

# Watertown Youth Soccer **Skills League** Fall 2005 In-Town Program for Third & Fourth Graders

**Last Chance sign up – Mail/Deliver forms by Sept. 15<sup>th</sup>**

**1<sup>st</sup> session: Saturday, Sept. 17<sup>th</sup>, 2:00 to 4:00  
Parker-Casey Field on Watertown Street**

Questions? **See the back of this form**, check our web site [www.watertownyouthsoccer.org](http://www.watertownyouthsoccer.org), OR  
Contact Sue Hulbert (617-926-0934, [hulbertmoan@rcn.com](mailto:hulbertmoan@rcn.com))

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## Watertown Youth Soccer **Skills League** 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 **BY SEPTEMBER 15<sup>TH</sup>** to:  
**WYS – Skills League c/o Ann Marie Cloonan, 14 Winthrop St., Watertown, MA 02472**

**A. Program** – Use this form for children in 3<sup>rd</sup> or 4<sup>th</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 WYSL)**

**FALL 2005 season ONLY:    \$75                      FALL 2005 and Spring 2006:    \$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 2005 Information

- All sessions held at Parker-Casey field on Watertown St.
- Saturdays, **Sept 17<sup>th</sup>** through **Nov 5<sup>th</sup>**, 2:00 to 4:00 **and** Wednesdays, **Sept 21<sup>st</sup>** through **Oct 26<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 will provide T-shirts as uniforms.** Black shorts & red socks are optional.
- Instruction by Play Soccer coaches, assisted by volunteer parent coaches.
- Team party on Nov 5<sup>th</sup> at the soccer field following the session.

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## **Player’s Medical 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 Sept 15<sup>th</sup>** to:  
WYS – Skills League c/o Ann Marie Cloonan, 14 Winthrop St., Watertown, MA 02472