





Watertown Youth Soccer **Skills League** Fall 2008

  for children in 3rd and 4th Grade  

Registration Day - Sept 13th 2008
Early Bird Registration before August 15th

September 13th –November 1st

Field location – Casey Parker

SKILLS League is NOT a drop off program

An adult must remain at the field at all times with the player

Questions? See the back of this form or email Mary O’Looney at maryolooney@comcast.net

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Watertown Youth Soccer **Skills League** Fall 2008 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 Mary O’Looney –122 Spruce Street Watertown, MA 02472**

A. **Program** – Use this form for children CURRENTLY entering 3rd or 4th grade.

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

Address: _____

Phone: _____ Email: _____

Date of Birth: _____ Grade: _____ School: _____

Parent/Guardian Name(s): _____

C. **Registration Fee** – Make checks payable to Watertown Youth Soccer

Registration Fee: **\$75** *Early Bird Registration before August \$65*

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

If you can be a: Coach Assistant Coach WYS Organizational Helper
 Board Member Skills League Organizational Helper

Name of volunteer(s): _____

Phone: _____ Email: _____

(Fill out reverse side.)

Watertown Youth Soccer – Skills League – Fall 2008 Information

- **Twice a week program:** Saturdays September 13th –Nov 1st (2:00 to 3:30) **AND** Wednesdays (5:30 to 7:00) September 17th through October 29th (if light enough)
- **Field Location – Casey Parker Field**
- 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 and pinnies as uniforms.
- Instruction by Play Soccer coaches, assisted by volunteer parent coaches.
- Team party on November 1st 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.

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 1st, 2008 or register at Casey Parker on September 13th