

Upper Island Soccer Association Membership Application

About Upper Island Soccer Association

Upper Island Soccer Association (UISA) is a Full (Active) Member of BC Soccer Association and is responsible for governing, promoting and supporting soccer within the District's geographical boundaries, as defined in BC Soccer's Constitution & Bylaws.

The purpose of the Upper Island Soccer Association is to foster youth soccer, support opportunities for graduated youth soccer experience, support members' delivery of youth soccer, and develop and govern youth soccer on central and northern Vancouver Island.

Eligible organization must prove that they are able to meet *all* criteria within this application. Criteria includes:

Has proof of a registration with the Province of British Columbia (as a registered society, sole proprietor, partnership, or incorporation)	Can provide proof of a "betterment" to soccer within the Upper Island Soccer Association District
Can provide a Constitution & Bylaws or equivalent as approved by BC Registries	Can provide a listing of Officers/Directors and staff (if applicable)
Can provide most recent copy of Notice to Reader financial statements and/or budget as required by BCSA which shows financial viability	Can provide proof of registration equivalent to the minimum requirements set by UISA in alignment with <u>BC Soccer's District Standards for New Club Membership</u>
Has a dedicated Risk Management Officer and Criminal Record Check Policy	Is prepared to adhere to the bylaws, rules & regulations, and policies of Upper Island Soccer Association and its governing bodies
Can provide sufficient field space to host UISA matches within UISA's designated start times	Can provide a certified Referee pool (small sided and full field as applicable)



What does it mean to be a member of *Upper Island Soccer Association?*

By becoming a member of *UISA*, an organization can make a significant contribution to soccer in British Columbia. Becoming a member of *UISA*, an affiliated organization of BC Soccer, is both an accomplishment and privilege for which organizations should be proud. To be a member of *UISA* means that an organization is committed to growing the game and improving soccer for all participants within the Upper Island region and British Columbia by offering soccer programs through a collaborative, progressive, and respectful environment. Members of UISA are committed to a player-centric development model that represents the spirit of the game of soccer and the qualities that make it the world's most popular sport.

Application Process & Timelines

Applications must be submitted to the UISA Office via: UpperIslandSoccerOffice@gmail.com

Upon receiving an application for membership, *Upper Island Soccer Association* will confirm receipt within **10** business days.

UISA's Membership Committee or designate will review the application for completeness. Provided the application is complete, *UISA*'s Membership Committee will review the application to determine if all criteria are met. *UISA*'s Membership Committee is made up of a minimum of three individuals who do not have any other role with a current member organization of *UISA*.

UISA's Membership Committee or designate will inform the applying organization if the organization has been accepted into membership with *UISA* within a minimum of **30** days of receipt of the completed application.

Upon acceptance, the applying organization will receive full District Member benefits and work with *UISA* to determine the earliest possible time the new member organization can begin participating in related Inter-District Youth Leagues or other District-run programs or initiatives (as applicable).



Contact Information	
Organization Name:	
Registered society or business number:	
Contact Individual Name:	
Contact Individual Position:	
Organization Address:	
City & Postal Code:	
Contact Individual Daytime Telephone:	
Contact Individual Mobile Telephone:	
Contact E-mail:	
About Vour Organization	
About Your Organization	
a) Please provide a brief description of your org	anization.
b) Please provide a brief description on why you	r organization is applying for membership.
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c) Please describe the type of programs or programming your organization
provides and for what age(s), gender, etc. (including adult if necessary)
d) Please describe the organization's player development model
e) Please describe how the organization will engage and support the local community in which the
organization is based.



Benefit to Soccer				
a)	Please describe how your organization will benefit soccer and support the Upper Island Soccer Association community (how the applicant will grow the game within the District by providing			
	opportunities to players, resources and/or new programming, etc.).			



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

^{*}As per BC Soccer requirements, a Criminal Record Check, Vulnerable Sector Check or Enhanced Police Information Check as applicable"

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

Listing of Technical Directors/Coaches and Certifications			
Position Name			
5	-		



isting of Head Referee	e and Certifications		
Position	Name	Referee Certifications	
	<u> </u>		
lease check the boxes to	confirm the following do	ocumentation will be provided with	
nis application:			
по аррисаціоні			
copy of the organization's c	urrent incorporation/regist	ration status with the Province of British	
olumbia as a registered soci	ety, sole proprietor, partne	rship and/or incorporation (whichever is	
pplicable).			
	he organization has access	s to field allocation that is suitable for	
raining and match play.			
•		, or letter of support from municipality	
nce membership is achieved	•	()	
		er(s), attach confirmation from said club	
nat your usage will not impin	ge on their continued abilit	y to provide programs.	
convert the organization's C	anstitution & Dulaws and /a	r aguivalent decumentation stating the	
rganization's principles, pur		r equivalent documentation stating the	
rganization s principles, purp	ose and now decisions are	made.	
	100 N		
Additional Comments	•		
	•	mments related to your organization's	
readiness to be a member	r of Upper Island Soccer	Association (and an affiliated club of B	C Soccer).



