

Watertown Youth Soccer-Travel Teams - Fall 2009

(BAYS Travel teams are for children entering grades 4 through 8 in the fall of 2009)

If you have internet access...DON'T FILL OUT THIS FORM

Register ON-LINE (you will save money!)

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

Travel Team registration deadline is June 24th

(After June 24th, players MUST pay higher fee and are placed only if space is available).

Questions Girls Team Coord.: Patryce Georgopoulos 617-759-2739 email: pmgacd@aol.com

OR Boys Team Coord.: Albrik Avanesian 617-312-5920 email: albrik@gmail.com

Problems?

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

Address: _____ Phone: _____

Email: _____ Date of Birth: _____

Grade (in Fall 2009): _____ School: _____ Current BAYS Team (if playing): _____

Parent/Guardian Name(s): _____

B. Registration Fee – (CIRCLE ONE):

**Received
by June 24th
\$75**

**Received
after June 24th
\$85**

For Fall 2009 10 week season:

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 \$34 (circle size) Youth-L Adult-S Adult-M Adult-L Adult-X-Large

Shorts \$16 (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 June 24th, 2009 with check payable to Watertown Youth Soccer, to:
Watertown Youth Soccer c/o Jeff Wilson-Braun, 112 Irving St., Watertown, MA 02472

Watertown Youth Soccer-Travel Teams-Fall 2009 (p. 2)

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.

Print Parent/Guardian's Name _____ Phone _____

Parent/Guardian's Signature _____ Date _____

Return completed form, with check to Watertown Youth Soccer, to:
Watertown Youth Soccer c/o Jeff Wilson-Braun
112 Irving St., Watertown, MA 02472

Travel Team registration due date is June 24th 2009 (Fill out reverse side.)

Registration may be refunded up to Sept 5th minus \$25 which is WYSL's insurance and referee costs per player.