



# Lower Island Soccer Association Affiliate Member Application

## About Lower Island Soccer Association

Lower Island Soccer Association (LISA) 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 Lower 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 southern 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)	The organization agrees to register/report players to LISA with payment within the deadlines as determined by LISA
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	Is prepared to adhere to the bylaws, rules & regulations, and policies of Lower Island Soccer Association and its governing bodies
Has a dedicated Risk Management Officer and Criminal Record Check Policy	Is prepared to work collaboratively within LISA and not disrupt existing programming
Has provided LISA with the Affiliate Member Application fee of \$250.00	



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

By becoming a member of *LISA*, an organization can make a significant contribution to soccer in British Columbia. Becoming a member of *LISA*, an affiliated organization of BC Soccer, is both an accomplishment and privilege for which organizations should be proud. To be a member of *LISA* means that an organization is committed to growing the game and improving soccer for all participants within the Lower Island region and British Columbia by offering soccer programs through a collaborative, progressive, and respectful environment. Members of *LISA* 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**

**Affiliate Member Applications may be submitted to *LISA* at any time.**

Applications must be submitted to the *LISA* Office via: [executivedirector@lowerislandsoccer.com](mailto:executivedirector@lowerislandsoccer.com)

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

*LISA*'s Membership Committee or designate will review the application for completeness. Provided the application is complete, *LISA*'s Membership Committee will review the application to determine if all criteria are met. *LISA*'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 *LISA*.

*LISA*'s Membership Committee or designate will inform the applying organization if the organization has been accepted into membership with *LISA* within 90 days of receiving the application.

Upon acceptance, the applying organization will receive District Affiliate Member benefits as outlined in the *LISA* Bylaws for a term of one year. *LISA* Affiliate Membership applications are to be renewed annually.



## 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 Your Organization

**a) Please provide a brief description of your organization.**

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**b) Please provide a brief description on why your 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.**





**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 suitable for training and match play.  
(I.e. proof of ownership/or copy of rental agreement(s), or letter of support from municipality once membership is achieved)

Note: if you will share field space with other LISA Member(s), attach confirmation from said club that your usage will not impinge on their continued ability to provide programs.

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 Lower Island Soccer Association (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

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](#).

**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 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:

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Organization President / Owner Name or Risk  
Management Officer Name (please print)

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Organization President / Owner or Risk  
Management Officer Signature



<b>Organization Commitment</b>	
<b>Please initial the check boxes below to confirm your acknowledgement, understanding and willingness to comply with the following:</b>	
a) On behalf of my organization, I agree to work collaboratively within <b>LISA</b> and maintain good standing with my District and BC Soccer.	
	Initials
<b>In the space provided please describe how your organization intends to work collaboratively within LISA and not disrupt existing District programming.</b>	
a) I understand that my organization must adhere to the rules, regulations, policy, and bylaws set in place by LISA.	
	Initials
b) 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 environment they play in. I agree to fully support players in their decisions. c) I understand that my organization will operate programming to support the districts player pathway.	
	Initials
d) On behalf of my organization I agree to register/report players to LISA with payment within the deadlines as determined by LISA. Please note all players must be registered with BCSA*.	
<p>*Note: Any player not registered with a Full Member Club will be charged the BCSA Youth Registration Fee as set by BCSA. Current BCSA Fee Schedule for 2021-2022 is set at \$21.00 per registered U6-U10 player and \$34.00 per registered U11-U18 player.</p>	
	Initials



f) I understand that should my organization be accepted into membership with LISA, 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
g) I understand that my organization must provide programming 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.	
	Initials

<b>FINANCE</b>	
<b>Please provide the organization's fiscal year in the space below:</b>	
<b>Please initial the boxes to confirm/agree the following:</b>	
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 Lower Island Soccer Association.	
	Initials
d) I can confirm that my organization will provide LISA with the outlined application fee of \$250.00*  *Note: Application fees listed are only for the affiliate membership application. Once membership is attained, other fees for benefits/services may be applied including player/team fees**. See "Organizational Commitment; D" for more information. **LISA to set fees annually	
	Initials



## Additional Comments

Please use the space provided to provide any additional comments you deem pertinent for LISA's Membership Committee to consider.

## 11. 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 *Lower Island Soccer Association* 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