





Watertown Youth Soccer Little Kickers Fall 2009

  for children in Kindergarten, 1st or 2nd Grade in Fall 2009  

If you have internet access...DON'T FILL OUT THIS FORM
Register ON-LINE

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

Session runs Sept. 12th – Oct. 31st

Field location – Casey Parker Field (Watertown St.)

NOT a drop-off program...parent/guardian must stay with child.

Questions? See the back of this form, or check our web site www.watertownyouthsoccer.org
OR contact Janet Gard, (617) 924-3573 or jgworld@sande.com

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- ONLY complete this form if you are unable to register online!
 - PLEASE PRINT CLEARLY! Fill out BOTH SIDES of this form and sign the back.
 - Mail form and check to: Little Kickers c/o Janet Gard, 22 Gilbert Street, Watertown MA 02472
- A. **Program** – Use this form for children entering Kindergarten, 1st or 2nd grade in fall 2009.

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

Address: _____

Phone: _____ Email: (print clearly) _____

Date of Birth: _____ Grade: _____ School: _____

Parent/Guardian Name(s): _____

Friend Request: All players will be placed with different coaches and team members each session.

Players may request to be placed with one friend and every effort will be made to accommodate the request. _____

C. **Registration Fee** –(Circle One) Make checks payable to Watertown Youth Soccer

Received
by Aug 15th
\$45

Received
Aug 16th – Sept 12th
\$55

(Pre-Registration ends on Aug 31st. After Aug 31st, only walk-on registrations will be accepted.)

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: _____

Watertown Youth Soccer – Little Kickers – Fall 2009 Information

- Eight Saturdays September 12th through October 31st
- NOT a drop-off program...parent/guardian must stay with child.
- Field Location – Casey Parker Field (Watertown St.)
- 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 Challenger Sports coaches, assisted by volunteer parent coaches.

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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 August 31st

➤ WYS – Little Kickers c/o Janet Gard, 22 Gilbert Street, Watertown, MA 02472