



# **Central Okanagan Youth Soccer Association Club Membership Application**

August 31, 2021

## ORGANIZATION INFORMATION

Organization Name:	
Main Contact Individual Name:	
Main Contact Individual Position:	
Organization Address:	
City & Postal Code:	
Contact Individual Daytime Telephone:	
Contact Individual Mobile Telephone:	
Contact E-mail:	

**Please provide general information on your organization and why you are applying for membership.**

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**Please describe the type of programs or programming your organization provides (e.g. age(s), gender(s), etc., including adult if necessary).**

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**Please describe how your membership with COYSA will benefit soccer and grow the game.**

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<b>Additional Comments (if any)</b> Please use this space to provide any additional general information about your organization.
(Empty space for additional comments)

**ORGANIZATIONAL READINESS**

Listing of Board/Ownership/Executive of applying organization				
Position	Name	Primary Telephone	E-mail	Vulnerable Sector Check completed (Yes/No)

Listing of Staff of applying organization				
Position	Name	Primary Telephone	E-mail	Vulnerable Sector Check completed (Yes/No)

**Please check the boxes to confirm the following documentation will be provided with this application:**

A copy of the organization’s current incorporation/registration status with the Province of British Columbia as a registered society, sole proprietor, partnership and/or incorporation (whichever is applicable).

Documentation to confirm the organization has access to field allocation that is safe for training and match players for all of its registered players (i.e. proof of ownership of or rental of facility(s), or letter of support from municipality once membership is achieved)

A copy of the organization’s Constitution & Bylaws and/or equivalent documentation stating the organization’s principles, purpose and how decisions are made.

**Additional Comments (if any)**

**Please use this space to provide any additional comments related to your organization’s overall readiness to be a member of COYSA (and an affiliated club of BC Soccer).**

**SAFE SPORT**

**Please check the boxes to confirm the following documentation will be provided with this application:**

Privacy Policy

Discipline and Ethics Policy

Code of Conduct for Players

Code of Conduct for Coaches

Code of Conduct for Parents

Code of Conduct for Club Officials

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Refund Policy

Risk Management Policy


**Please identify the organization’s Risk Management Officer by completing the information below:**

Name:	
Daytime Telephone:	
Mobile Telephone:	
Contact E-mail:	

Criminal Record Check Compliance
All BC Soccer directors, volunteers, employees of BC Soccer or an affiliated BC Soccer organization aged 19 years and older participating on a regular basis in any element of youth soccer, adaptive soccer, or who will be with a vulnerable person must have a valid (within 3 years) Vulnerable Sector Check or Enhanced Police Information Check on file in accordance with <a href="#">BC Soccer’s Criminal Record Check Policy</a> .

**Please complete the information below.**

**VULNERABLE SECTOR CHECK / ENHANCED POLICE INFORMATION CHECK SUMMARY**

**Number of VSC/EPIC REQUIRED:**

(The total number of board, staff, contractors, and volunteers that are 19 years of age and older)

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**Number of VSC/EPIC COMPLETED:**

(A VSC/EPIC is “completed” when the organization has received the results from an approved agency and there are no flags, or, when the organization has reviewed and made a decision on a VSC/EPICs with any identified flags.)

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**Number of VSC/EPIC SUBMITTED & IN PROCESS:**

(The number of individuals who have confirmed their submission to an approved agency and are waiting to receive the results, including fingerprints if required)

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**Number of VSC/EPIC NOT SUBMITTED:**

(The number of individuals who have not submitted the appropriate information to an approved agency)

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**Please check/mark the box to agree/confirm the following:**

I confirm that those individuals who have not submitted a VSC/EPIC will not continue in their role with the organization until their VSC/EPIC has been completed.

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**FLAGGED VULNERABLE SECTOR CHECK / ENHANCED POLICE INFORMATION CHECK**

Of the **COMPLETED** VSC/EPICs, please indicate the number of checks that were flagged and how the organization handled them below:

Number of VSC/EPIC **Flagged:**

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Of those individuals with flagged VSC/EPICs how many were:

**Able to continue** within their role as intended with the organization:

**Able to continue working/volunteering with the organization in a different or modified role:**

**Not able to continue** working/volunteering with the organization:

\_\_\_\_\_  
Risk Management Officer Name (please print)

\_\_\_\_\_  
Risk Management Officer Signature

\_\_\_\_\_  
Date

**Additional Comments (if any)**

**Please use this space to provide any additional comments related to Safe Sport and/or describe any other Safe Sport initiatives your organization participates in (examples: Respect in Sport Training, Commit to Kids Training, etc.)**

## **SPORT 4 LIFE - Player Registration, Programs, Community Engagement**

### **Commitment to Registering Players**

In alignment with BC Soccer’s District Standards for New Club Membership Applications document, COYSA requires new club applicants to register a minimum of 4 (four) youth soccer teams having not less than the lowest number of the following:

- 2% (two) of the District's total unique\* registration of the previous year (2023 Primary Season total registration: 6,267) = 125
  - equal to the number of registered players of the District's smallest Club (2023 smallest Club total registration: 91) = 91
  - 100 (one hundred) registered players, under the jurisdiction of the District = 100
- As of November 01, 2023 COYSA requires new Club applicants to register a minimum of 91 players.

