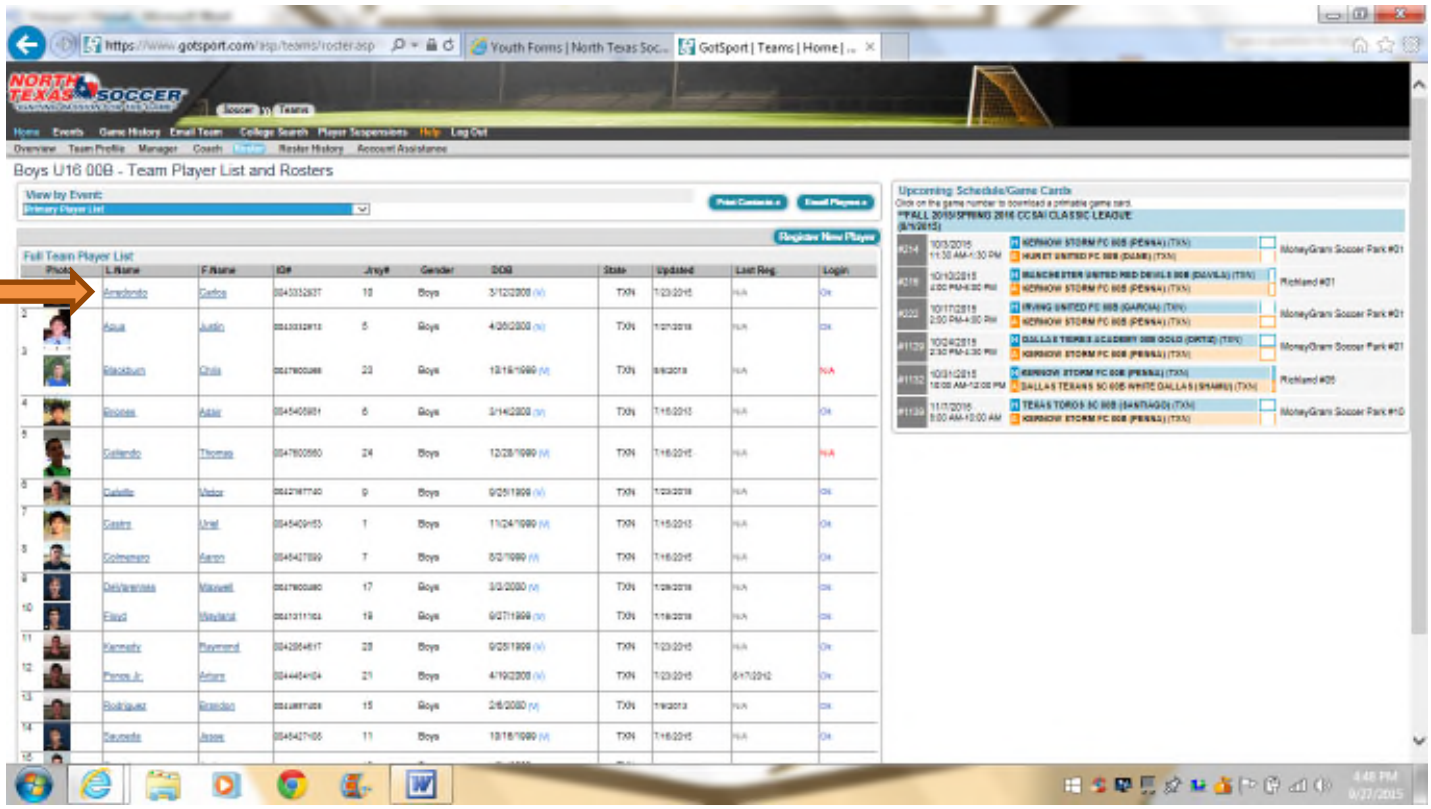
Click on Team and Team Official Log In

Type in Username & password

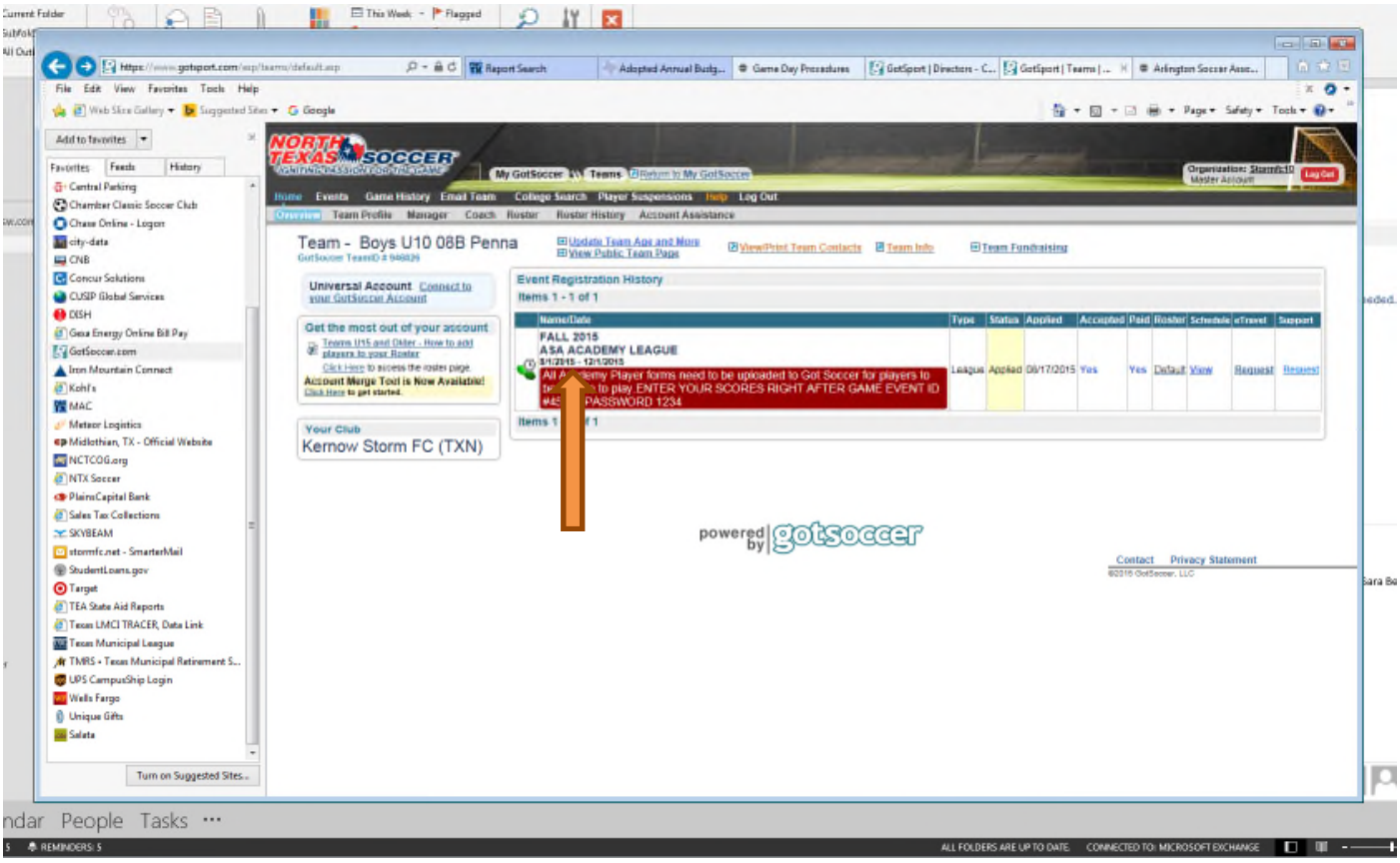
This brings you to the Overview page. To upload player pictures click on Roster



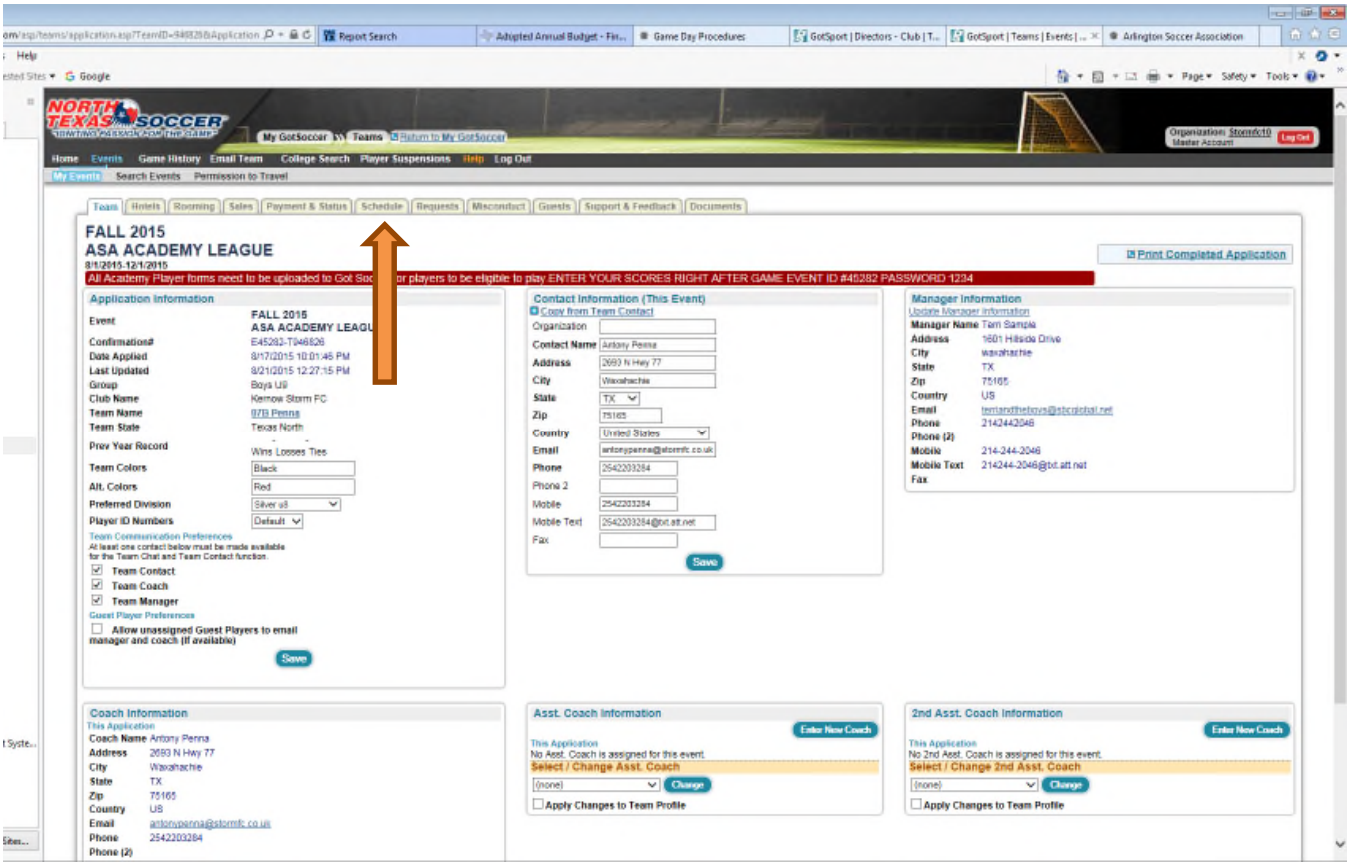
Click on the individual player and on the right side you will see where to upload the picture.



