



North Fraser Youth Soccer Association

Club Membership Application

Please indicate type of membership:

Full Member

Associate Member

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.

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

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

Additional Comments (if any)
 Please use this space to provide any additional general information about your organization.

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)

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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.

A copy of the organization’s Operational Plan

A copy of the organization’s Technical Plan

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 NFYSA (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

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 [BC Soccer’s Criminal Record Check Policy](#).

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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)

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.)

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)

Number of VSC/EPIC NOT SUBMITTED:

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

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.

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:

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 – not applicable for Associate Member

In alignment with BC Soccer’s bylaws, NFYSA requires new club applicants to register the minimum of 44 youth players.

NFYSA also requires that 30% of these players be new; therefore, a minimum of 24 players must not have been registered with BC Soccer or an affiliated organization within the past year.

Please check the boxes to confirm/agree the following:

Registration data that meets NFYSA’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 within 30 days of membership being granted

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

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

Does your organization provide programs for participants with disabilities and/or participants from other under-represented groups? If so, please describe.

Please check the boxes to confirm/agree the following:

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

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 NFYSA, 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.

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)

Additional Comments (if any)
Please use this space to provide any additional comments related to how your organization promotes Sport 4 Life.

COACHING & OFFICIATING

Listing of Coaches and Certifications		
Position	Name	Coach Certifications

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

FINANCE

Please provide the organization’s fiscal year in the space below.

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 (\$5000.00 for Associate Member) to NFYSA within 2 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.

