



South Dakota State Soccer Association
2010 High School Soccer
APPLICATION FOR PARTICIPATION

President
Larry Lovrien
PO Box 1191
Aberdeen, SD 57401
Cell: 605-290-3734
Email:
president@southdaktoasoccer.com

DEADLINE: JANUARY 31, 2010

All South Dakota High School soccer teams must complete this form accurately and completely, in order to be accepted to participate in the 2010 South Dakota High School Soccer Program. A Letter of Agreement form must also be completed by the high school and the local association, and included with this application.

Director of Operations
Dawn Swoboda
3701 Freda Circle
Sioux Falls, SD 57103
Office: 605-371-2255
Fax: 605-371-2636
Email:
office@southdakotasoccer.com

THIS INFORMATION IS FOR COMMITTEE USE ONLY!

The SDSSA High School Committee will take into account as much of the information as possible to assist in scheduling of the AA & A Division teams. The High School Committee/Scheduler will use the information given and apply it faithfully unless exceptions are deemed necessary for the good of the high school program.

Director of Coaching
Brian Pitts
2611 Merlot Drive
Rapid City, SD 57701
Cell: 605-209-4384
Email:
doc@southdaktoasoccer.com

All areas marked by an asterisk (*) must be completed!

Treasurer
Tammy Cruse, Pierre

PLEASE COMPLETE FORMS ACCURATELY & LEGIBLY:

Secretary
Sheri Heinz, Brookings

*HIGH SCHOOL NAME: _____

- Vice Presidents
Executive VP: Buker Beaumont, Rapid City
1st Russ Townsend, Sioux Falls
2nd Rich Jensen, Sioux Falls
3rd Kevin Bray, Yankton
4th Daniel Ohayon, Sioux Falls
5th Derrick Freese, Huron
6th Janice Stoebner, Sioux Falls
7th Dave LaCombe, Yankton

*SCHOOL ADDRESS: _____

*SCHOOL PHONE: _____

*ATHLETIC DIRECTOR: _____

PHONE: _____ *EMAIL: _____

Our school and/or association will commit to participation for the entire 2010 High School Soccer season with the following teams:

- Girls Varsity Girls Jr. Varsity Boys Varsity Boys Jr. Varsity

(Circle teams that you will have participating)

*LOCAL SOCCER ASSOCIATION/ CLUB AFFILIATION: _____
SOCCER ASSOCIATION PRESIDENT: _____
ADDRESS: _____
PHONE: _____ EMAIL: _____



- **High School Soccer Participation Fee will be \$200 per varsity team and \$200 per JV team, payable to SDSSA, due with the return of this application. This fee is not refundable**
- **SDSSA High School Letter of Agreement must be submitted with participation fee.**
- **High School Tournament Fee will be \$350 per team (in addition to the participation fee) at the time of tournament check-in.**
- **First Day of Tryouts will be August 9, 2010**
- **First Day of the High School Season will be August 16, 2010.**

Please answer the following questions regarding scheduling information. This information MUST be accurate and complete. Scheduling will be based on the information given in this document.

*How many full sized soccer fields are available for high school use? _____

*How many of these fields are lighted fields? _____

*How many games can your association/school provide adequate fields and qualified referees at any given time? (circle one) 1 2 3 4

Does your school/organization/association require a change in game start times because of daylight restrictions later in the season? YES NO

If yes, when does this become effective? _____

What is the revised time for the games? _____

SCHEDULING:

Schools will have specific meetings or events at the beginning of the school year requiring attendance by students and parents. Please list the dates of those events pertinent to your school:

Fall Sports Night	_____
Student Orientation	_____
Parent Teacher Conferences	_____
Mandatory Fundraising Event	_____
Others	_____

***COACH INFORMATION:**

*Please Note: If you are unable to provide full information of coaching staff at this time, you must submit a completed list of coaching staff no later than **March 31, 2010.***

Girls Varsity Coach: _____
Address: _____
City/State/Zip: _____
Phone: _____(H) _____(W) _____(C)
Email Address: _____

Assistant Coach: _____
Phone: _____(H) _____(W) _____(C)

Boys Varsity Coach: _____
Address: _____
City/State/Zip: _____
Phone: _____(H) _____(W) _____(C)
Email Address: _____

Assistant Coach: _____
Phone: _____(H) _____(W) _____(C)

Girls Jr. Varsity Coach: _____
Address: _____
City/State/Zip: _____
Phone: _____(H) _____(W) _____(C)
Email Address: _____

Assistant Coach: _____
Phone: _____(H) _____(W) _____(C)

Boys Jr. Varsity Coach: _____
Address: _____
City/State/Zip: _____
Phone: _____(H) _____(W) _____(C)
Email Address: _____

Assistant Coach: _____
Phone: _____(H) _____(W) _____(C)

Referee Assignor (for your association/school): _____
Address: _____
City/State/Zip: _____
Phone: _____(H) _____(W) _____(C)
Email Address: _____

Field Assignor (for your association/school): _____
Address: _____
City/State/Zip: _____
Phone: _____(H) _____(W) _____(C)
Email Address: _____

Local Registrar (for your association/school): _____
Address: _____
City/State/Zip: _____
Phone: _____(H) _____(W) _____(C)
Email Address: _____

In event of a schedule change please indicate a reliable contact person as a contact at all times of the day, to notify your coaching staff and assignors of a schedule change:

*Name: _____
*Address: _____
*City/State/Zip: _____
*Phone: _____(H) _____(W) _____(C)
*Email Address: _____

Please remit:

- 1. Payment for High School Participation fee (\$200/team)**
- 2. SDSSA High School Application**
- 3. SDSSA High School Letter of Agreement**

to:

High School Soccer Committee
Janice Stoebner
5600 W. 53rd Street
Sioux Falls, SD 57106