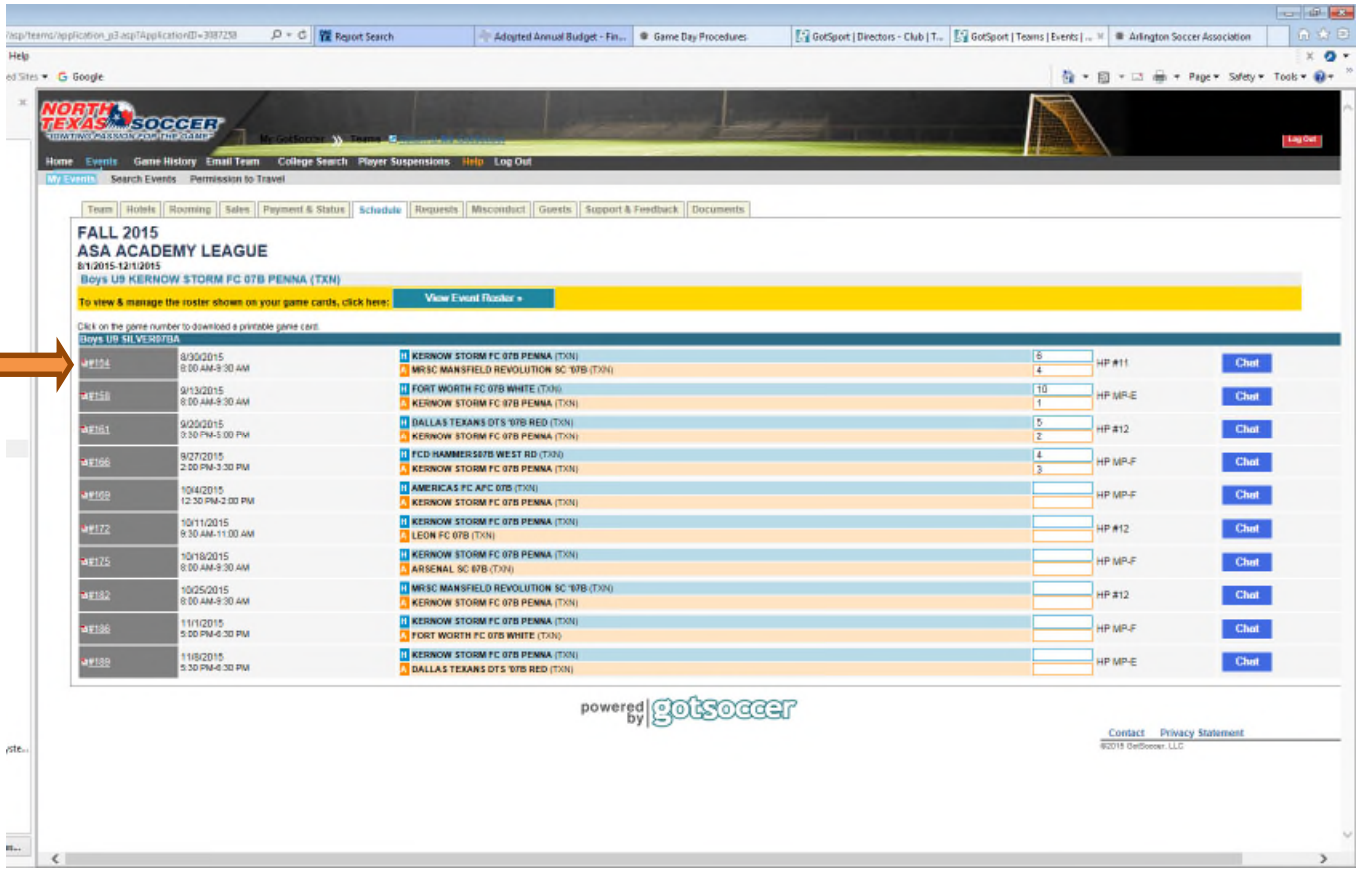
To print Game Reports go to the Overview Screen and click on your event



Go to schedule



Click on the Game Numbers



KERNOW STORM FC SDS – PRIME TIME CLUB LEAGUE

Have new prospective player complete the below form:

YOUTH PLAYER REGISTRATION FORM

This form must be retained by the club for at least five (5) years or until the player's 18th birthday, whichever occurs last.

Club Name: City: State:

League Name:

I hereby consent to the above-named club registering me with US Club Soccer. I understand that I may be registered to only one US Club Soccer member club at any time. [Note: it will not be necessary to complete this form again as long as the player is with this club, which will hold this form unless requested by US Club Soccer.]

Player's Signature ***Date*** ***Parent/Guardian Signature*** ***Date***

PLAYER'S MEDICAL INFORMATION

Player's Name: Birth Date: Gender: ☐ Female ☐ Male

Street Address: City:

State: Zip: Email Address:

Parent Name: Home Phone: ( ) Bus Phone: ( )

Email Address: Cell Phone: ( ) Receive texts? ☐Yes ☐No

Parent Name: Home Phone: ( ) Bus Phone: ( )

Email Address: Cell Phone: ( ) Receive texts? ☐Yes ☐No

In an emergency when parent/guardian cannot be reached, please contact the following:

Name: Phone 1: ( ) Phone 2: ( )

Name: Phone 1: ( ) Phone 2: ( )

Please list player allergies:

Please list other medical conditions:

Physician: Phone 1: ( ) Phone 2: ( )

Medical/Hospital Insurance Company: Phone: ( )

Policy Holder's Name: Policy Number:

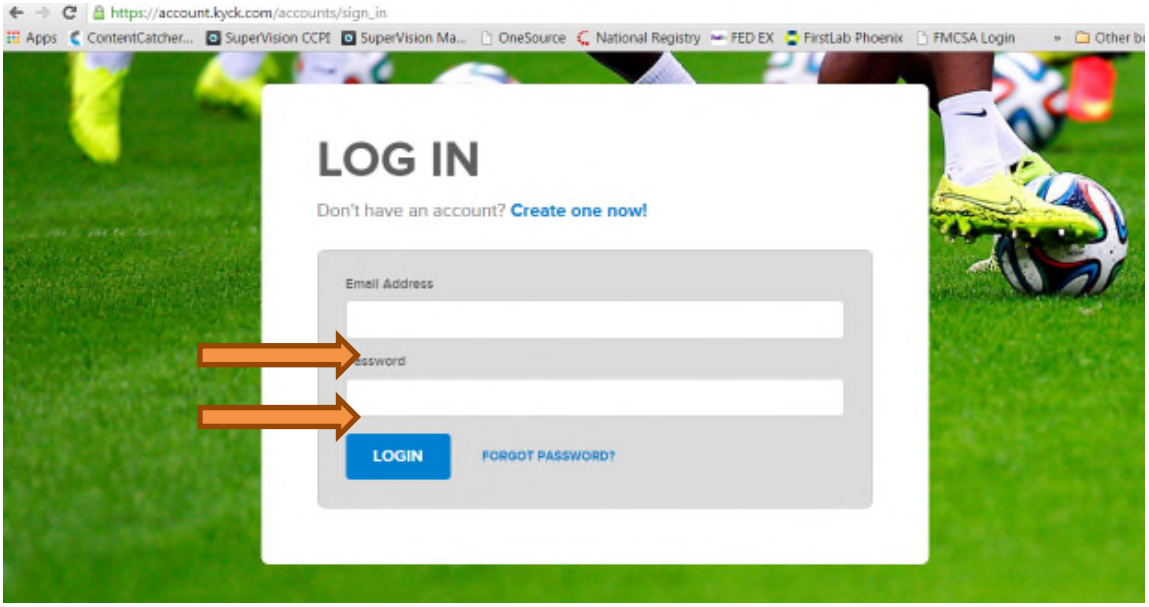
MEDICAL TREATMENT AUTHORIZATION AND LIABILITY WAIVER

Submit the following to Jennifer Azua at Jennifer.Azua@navarrohospital.com:

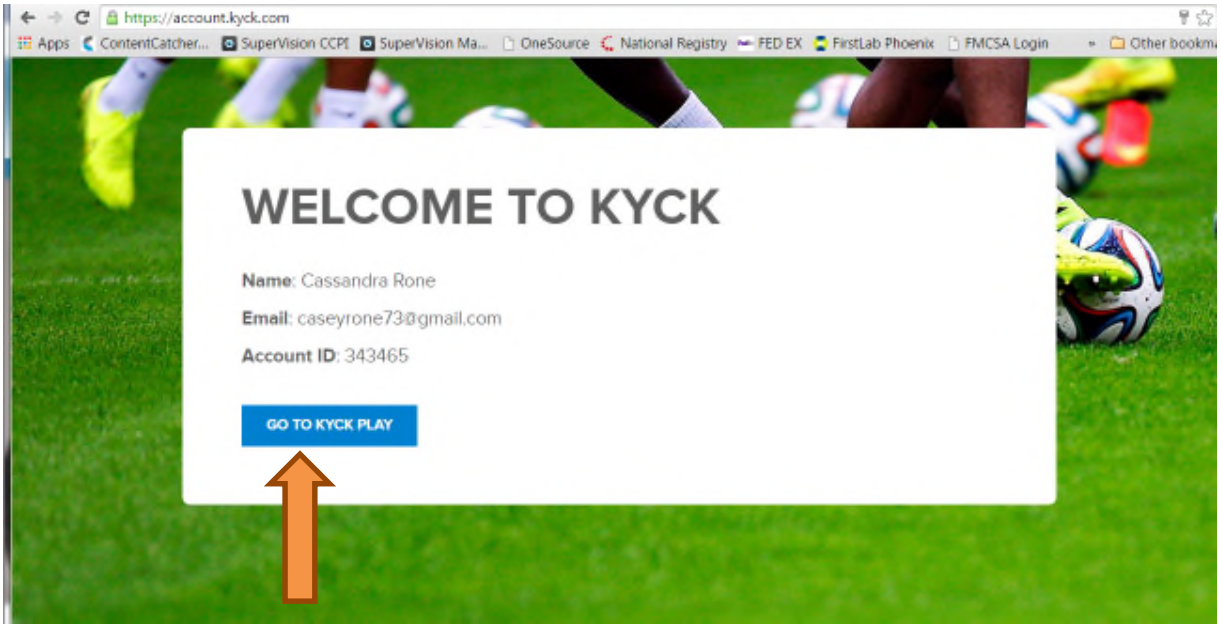
- Completed Registration Form
- PDF Copy of Birth Certificate(has to be state copy and legible)
- Picture of Player for his ID Card

