

Watertown Youth Soccer-Travel Teams-Spring 2007

(BAYS Travel teams are for children in grades 4 through 12)

If you have internet access...DON'T FILL OUT THIS FORM
Register ON-LINE NOW! (you will save money!)

Go to <https://secure.adminsports.net/watertownmasoccer/>

Travel Team registration deadline is November 18th

(After November 18th, players MUST pay higher fee and are placed only if space is available.)

Questions Girls Team Coordinator: Amanda Rourke (617-926-4017, a_prouke@yahoo.com)
OR Boys Team Co-Coord.: Marla Bogosian-Kara (617-924-1775, bogosian@us.ibm.com)
Problems? Boys Team Co-Coord.: Monica Juscen (617-923-2410, mjuscen@msn.com)

A. Player Information - Name: _____ Boy ___ Girl _____

Address: _____ Phone: _____

Email: _____ Date of Birth: _____

Grade (in Spring 2006): _____ School: _____ Current BAYS Team (if playing): _____

Parent/Guardian Name(s): _____

B. <u>Registration Fee</u> – (CIRCLE ONE):	Received by November 18th	Received by November 25th
For Spring 2007 10 week season:	\$75	\$85

C. Uniform – All players must have a red and white WYS uniform jersey, any solid black shorts and any long red socks. Uniforms have NOT changed. ORDER ONLY WHAT YOU NEED!

Shirt \$30 **(circle size)** Youth-L Adult-S Adult-M Adult-L Adult-X-Large

Shorts \$15 **(circle size)** Adult-S Adult-M Adult-L Adult-X-Large

Socks \$5 per pair Specify number of pairs: _____

D. Amount enclosed – Reg. Fee \$_____ + Uniform (IF ANY) \$_____ = Total Payment \$_____

E. 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 Team Manager

Board Member WYS Organizational Helper

Name of volunteer(s): _____

Phone: _____ Email: _____

Return form by November 18, 2006, with check payable to Watertown Youth Soccer to:
Watertown Youth Soccer c/o Jeff Wilson-Braun, 112 Irving St., Watertown, MA 02472

(Fill out reverse side.)

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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.

Print Parent/Guardian's Name _____ Phone _____

Parent/Guardian's Signature _____ Date _____

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112 Irving St., Watertown, MA 02472

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(Fill out reverse side.)