SAFE SPORT

application:	documentation will be provided with this
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	
Risk Management Policy	
Please identify the organization's Risk Managinformation below:	gement Officer by completing the
Name:	
Daytime Telephone:	
Mobile Telephone:	
Contact F-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 <u>BC Soccer's Criminal Record Check Policy</u>.

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	
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	

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	d with the organization:			
Able to continue working/volunteering with t modified role:	the organization in a different or			
Not able to continue working/volunteering v	vith the organization:			
Organization President / Owner Name or Risk	Organization President / Owner or Risk			
Management Officer Name (please print)	Management Officer Signature			



Organization Viability

Please initial the check boxes below to confirm your acknowledgement, understanding and willingness to comply with the following:

Commitment to Registering Players

In alignment with BC Soccer's District Standards for New Club Membership Applications document, Upper Island Soccer Association requires:

a) new club applicants to register the same number of players as the lowest number of players registered in the District's smallest club membership. That number is **53**. Based on this, new club applicants are to provide registration for **53** players. Please note, this number is less than the maximum of 250 players and lower than 2% of Upper Island District's unique registration.

Upper Island Soccer Association also requires that 30% (maximum 30%) of these players be new registrants¹; therefore, **16** players must not have been registered with BC Soccer or an affiliated organization within the past year.

¹ A "New Registrant" is an individual who has not been a registered player with BC Soccer in the past year or more.

Initials

b) The organization agrees to register/report players to *UISA* with payment within the deadlines as determined by *UISA*.

Initials



Organization Commitment				
<u> </u>				
Please initial the check boxes below to confirm your acknowledgement, understanding and willingness to comply with the following:				
a)	On behalf of my organization, I agree to work collaboratively within <i>UISA</i> and maintain good standing with my District and BC Soccer.			
		Initials		
In t	the space provided please describe how your organization intends to work collaboratively	within		
UIS	SA and not disrupt existing District programing.			
b)	I understand that my organization must adhere to the rules, regulations, policy, and bylaws set in			
IJ,	place by UISA.			
	place by olda.	Initials		
c)	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			
	BC/Canada as they become available. I acknowledge that players and their families have the right			
	to make the choice on the environmentthey play in. I agree to fully support players in their			
	decisions.	Initials		
	uecisions.			
d)	I understand that my organization will operate programming to support the districts player pathway			
	and recognize that participation in UISA's Tier 2 programing may be limited to UISA "Regional			
	Teams" as determined by UISA	1		
		Initials		
e)	On behalf of my organization, I agree not to accept entire teams moving from any other club			
	member (NOTE: an entire team is 20% or more of the team's registered players as per UISA			
	Recruitment Rules and Regulations) unless agreed to in writing, in advance by both members.			
		Initials		
f)	I understand that UISA's referee pool is limited and will make every effort to work collaboratively			
	and not diminish an existing club's referee pool			
	- · · · · · · · · · · · · · · · · · · ·	Initials		



g) I understand that should my organization be accepted into membership with UISA, my organization must opt in and show that it is actively working towards achieving Canada Soccer's Quality Soccer Provider Designation within 6 months of being accepted into membership

Initials

h) I understand that my organization must provide programing that is inclusive and non-discriminatory. The applicant must deliver male and female programming and be inclusive to individuals regardless of where an individual identifies on the gender spectrum.

FINANCE Please provide the organization's fiscal year in the space below:				
Please initial the boxes to confirm/agree the following:				
a)	I have attached a copy of my organization's most recent Notice to Reader financial statements for the upcoming or current fiscal year.			
		Initials		
b)	I have attached a copy of my organization's budget for the next fiscal year.			
		Initials		
c)	Upon a successful application, I can confirm that my organization will submit at a minimum Notice to Reader Financial statements, or minimum financial documents required by BCSA, prepared by a CPA licensed in public practice, annually to Upper Island Soccer Association.			
		Initials		

Requirements			
a)	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 to Upper Island Soccer Association within 4 weeks (2 weeks minimum) 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.	Initials	
b)	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.	Initials	



c) 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.

Initials

^{*}Successful applicants to be reviewed annually for the first 2 years of membership by UISA*



Additional Comments				
Please use the space provided to provide any addition	nal comments you deem pertinent for UISA's			
Membership Committee to consider.				
Complete Application				
Please read the following statement and sign below to con	firm acknowledgement and			
understanding:	5			
•				
This application form and supplemental documenta	· · · · · · · · · · · · · · · · · · ·			
• • • • • • • • • • • • • • • • • • • •	Association in good faith as application for membership. It is up to date and provided to the best of my			
knowledge.				
Oversitation President / Oversy News / places	Ourse viscotion Duscident / Ourse v Norse			
Organization President / Owner Name (please print)	Organization President / Owner Name Signature			
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Date	•			