Once player is entered into KYCK, use the link below to login:

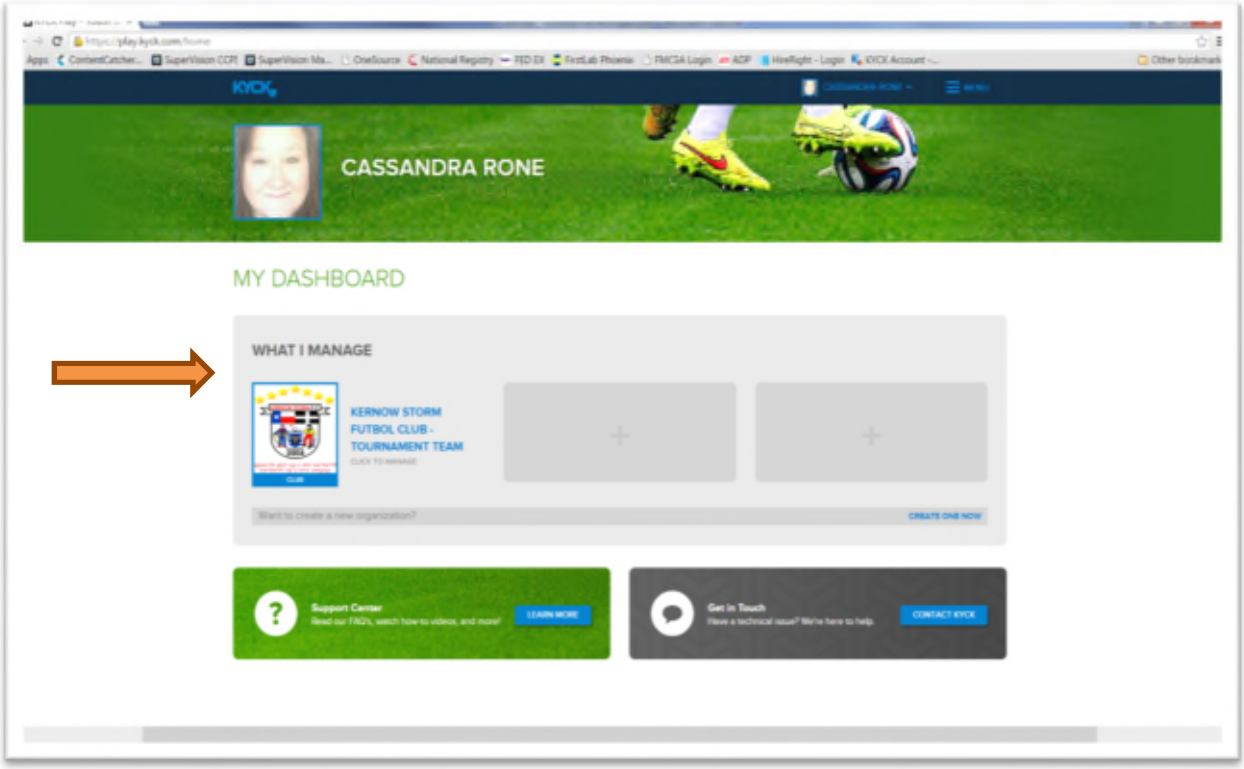
https://account.kyck.com/accounts/sign_in



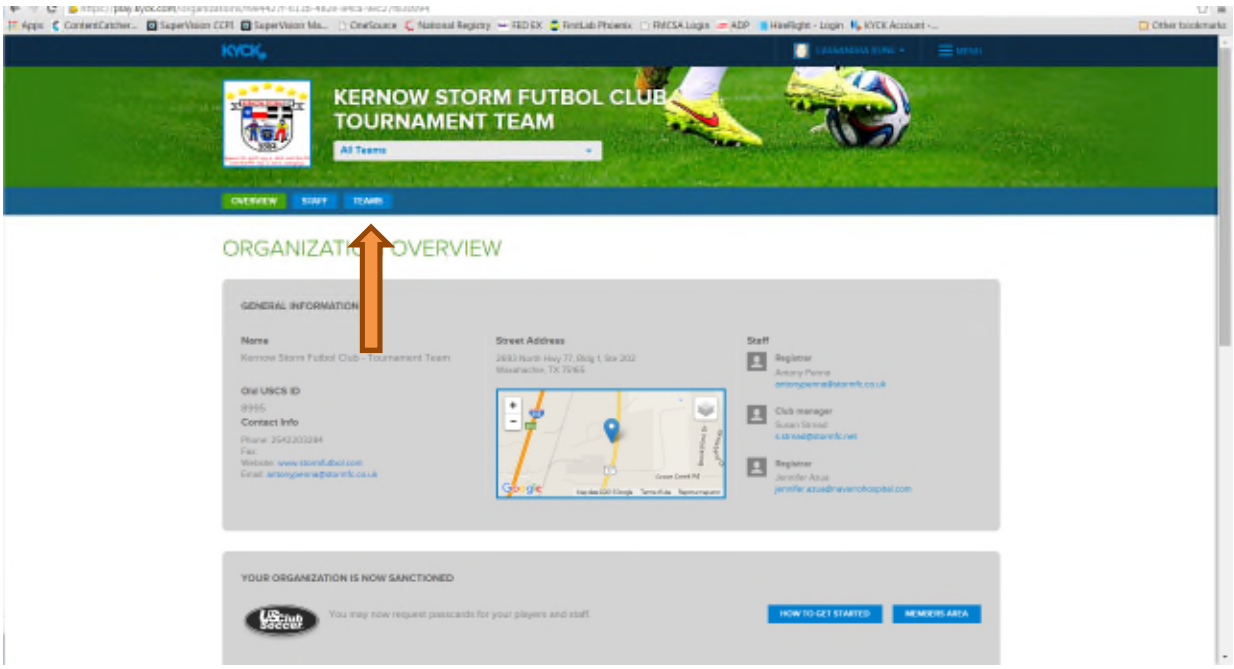
Enter Email Address and Password



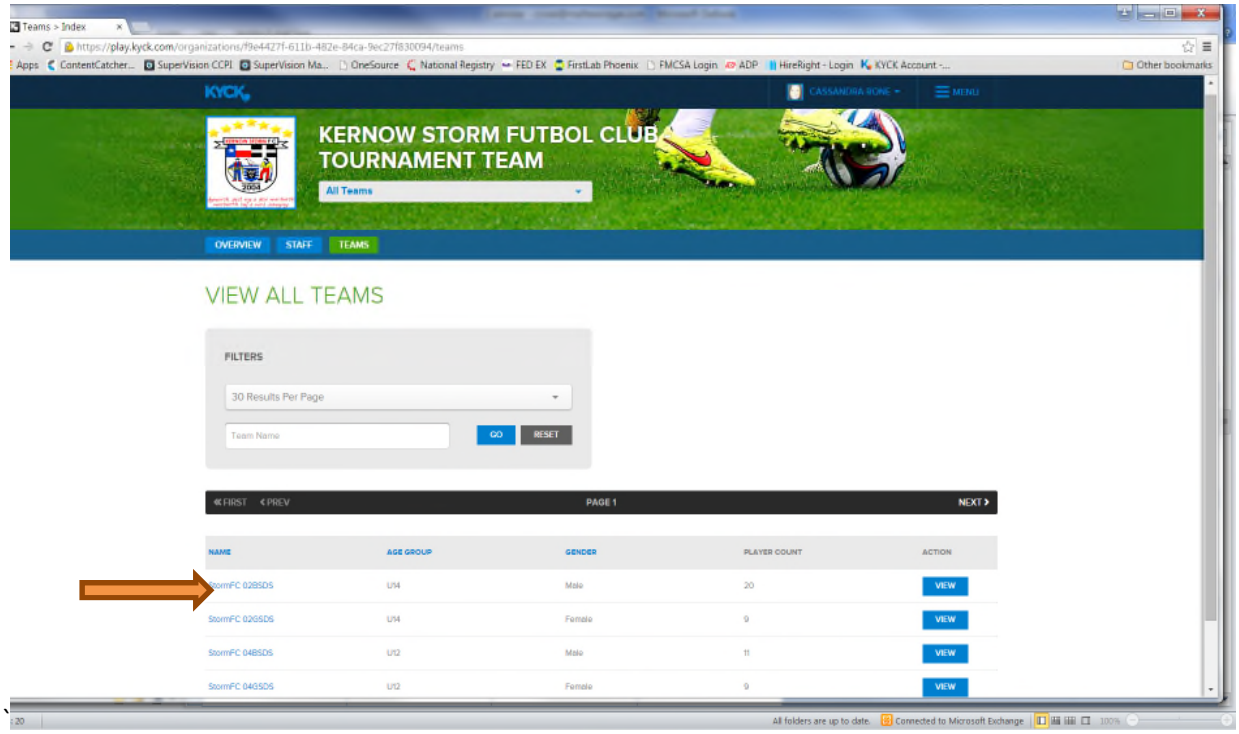
Click on “Go To KYCK Play”



