

**Watertown Youth Soccer Skills League Fall 2006**  
**In-Town Program for Third and Fourth Graders (in Fall 2006)**

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

**1<sup>st</sup> session September 23rd**  
**Field location – Parker Casey Field/Playground**

**Questions?? See the back of this form OR check our web site [www.watertownyouthsoccer.org](http://www.watertownyouthsoccer.org)**  
**OR Check with the Skills League Coordinator: Melissa Umbesen (617-923-9585,**  
**[melissacumbesen@hotmail.com](mailto:melissacumbesen@hotmail.com))**

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**Watertown Youth Soccer Skills League 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 – Skills League c/o Melissa Umbesen**  
**21 Carver Road East, Watertown, MA 02472**

**A. Program** – Use this form for children entering 3<sup>rd</sup> or 4<sup>th</sup> 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 15<sup>th</sup>

Received  
after July 15<sup>th</sup>

**For Fall 2006 season ONLY:**

**\$65**

**\$75**

**For Fall 2006 and Spring 2007:**

**\$120**

**\$130**

**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

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

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

**(Fill out reverse side.)**

## Watertown Youth Soccer – Skills League – Fall 2006 Information

- All sessions held at Parker Casey Field/Playground on Watertown St.
- Saturdays **September 23<sup>rd</sup>** through **November 11<sup>th</sup>**, 2:00 to 4:00 **AND** Wednesdays, **September 27<sup>th</sup>** through **October 25<sup>th</sup>**, 5:30 to 7:00.
- Each player should bring a size 4 soccer ball and full water bottle to each session.
- Players **MUST** wear shin guards, cleats are optional but recommended.
- WYS provides T-shirts as uniforms.
- Instruction by Play Soccer coaches, assisted by volunteer parent coaches.
- Team party on November 11<sup>th</sup> at the soccer field following the session.

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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.

**USYSA/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 – Skills League c/o Melissa Umbesen, 21 Carver Road East, Watertown, MA 02472