



Michigan State Youth Soccer Association

OFFICIAL MSYSA FORM



MSYSA STATE OFFICE - 9401 GENERAL DRIVE, SUITE 120, PLYMOUTH, MI 48170

PLAYER RECOMMENDATION TO MICHIGAN'S OLYMPIC DEVELOPMENT PROGRAM

The US Youth Soccer ODP Philosophy

To identify players of the highest caliber on a continuing and consistent basis, this will lead to increased success for the U.S. National Teams in the international arena.

Purpose

The US Youth Soccer Olympic Development Program was formed in 1977 to identify a pool of players in each age group from which a National Team will be selected for international competition; to provide high-level training to benefit and enhance the development of players at all levels; and, through the use of carefully selected and licensed coaches, develop a mechanism for the exchange of ideas and curriculum to improve all levels of coaching. Michigan offers an ODP program for both boys and girls.

Current Organization

From 1982 until the present, international events for youth national teams have increased substantially and the US Youth Soccer Olympic Development Program has kept pace by instituting trials and player pools for five age groups in the boys' program, and five age groups in the girls' program.

The US Youth Soccer ODP Selection Process

Each State Association holds ODP try-outs on an annual basis. Michigan try-outs are currently held the first weekend of August for both boys and girls.

How are Players Selected?

Players are selected on the basis of open tryouts. These tryouts are conducted by MSYSA coaches who are recognized for their ability to identify and train players with superior skills. Michigan will continue to combine scouting techniques and invitations to certain players with the open tryouts. **MSYSA recommends that players use try-outs as their first option.** Selection of these players is not an easy task. The state association head coach or State Coach will, in most cases, be assisted in the selection process by several other qualified coaches from the club or league level. Players are evaluated on the four components that make up a soccer player:

1. Technique
2. Tactics
3. Fitness and Athletic Ability
4. Psychological Component (attitude)





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PLAYER'S INFORMATION

Player Name: _____

Birth Date: _____ Gender: _____

Playing History: _____

Club and Coaches Past to Present:

Position of Player: _____

Attributes and Tendencies: _____

Recommendation to level:

- 1. State Pool Player _____
- 2. State Team Player _____
- 3. Regional Pool Player _____
- 4. Regional Team Player _____

Describe your familiarity with the current state pool team: _____

Why did this player not attend this year's try-out? _____





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RECOMMENDING COACH'S INFORMATION

Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

E-mail Address: _____

Coach's affiliation with player: _____

Recommending Coach please mail completed Recommending Form to the address below and we will forward the information to the age group head coach. If the player is granted a one time tryout, then the player must fill out the ODP Registration Form and mail a \$ 85.00 check made payable to: MSYSA/ODP, 9401 General Dr Ste #120, Plymouth, MI 48170. The player will receive two tryout shirts. If the player is asked to join the pool then this player will need to pay the remainder of the training fee. This fee will be prorated from the time of entrance into the program.

2008 ODP PLAYER REGISTRATION FORM

Player Name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ E-mail address: _____

Please check one: Field player Goalie Both Club Team Name: _____

Player is registered with a MSYSA sponsored team: YES NO

* If no, please add \$10 to the registration fee for insurance. Any questions regarding insurance should be directed to MSYSA 734-459-6220.

I hereby authorize the Michigan Boys Olympic Development Program to provide emergency medical treatment for our son should an injury occur during tryouts or subsequent practices. My son has had a recent physical examination and is physically capable of participating in try-outs. I hereby release, discharge, and/or otherwise indemnify the MSYSA, its affiliated organization and sponsors, their employees and associated personal including all volunteers and the owners of the fields and facilities utilized by the program against any claim by or on behalf of the registrant as a result of the registrant's participation in the program.

Parent or Legal Guardian's Signature

Date

For Office Use Only: Date Received: _____ Check Number: _____ Amount: _____