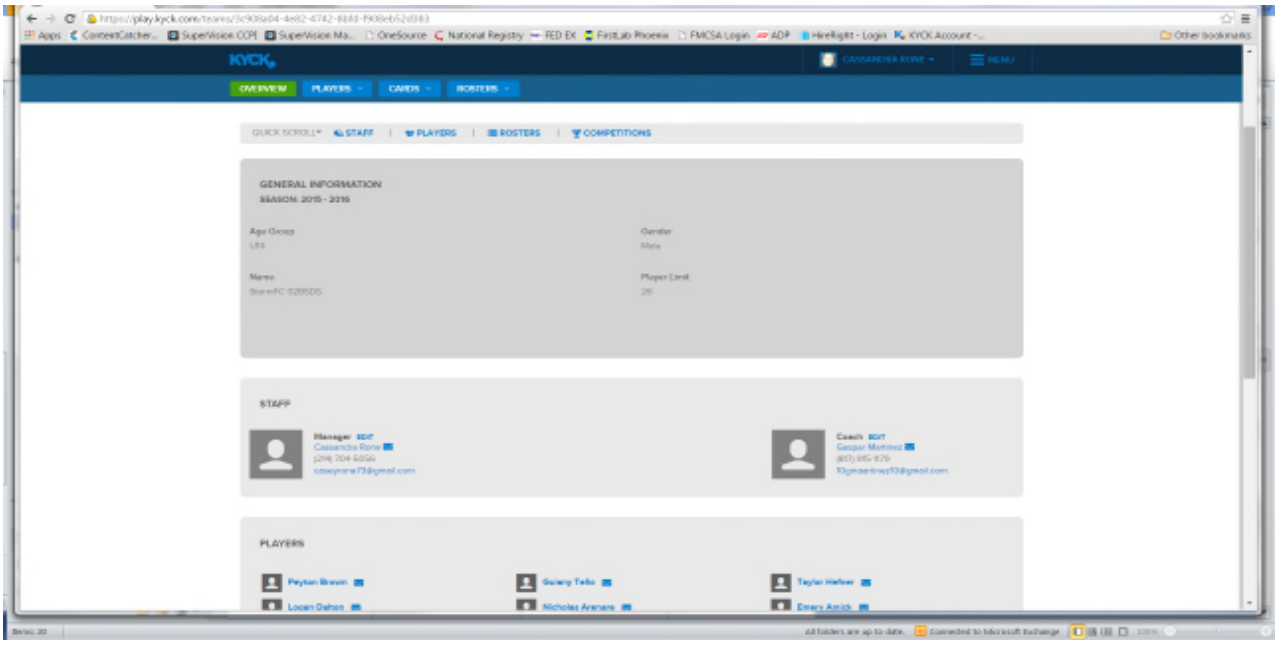
Click on the" Kernow Storm Futbol Club"



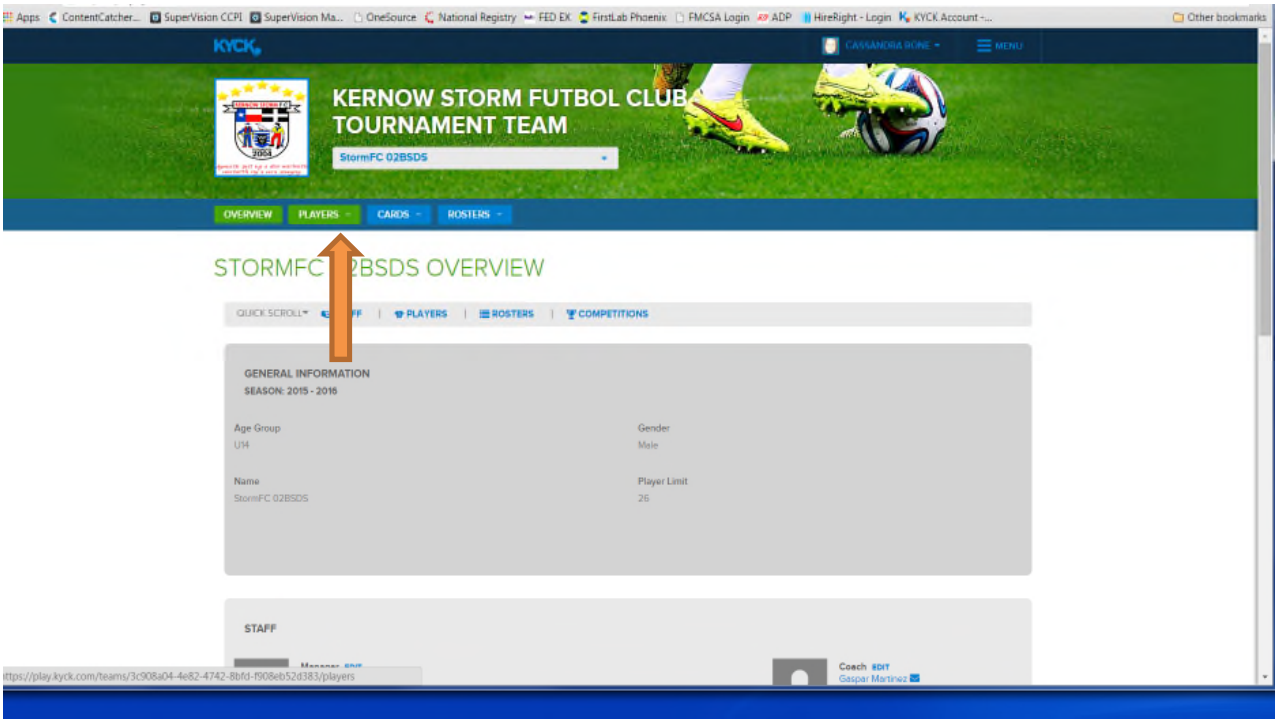
This is an overview of the Storm organization. Click on "TEAMS" to select the team that you manage.



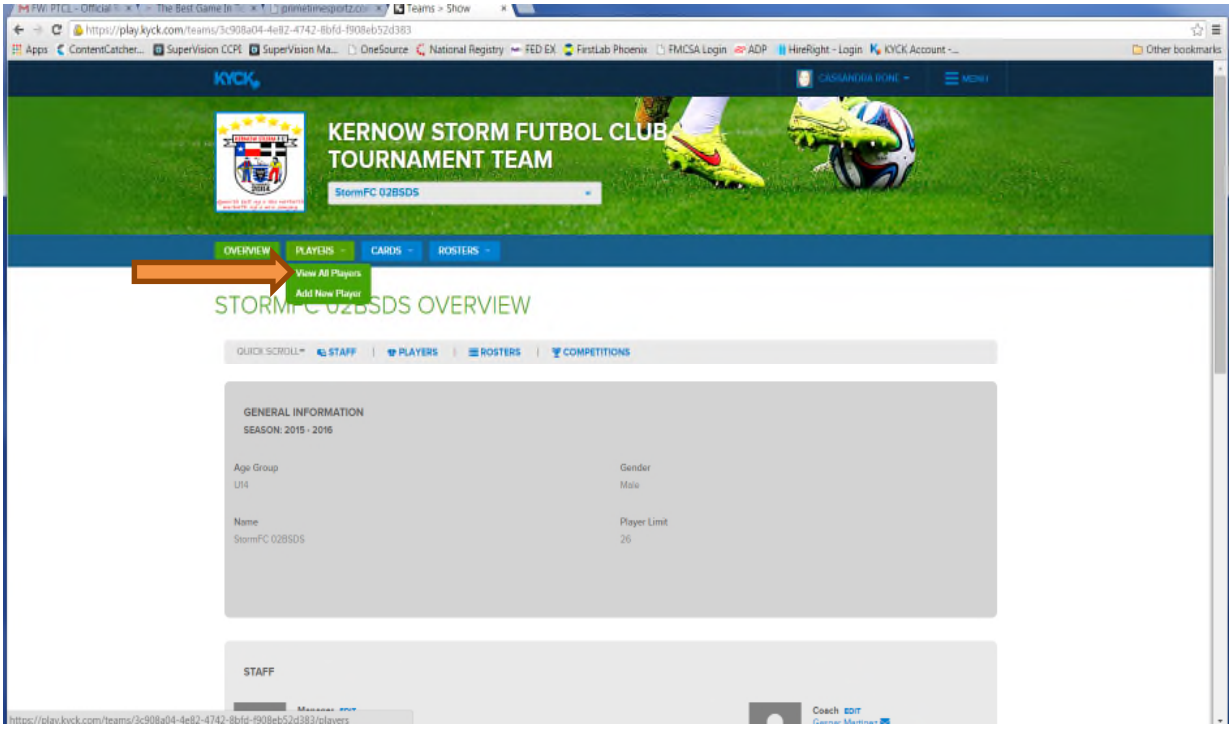
Select the Team you need



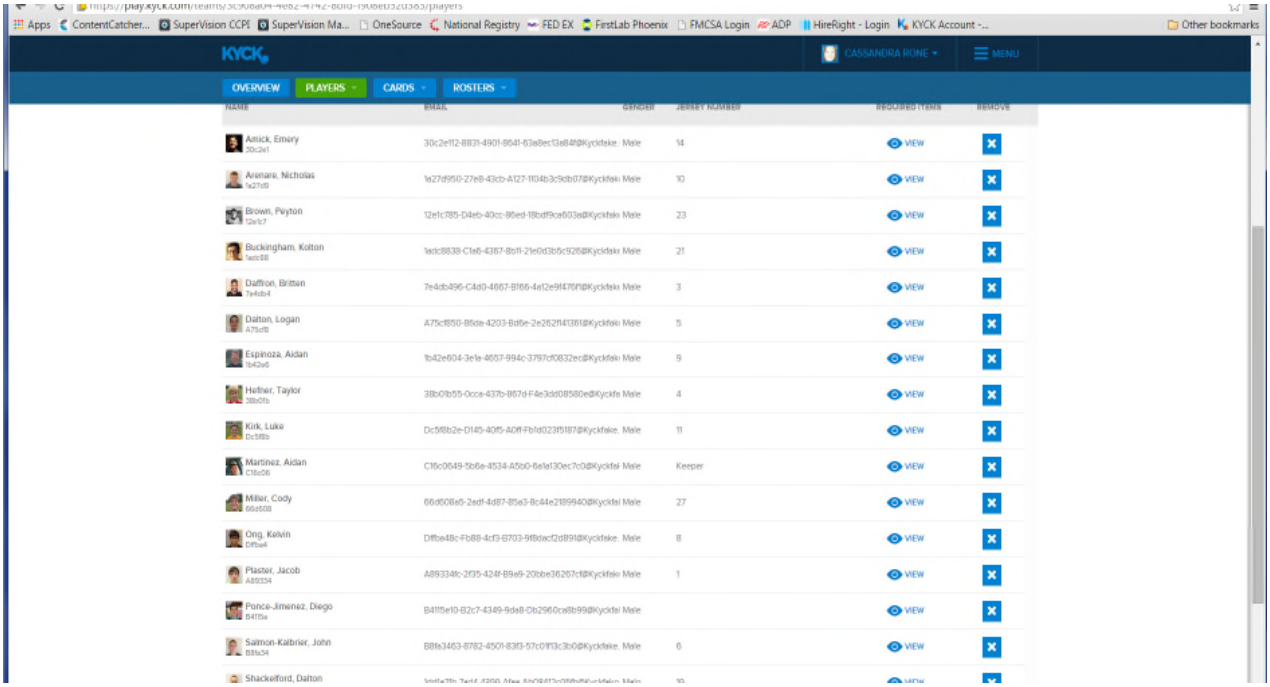
This is an overview of the Team.



