



Playing Up in the DSC

Document number: DSC-TECH-030

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Approvals Required

Approving Party	Signature	Date <yyyy-mm-dd>
VP Technical		2012-10-02
VP Inter-city		2012-10-02
President		2012-10-02

Release History

Release	Description of change	Author(s)	Date <yyyy-mm-dd>
1.0	Initial Release	B. Mink	2010-09-14
2.0	Updated logo, added VP I/C to approval list	B. Mink	2012-10-02

PURPOSE

The purpose of this document is to inform coaches of the guidelines the DSC has in place for coaching behavior at the Inter-city level.

1.0 RESPONSABILITIES

The person responsible for this procedure is the VP Technical

2.0 DEFINITIONS

Item	Description
DSC	Dollard Soccer Club
VP Tech	Dollard Soccer Club Vice President, Technical
VP IC	Dollard Soccer Club Vice President, External
TD	Dollard Soccer Club Technical Director
I.C.	Dollard Soccer Club Intercity Division
Head Coach	Dollard Soccer Club Head Coach
LSL	Lac Saint Louis Soccer Association

3.0 DSC restrictions on playing up

There will be NO PLAYING UP approved from U8 to U11 (subject to 5.1 & 5.2 below). We consider 7- aside soccer (U8 to U10) and the first year of 11-aside soccer (U11) far too important a time to development to allow players to skip/play up a year. They may make a play up request once they reach U12 (to play up into U13 or above).

4.0 The procedure to follow in order for a player to be considered for a Category higher than that based on his year of birth.

4.1 Parent of the player must make a written request to the DSC in writing using the form attached to this document.

4.2 The player must be evaluated by the Technical Director, the VP Technical and the Head Coach as being rated amongst the TOP 5 players of the HIGHER CATEGORY **AND** DIVISION (i.e. a U12A player wishes to play U13AA; U12A cannot request to go up to U13A – this is not playing up). The player must be evaluated as being in the top 5 players of the U13AA team). If the player is a Goal Keeper he/she must be evaluated as the Top *Goalkeeper* at the higher category.

4.3 The player will be given written approval on his/her request. Final approval requires agreement by the majority (2 out of 3) of the evaluation group. This must be completed before the final team roster is submitted to the DSC registrar.

4.4 The DSC reserves the right to ask for a medical evaluation/opinion of the player.

This request must be made on a yearly basis before the open Tryout or Winter Academy (for intercity) or draft (for house league). The player must be evaluated each and every year.

5.0 Exception(s)

5.1 No teams at certain age categories

The Club will allow players to participate at a higher level with no Technical Evaluation of any kind if there is no Intercity team (A or AA) at the player's appropriate level. (i.e. a player aged U12M can try out for U13M if there are no U12M teams that year). This is subject to change on a year to year basis if new teams are formed at the appropriate level.

5.2 Grandfather clause – unique to 2010 Summer Season

Any player that has played up during the summer 2010 season will be allowed to continue with the higher level team. This assumes that they participate in tryouts and make the team during the selection process. There will be no Technical Evaluation/Top 5 procedure applied to these players. Only standard evaluation/tryout for reacceptance onto the team is required.

DOLLARD SOCCER CLUB / INTERCITY TRYOUTS– PLAY UP REQUEST FORM

Player Name (Last, First) _____ , _____

Address _____

Postal Code _____ City _____

Telephone: (H) _____ (W) _____ (C) _____

Email address: _____

Sex : Male ___ Female ___ Player date of Birth (year/month/day) _____ / _____ / _____

Last City played for _____ Category U _____ A / AA / AAA / D1 / D2 / D3 / HL (circle one)

I hereby request that my child be evaluated by the DSC Technical Department in order to play at a higher category than that of my child’s year of birth.

Waiver Form: This is to certify that my child has permission to participate in the Dollard Soccer activity described above. I am fully aware that she or he will be training and that there are risks of no fault accidents for which I will not hold Dollard Soccer Club or the instructors responsible.

PARENT’S SIGNATURE _____ DATE _____

PARENT’S NAME (PRINT) _____

My child would be trying out for the Dollard Team at
U _____ A / AA / AAA /D1 /D2 /D3 (Circle one only)

APPROVALS REQUIRED

DSC Head Coach (print name) _____

Player listed above is rated top 5 in the higher category team. Goal Keeper listed above is the top rated Goal Keeper of the higher category team. YES _____ (initial)
NO _____ (initial)

Signature _____ Date _____

Technical Director (print name) _____

Player listed above is rated top 5 in the higher category team. Goal Keeper listed above is the top rated Goal Keeper of the higher category team. YES _____ (initial)
NO _____ (initial)

Signature _____ Date _____

VP Technical (print name) _____

Player listed above is rated top 5 in the higher category team. Goal Keeper listed above is the top rated Goal Keeper of the higher category team. YES _____ (initial)
NO _____ (initial)

Signature _____ Date _____