Thirty (30) percent of a new Club’s first year registration must be made up of new players, players that have not been registered with BC Soccer via a Youth Club/District within the past year

\*Unique registration is the total number of registered players, less duplicate registrations. i.e. if a player is registered in both the primary and secondary seasons they only count as 1 (one) registered player.

“Team” shall mean a soccer team with not less than 11 (eleven) registered players, (except for mini teams that may not have less than 6 (six) players plus team officials, whose application for affiliation has been validated by the Registrar or designate for the current playing season.

**Please check the boxes to confirm/agree the following:**

Registration data that meets COYSA’s required number of players, including which players are new (as applicable) will be submitted with this application.

Registration data and fees will be submitted in alignment with COYSA’s registration submission deadlines

<input type="checkbox"/>
<input type="checkbox"/>

**Please describe the type of programs or programming your organization provides (e.g. age(s), gender(s), etc., including adult if necessary).**

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**Please describe how your organization will engage with the community and/or other Clubs in the District to promote participation in soccer.**

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**Please check the boxes to confirm/agree the following:**

On behalf of my organization, I agree to work collaboratively within COYSA and/or, and/or Inter-District leagues and maintain good standing with COYSA and BC Soccer.

<input type="checkbox"/>
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On behalf of my organization, in alignment with the principles of Long-Term Player Development, I agree to inform players of playing development and/or advancement opportunities within COYSA, BC, and/or Canada as they become available. I acknowledge that players and their families have the right to make the choice on the environment they play in. I agree to fully support players in their decisions.

<input type="checkbox"/>
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On behalf of my organization, I am not to accept entire teams moving from any other Club member (NOTE: an entire team is 50% or more of the team’s registered players).

<input type="checkbox"/>
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On behalf of my organization, I agree to adhere to the Bylaws, Rules and Regulations, Policies and Directives of COYSA and its governing bodies.

<input type="checkbox"/>
<input type="checkbox"/>

On behalf of my organization, I agree to deliver male and female programming and be inclusive to individuals regardless of where an individual identifies on the gender spectrum.

<b>Additional Comments (if any)</b> Please use this space to provide any additional comments related to how your organization promotes Sport 4 Life.
[Empty space for additional comments]

**COACHING & OFFICIATING**

Listing of Coaches and Certifications		
Position	Name	Coach Certifications

Please check the boxes to confirm/agree the following:

My organization agrees to provide and/or participate in Referee Programming in alignment with COYSA.

<b>Additional Comments (if any)</b> Please use this space to provide any additional comments related to Coaching & Officiating initiatives and/or programming your organization provides.
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**FINANCE**

<b>Please provide the organization's fiscal year in the space below.</b>

**Please check the box to confirm the following documentation will be provided with this application:**

A budget for the organization's next fiscal year

**Please check the boxes to confirm/agree the following:**

Upon a successful application, I can confirm that my organization will be able to provide a cheque for a bond in the amount of \$10,000.00 (ten thousand dollars) to COYSA within 4 (four) weeks of being notified of a successful application. I understand that if my organization is not able to provide a cheque within this timeline, its membership could be revoked.

I understand that 50% of the bond provided will be reimbursed after one year of membership whereby all of my organization's obligations of membership have been met.

I understand that the other 50% of the bond provided (less any the amount of any annual bond required from all member clubs) will be reimbursed after the second year of membership whereby all of my organization's obligations of membership have been met.

Upon a successful application, I can confirm that my organization will submit a minimum Notice to Reader Financial statements prepared by a CPA licensed in public practice, annually to COYSA.

<b>Additional Comments (if any)</b> <b>Please use this space to provide any additional comments related to the finances of your organization.</b>

## COMPLETE APPLICATION

Please read the following statement and sign below to confirm acknowledgement and understanding:

This application form and supplemental documentation has been provided to COYSA in good faith as application for membership. It is up to date and provided to the best of my knowledge.

\_\_\_\_\_  
Organization President / Owner Name  
(Please print)

\_\_\_\_\_  
Organization President / Owner Name  
Signature

\_\_\_\_\_  
Date

**Additional Comments (if any)**

**Please use this space to provide any other comments you deem pertinent for COYSA's Membership Panel to know.**

**September 01** – New Club Application Process to open

**October 31** – Deadline for New Club applications to be received by COYSA

**January 15** - Decisions/announcements regarding applications

**April 01** – New members may commence play for the season starting or defer the start to a maximum of one playing season.