Click on “PLAYERS”

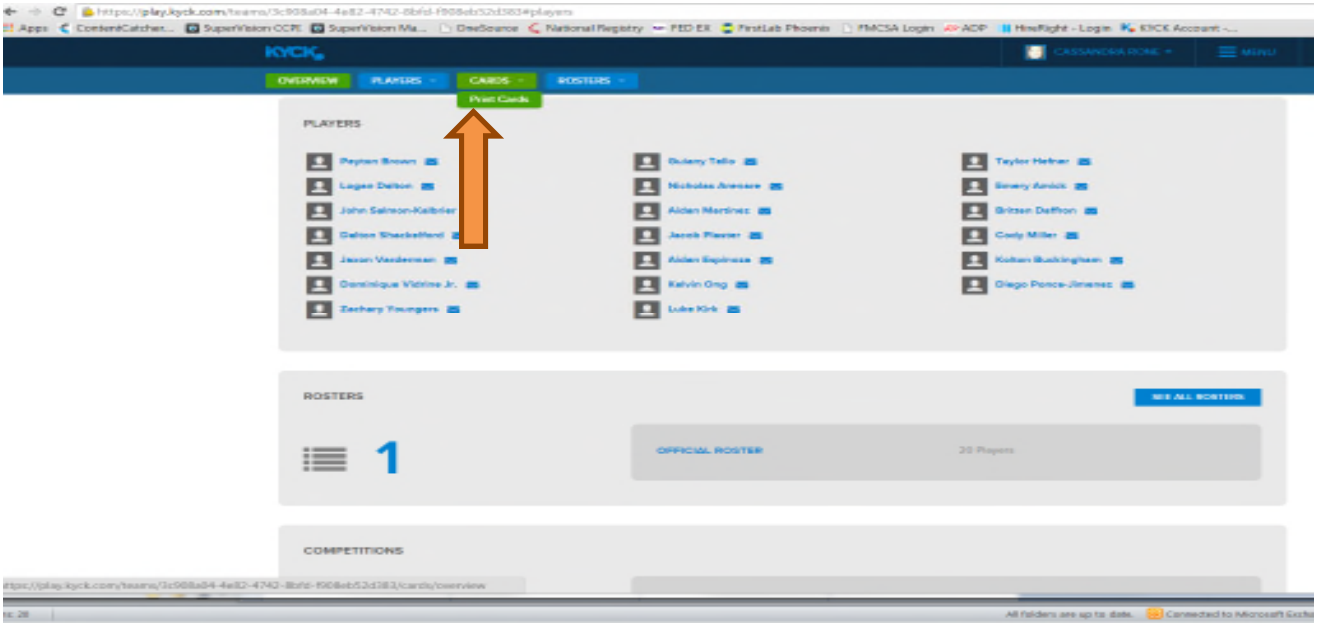


Click on “VIEW ALL PLAYERS”

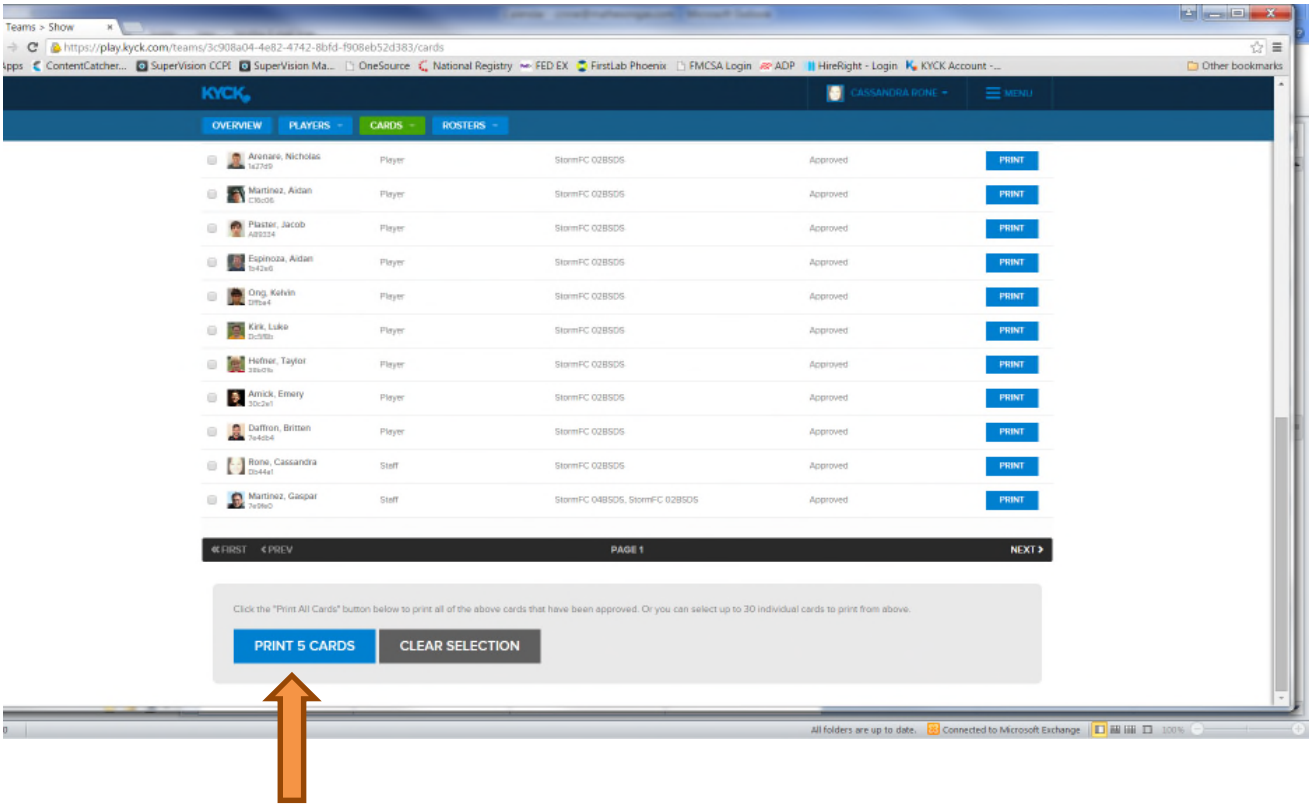


In this screen you can email addresses and Jersey numbers.

PLAYER CARDS



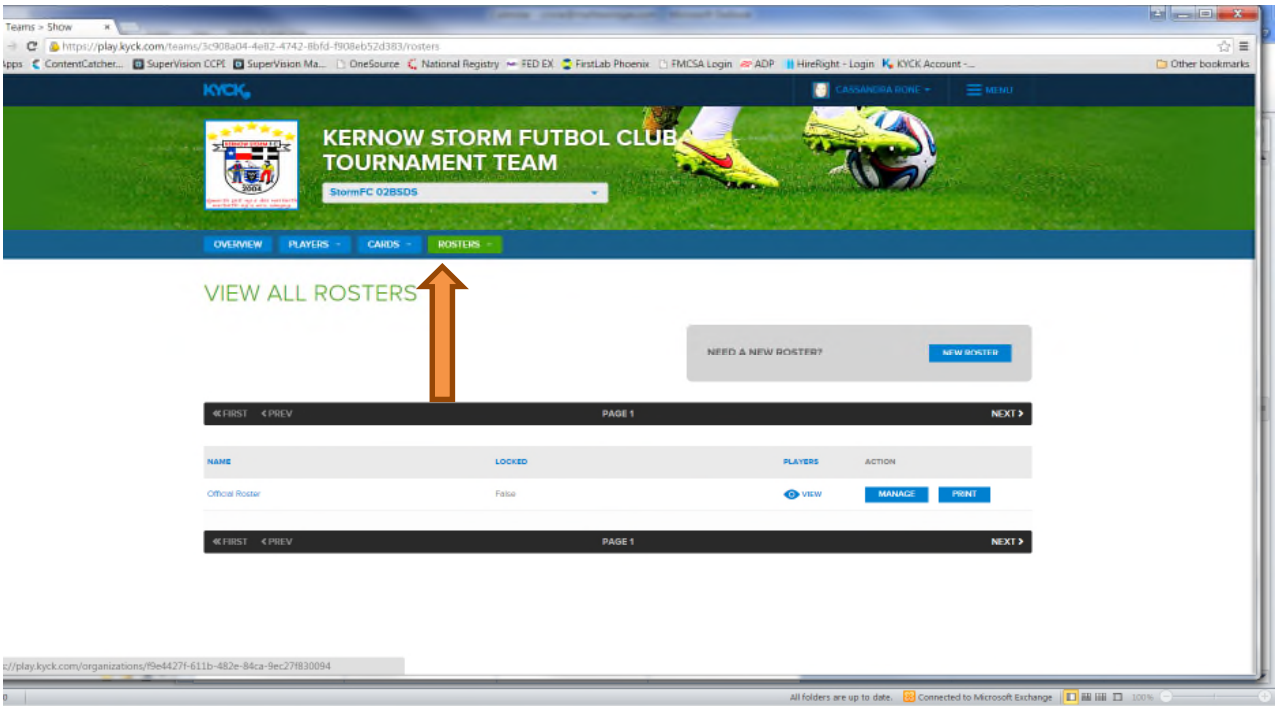
Click on “Cards” and then Click on “Print Cards”



