

# Watertown Youth Soccer **Little Kickers** Fall 2005

 for children **CURRENTLY** in Kindergarten, 1<sup>st</sup> or 2<sup>nd</sup> Grade 

**Last Chance** sign up - **DEADLINE** is **September 17th**

**1<sup>st</sup> session September 17th**  
**Field location – Casey/Parker Field**

**Questions?? See the back of this form OR check our web site [www.watertownyouthsoccer.org](http://www.watertownyouthsoccer.org)**  
**Not sure if you have already registered your child for the Fall 2005 season??**

Check with the Little Kickers Coordinator: Sharon Ellis (617-924-6157  
sellis@watertown.k12.ma.us)

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## Watertown Youth Soccer **Little Kickers** Fall 2005 Registration

- **PLEASE PRINT CLEARLY!** Fill out BOTH SIDES of this form and sign the back.
- Attach a check to WYSL, mail or deliver to: **WYS – Little Kickers c/o Sharon Ellis**  
**26 Conant Rd., Watertown, MA 02472**

**A. Program** – Use this form for children CURRENTLY in Kindergarten, 1<sup>st</sup> or 2<sup>nd</sup> grade.

**B. Player Information** - Player's Name: \_\_\_\_\_ Boy π Girl π

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Spring 2005 Team (if child played, identify by coach or color): \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

**C. Registration Fee – (CIRCLE ONE) – Make checks payable to Watertown Youth Soccer**

**\$55** (8 week Spring program ONLY)

**\$95** (Fall and Spring)

**D. Volunteer – we need you!** Watertown Youth Soccer is a volunteer organization. Check your interest and we will contact you.

**If you can be a:** Coach  Assistant Coach  WYS Organizational Helper   
Board Member  Site Coordinator for one grade's time slot

Name of volunteer(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**(Fill out reverse side.)**

# Watertown Youth Soccer – Little Kickers – Fall 2005 Information

- Eight Saturdays **September 17<sup>th</sup>** through **November 5<sup>th</sup>**
- NOT a drop-off program...parent/guardian must stay with child.
- Field Location – Casey/Parker Field.
  - Kindergarten Teams play 8:30 to 10:00.
  - First Grade Teams play 10:15 to 11:45.
  - Second Grade Teams play 12:00 noon to 1:30.
- Each player should bring a size 3 or size 4 soccer ball. They **MUST** wear shin guards, cleats are optional. WYS provides T-shirts as uniforms.
- Instruction by Play Soccer coaches, assisted by volunteer parent coaches.
- Team party on last Saturday following each session at the field.

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## **Player's Medical/Emergency Information:**

Player's Name: _____	Date of Birth: _____
Medical Problems? _____	
Person to notify in emergency _____	Phone _____
Doctor's name _____	Phone _____
Insurance carrier _____	Policy number _____

**Consent for medical treatment of a minor:** As parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of the registered player.

**Injury Waiver; Confirmation of Rules:** I hereby absolve the WYSL, including all coaches, managers, officers, and others participating in league activities from all liability and will not hold them responsible for injury incurred to the registered person, and hereby give my approval to this person's participation in this league. I also agree on behalf of my family and the player that we will follow and abide by the rules and procedures of WYSL. I acknowledge that WYSL and coaches have the authority to suspend registered players for poor behavior detrimental to the purpose of the league.

**USYS/MYSA/BAYS/WYSL Release:** I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of USYSA and its affiliated organizations and sponsors (including MYSA, BAYS and WYSL.) Recognizing the possibility of physical injury associated with soccer and in consideration for each of USYSA/MYSA/BAYS/WYSL accepting the registrant for its soccer programs and activities (the "Programs"), I hereby waive, release, discharge and/or otherwise hold harmless and indemnify each of USYSA/MYSA/BAYS/WYSL, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

**Parent/Guardian's Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Parent/Guardian's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Sign, return completed form, with payment...**by September 17th!**  
WYS – Little Kickers c/o Sharon Ellis, 26 Conant Rd., Watertown, MA 02472