

Watertown Youth Soccer **Little Kickers** Fall 2006
for Kindergartens, 1st and 2nd Graders in Fall 2006

Early Bird sign up - DEADLINE to Save is July 15th

1st session September 23rd
Field location – Parker Casey Field/Playground

Questions?? See the back of this form OR check our web site www.watertownyouthsoccer.org
OR Check with a Little Kickers Volunteer: Jennifer Shea (617-923-4473, sheajm@comcast.net)

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Watertown Youth Soccer **Little Kickers** Fall 2006 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 Mary O’Looney**
122 Spruce Street Watertown, MA 02472

A. Program – Use this form for children entering Kindergarten, 1st or 2nd grade in Fall 2006

B. Player Information - Player’s Name: _____ Boy ___ Girl ___

Address: _____

Phone: _____ Email: _____

Date of Birth: _____ Grade: _____ School: _____

Spring 2006 Team (if child played, identify by coach or color): _____

Parent/Guardian Name(s): _____

C. Registration Fee – (CIRCLE ONE)

(checks payable to Watertown Youth Soccer)

Received
by July 15th

Received
after July 15th

For Fall 2006 season ONLY:

\$45

\$55

For Fall 2006 and Spring 2007:

\$85

\$95

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 2006 Information

- Eight Saturdays **September 23rd** through **November 11th**
- NOT a drop-off program...parent/guardian must stay with child.
- Field Location – Parker Casey Field/Playground.
 - 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 July 15th!**
 WYS – Little Kickers c/o Mary O’Looney, 122 Spruce St., Watertown, MA 02472