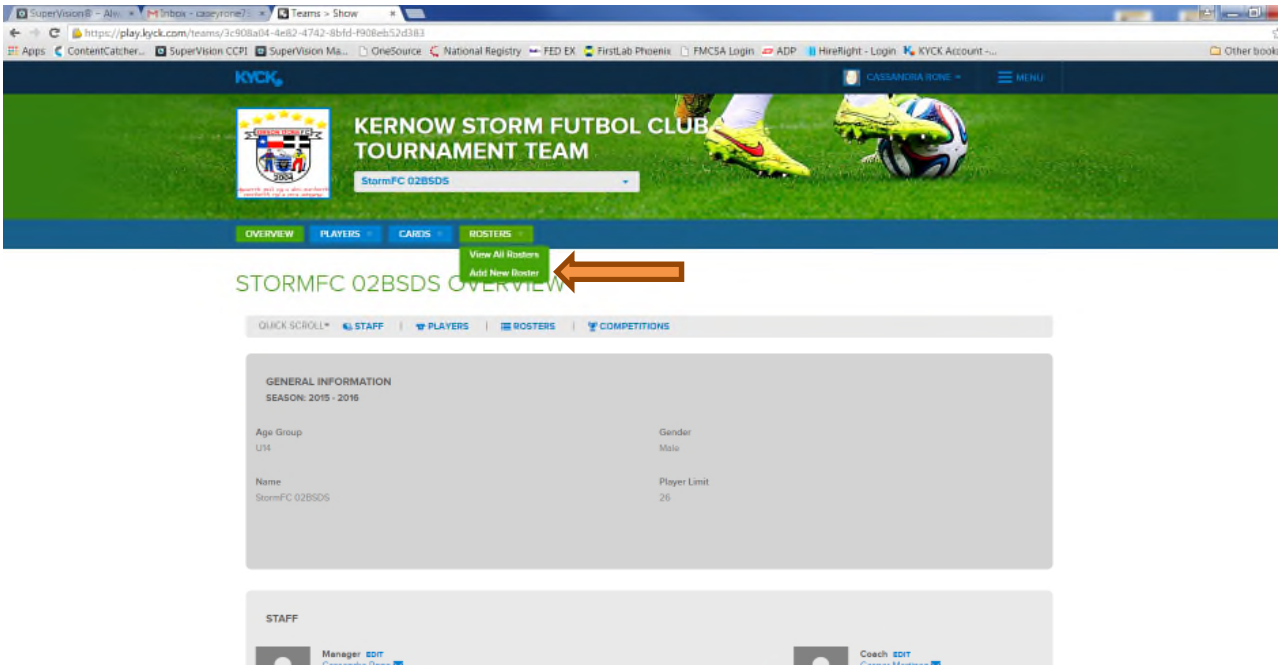
Select all the players that you need to print cards for and then scroll to bottom and Click on the PRINT CARDS Button.

The above Cover page will populate. Click Print and Print your cards. Once they are printed. You need to cut all the cards out and fold like a credit card and have laminated.

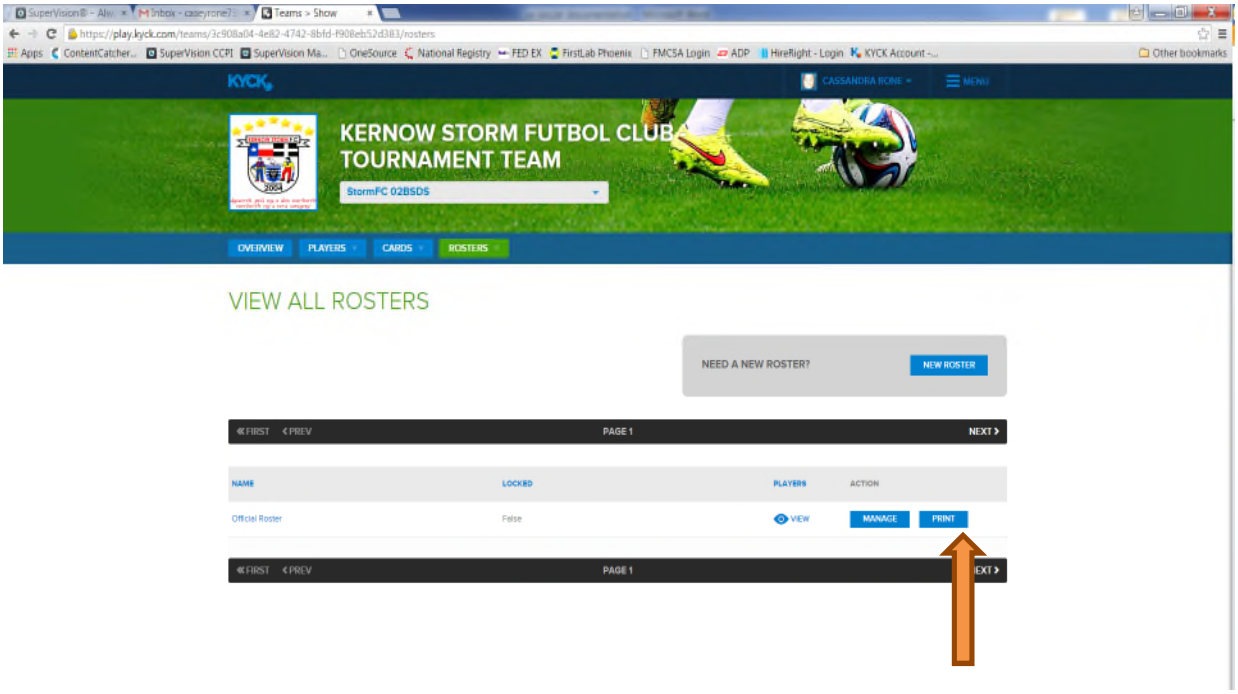
ROSTERS (PRINTING)



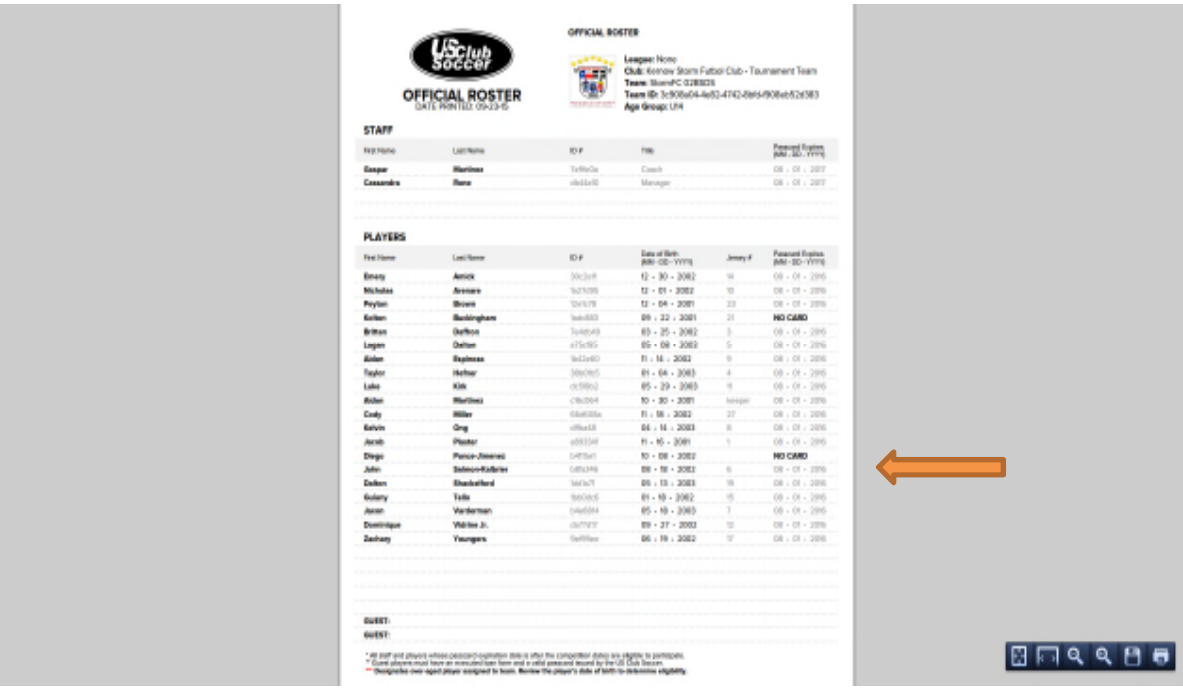
Click on “ROSTERS”



Click on “VIEW ALL ROSTERS”

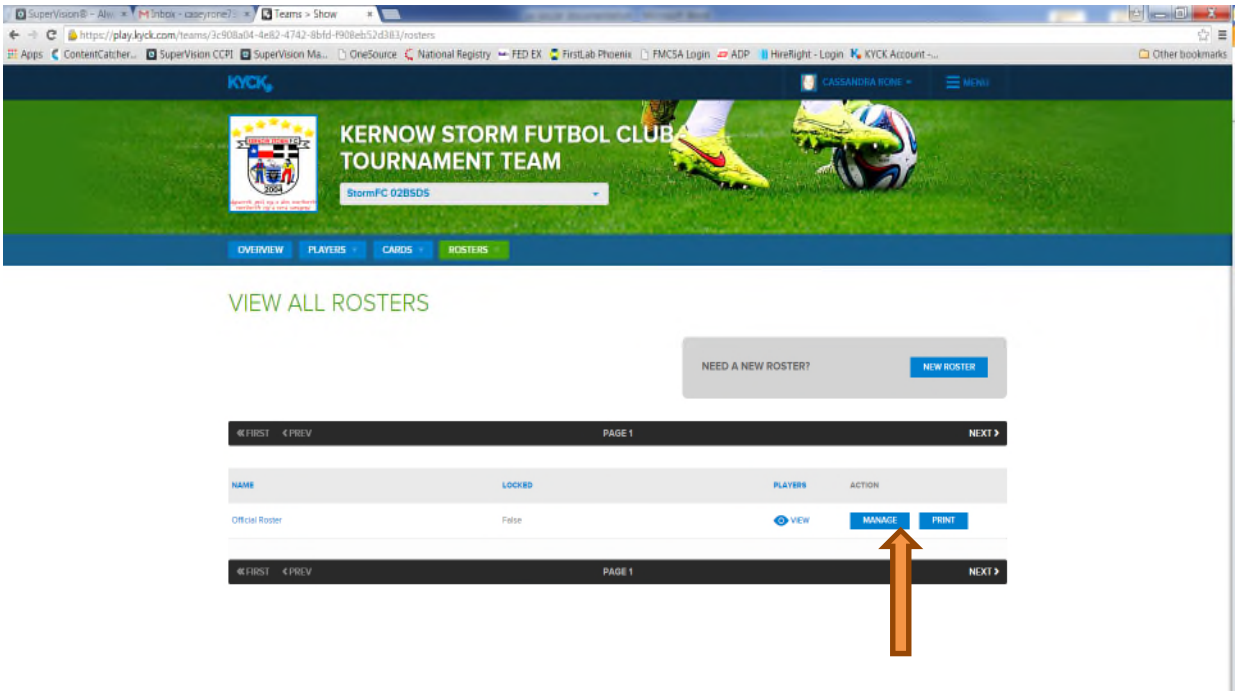


Click “PRINT” to Print your game roster for each game.

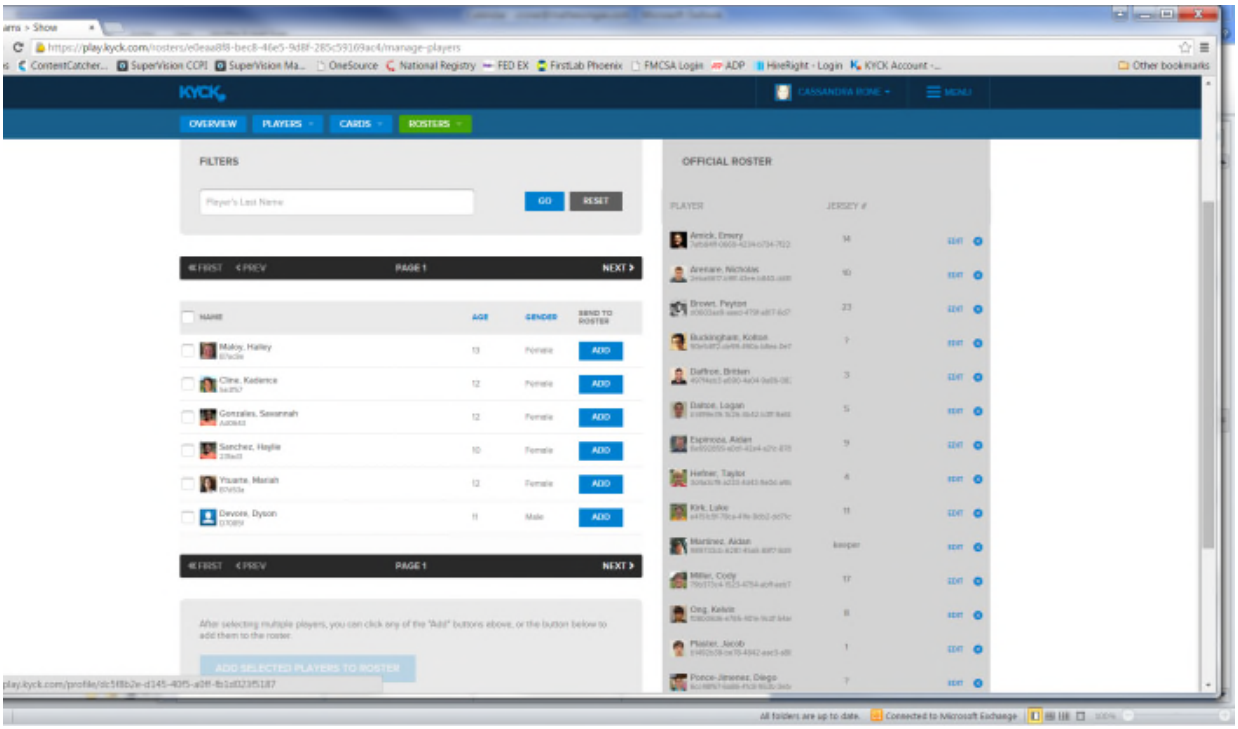


Print the Roster. Players that have “NO CARD,” listed, WILL NOT be able to play that game.

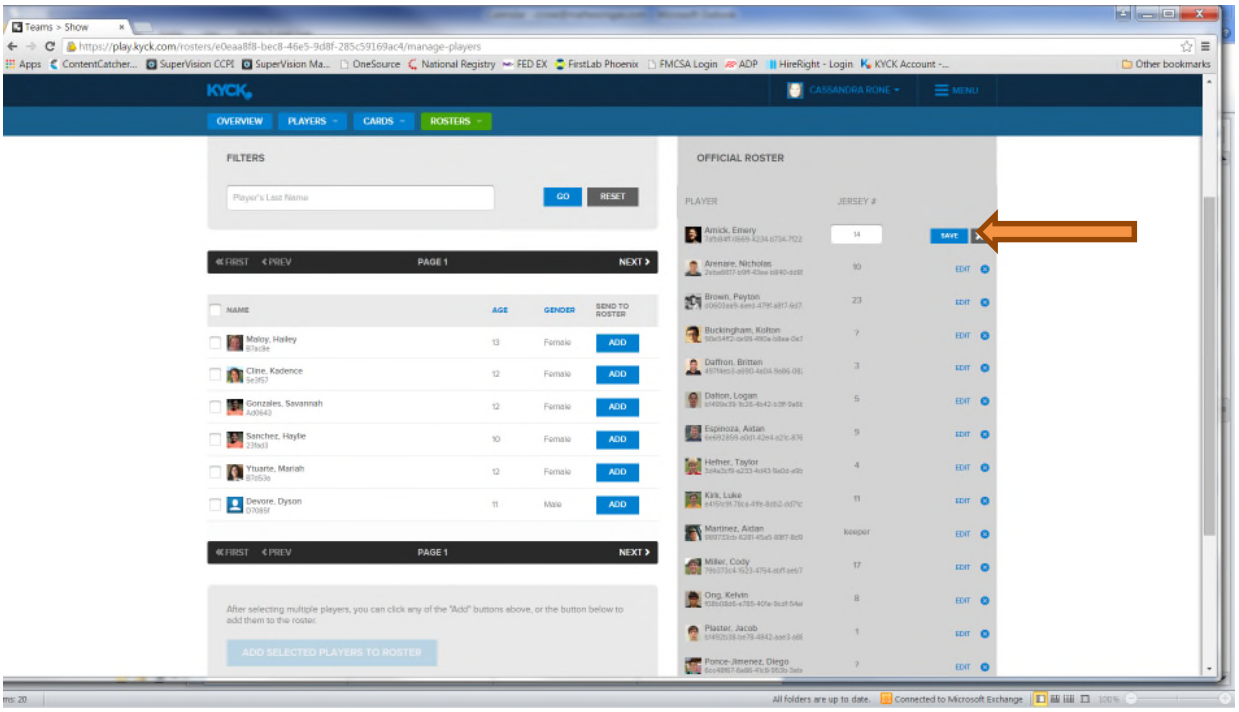
ROSTERS (UPDATE)



Click “MANAGE”



This is the screen you can add numbers to players. Click “EDIT”.



The Jersey# field becomes white and enter the Jersey#.

Click on the “SAVE” Button

GAME SCHEDULES

Game Schedules are in gotsoccer.com. Jennifer Azua is your contact to request a user name and password to gotsoccer.com.

GAME DAY REQUIREMENTS

You are required to bring ONE (1) Team Roster and ONE (1) Game Report. The Game report can be printed out of gotsoccer.com if all the players are listed but if not you can use the link below to print off a blank ”Prime Time Sports LEAGUE GAME REPORT”. These go to the Referee prior to the start of the game. ALL Players that are not on the field for the game HAVE to be marked off of the ROSTER and GAME REPORT BEFORE handing to the Referee.

One the Roster all players MUST have a card issued. If NOT they WILL NOT be able to play that game.

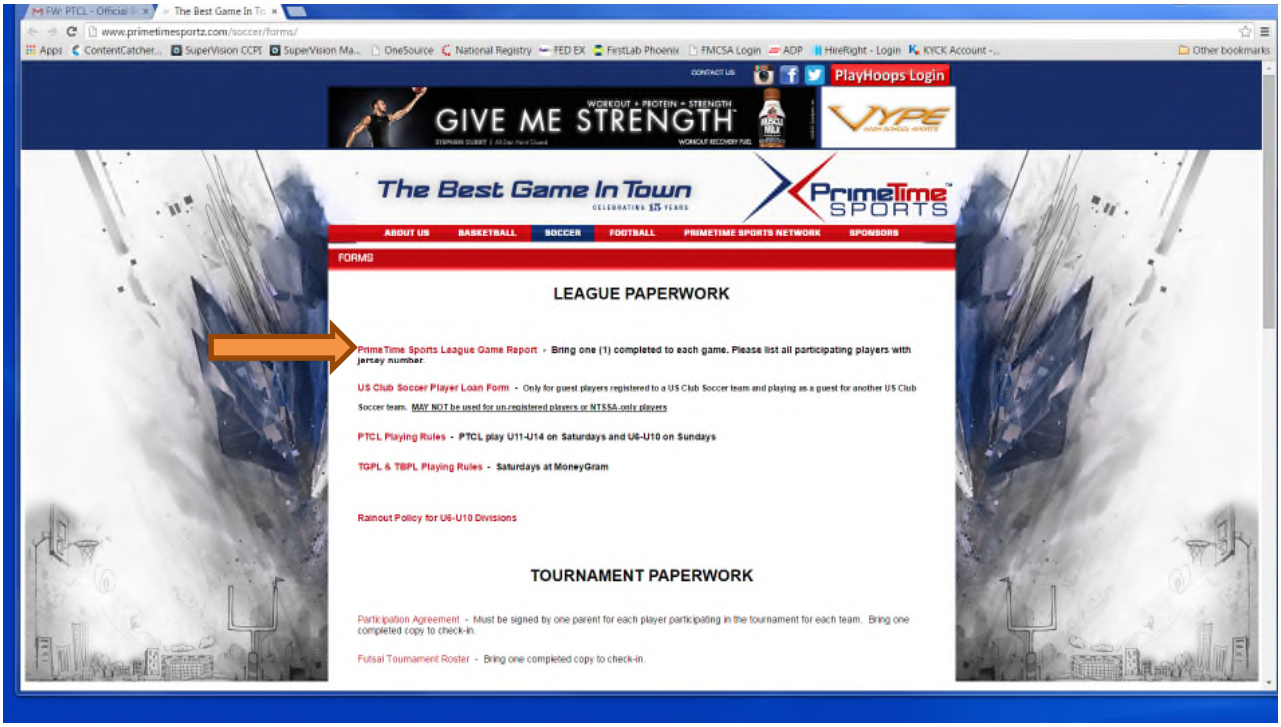
Team Manager MUST carry Player ID cards to ALL games and provide when needed.

PTCL will provide all Flags and update the game scores in gotsoccer.com. Scores are posted NO LATER than MONDAY.

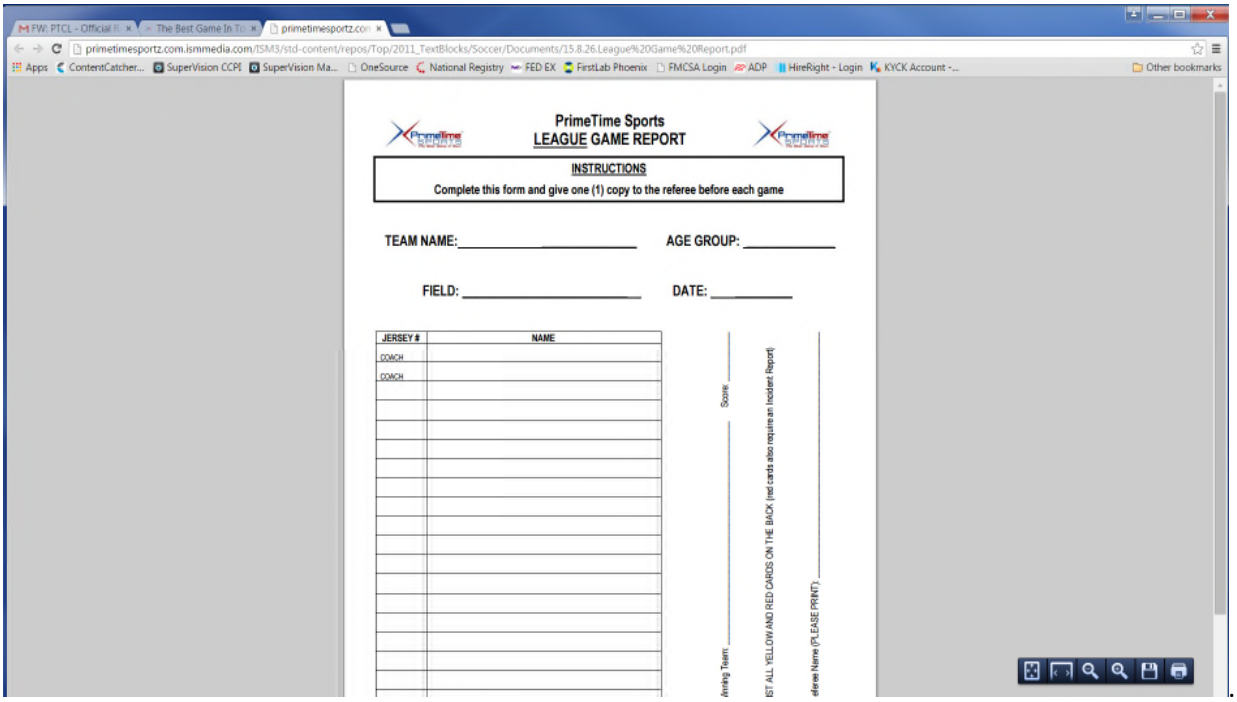
Here is a link for the League Rules: http://www.primetimesportz.com/soccer/form

GAME REPORTS

If your team is not in gotsoccer.com, use http://www.primetimesportz.com/soccer/forms/ to print a blank form to complete.



Click on the link for Prime Time Sports Game Report. The below report will pull up.



PrimeTime Sports
LEAGUE GAME REPORT

INSTRUCTIONS
Complete this form and give one (1) copy to the referee before each game

TEAM NAME: _____ AGE GROUP: _____

FIELD: _____ DATE: _____

JERSEY #	NAME
COACH	
COACH	

Score: _____

Winning Team: _____

IST ALL YELLOW AND RED CARDS ON THE BACK (red cards also require an Incident Report)

eferee Name (PLEASE PRINT) _____

Print the form. Completely fill out for each game.

GUEST PLAYER RELEASE FORM

3803 Parkwood Blvd, Ste 200
Frisco TX 75034
214-297-5022
Fax: 214-297-5030
www.ntxsoccer.org

Guest player release - For recreational players, the Member Association must sign at the bottom. A youth player wishing to guest play with a team from a different State Association, other than North Texas State Soccer, must fill out the **Region III Interstate Permission** form available at www.ntxsoccer.org

Please select one: ☐ Rec ☐ Comp Please select one: ☐ Boy ☐ Girl

Player Name: _____ DOB: _____

Address: _____ State: TX Zip: _____

City: _____ Phone Number: _____

Name of Current Team: _____ Age Group: U- _____

LIST ONLY ONE TOURNAMENT PER FORM

Tournament Name: _____ City/State: _____

Tournament Start Date: _____ Tournament End Date: _____

Dates of Practice before tournament: _____

Name of Team Guest Playing with: _____ Age Group: U- _____

REQUIRED SIGNATURES. NO ELECTRONIC SIGNATURES

Player Signature:_____ **Registration #:** _____ **Date:**_____
Player must Sign

Parent Signature:_____ **Date:**_____
Parent of Guest Player must sign

Releasing Coach:_____ **Date:**_____
Releasing Coach must sign - (COACH'S SIGNATURE ONLY -- NO D. O. C. -- NO Manager)

Receiving Coach:_____ **Date:**_____
Receiving Coach must sign – (COACH'S SIGNATURE ONLY -- NO D. O. C. -- NO Manager)

Member Assoc. Signature:_____ **Date:**_____
Home Association only signs when Recreational Player is Guest Playing

NTSSA Youth Commissioner:_____ **Date:**_____

Only submit if needing the Youth Commissioner signature. Youth Commissioner only signs when Guest Playing outside of North Texas Soccer Association.

Submit completed form to: travelandguestplayer@ntxsoccer.org

This Release is not valid until all appropriate signatures are present.

Revised 02/2017

PARENT/GUARDIAN CONSENT AND PLAYER MEDICAL RELEASE FORM

Player's Name: _____ Date of Birth: _____ Gender: _____

Address: _____City:_____State: _____Zip:_____

EMERGENCY INFORMATION

Father's Name: _____ Home Phone: _____ Work Phone: _____

Mother's Name: _____ Home Phone: _____ Work Phone: _____

In an emergency, when parents cannot be reached, please contact:

Name _____ Home Phone: _____Work Phone: _____

Name _____ Home Phone: _____Work Phone: _____

Allergies: _____

Other Medical Conditions: _____

PARENT/GUARDIAN CONSENT AND MEDICAL RELEASE

Recognizing the possibility of injury or illness, and in consideration for US Youth Soccer and members of US Youth Soccer accepting my son/daughter as a player in the soccer programs and activities of US Youth Soccer and its members (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify US Youth Soccer, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs. I hereby authorize the transportation of my son/daughter to or from the Programs.

I confirm that my son/daughter is physically capable of participating in the sport of soccer. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Programs. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

_____ _____

Signature of Parent/Guardian Date

GAME DAY ROSTER

THIS FORM MUST BE COMPLETED & GIVEN TO REFEREE PRIOR TO GAME.
REFEREE WILL TURN GAMESHEETS INTO ASA

DATE GAME PLAYED: _____ GAME TIME:_____ Game#_____ FIELD #_____

YOUR TEAM NAME: _____ YOUR SCORE: _____

OPPONENT'S TEAM NAME: _____ OPPONENTS SCORE: _____

AGE GROUP: UNDER –7 8 9 10 (circle one) BOYS_____GIRLS_____

Coach		Phone #	
Asst. Coach		Phone #	
Manager		Phone #	

Please PRINT or TYPE – List every player, mark through those not participating in this game

	PLAYER'S NAME	Date of Birth	JER #	HOME ASSOCIATION **(MANDATORY)**	NTX REG.# **(MANDATORY)**
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					

Mandatory Sit-Out Verification
The following player(s) did not participate

Player # _____
Name:_____

Player # _____
Name:_____
Coach Name:
_____
Manager:
_____

Referee Signature:
_____
(Score and sit-out verification)

	CARDS ISSUED	Code
JER #	NAME	Yel/Rd

ALL MISCONDUCTS & SIT-OUT VERIFICATIONS MUST BE TURNED IN BY THE REFEREE ON THIS FORM

REFEREE_____ **ASSISTANT REF**_____ **ASSISTANT REF**_____

Revised 3/2011

ACADEMY TOURNAMENT ROSTER
Team Registration Roster

Type or Print ONLY Fall _____ 20_____ Spring _____ 20 _____

Team Name	Jersey Color	# of Players by Gender	Age Group	Team Gender
		B _____ G _____	U _____	B ____ G ____

Please Type or Print in Black Ink. Players are to be listed in Alphabetical Order NTX Reg# is Mandatory for every player.	Name of Tournament and Dates Team Is Entering: Tournament: _____ Dates: _____

Name (Last, First)		Sex	Address	City	Zip	H. Phone	W. Phone	DOB	Email Address
Coach									
Asst. Coach									
Manager									

Name (Last Name, First)	Registration #	DOB Month/Year	Sex	Jersey #	City	State
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						

I certify that the above information is true and correct. Signed: Coach_____ Date:_____

Association Registrar:_____ Date:_____ Coaches License_____

TEAM NAME :_____

TOURNAMENT NAME AND DATE:_____

	A	B	C	D	E
1	**PLAYER NAME**	**FEE**	**PAID (CHECK MARK)**	**PAYMENT TYPE**	**REMARKS/NOTES**
2		$50			
3		$50			
4		$50			
5		$50			
6		$50			
7		$50			
8		$50			
9		$50			
10		$50			
11		$50			
12		$50			
13		$50			
14		$50			
15		$50			
16		$50			
17		$50			
18		$50			
19		$50			
20		$50			
21		$50			
22		$50			
23		$50			
24		$50			
25		$50			
26		$50			
27		$50			
28		$50			

This **MUST** be turned in the week after tournament is finished with all payments and receipts

DATE _____ OPPONENT _____

PLAYER NAME	SHOTS OFF GOAL	SHOTS ON GOAL	GOALS	ASSISTS

OPPONENT GOALS _____

DATE _____ OPPONENT _____

PLAYER NAME	SHOTS OFF GOAL	SHOTS ON GOAL	GOALS	ASSISTS

OPPONENT GOALS _____