

Barnstable Youth Soccer Spring 2012-Instructional

SOCCER



Spring Soccer is an instructional program. Our goal is to foster self-confidence and to learn the game while having fun and making new friends. All games are on Saturday mornings from the end of April until the end of June at the Cape Cod Community College.

Age groups:

U6 COED	08/01/05 – 08/31/06
U8 Boys/Girls	08/01/03 – 07/31/05
U10 Boys/Girls	08/01/01 - 07/31/03
U12 COED	08/01/99 – 07/31/01

Dates are set by MYSA (Mass Youth Soccer Assoc)

By Mail (Personal Check)	Registration Fees
On-Line (Credit Card or eCheck) www.BarnstableYouthSoccer.org	Early Fee of \$75.00 if Register by April 1, 2012. After April 1, 2012 the fee will be \$85.00

Sibling Discount - \$10.00 off per child after first child

Players are **randomly assigned** to teams according to their age group and the player will be **notified by their coach** before the first game regarding team placement, uniform, practices, etc.

No requests for team placement please.

All forms and payments must be received by April 1, 2012. After April 1, 2012, the child will be placed on a wait list. Placement is not guaranteed.

DATES TO REMEMBER:

FIRST GAME: APRIL 28, 2012

JAMBOREE: JUNE 23, 2012

SOCCER CLINICS WILL BE HELD ON TUESDAYS 5pm-6:30pm (all groups)

Barnstable Youth Soccer Association
P.O. Box 229, Barnstable, MA 02630
www.BarnstableYouthSoccer.org

Spring 2012 Instructional Registration

Last Name: _____		First Name: _____		Middle Initial ____		Gender: M F	
Address: _____		Village: _____		State: MA		Zip: _____	
Date of Birth: _____							
Mothers Name: _____				Fathers Name: _____			
E-Mail: _____				E-Mail: _____			
Home Phone: _____				Home Phone: _____			
Cell Phone: _____				Cell Phone: _____			
Receive Text? No <input type="checkbox"/>		Yes <input type="checkbox"/>		Provider? No <input type="checkbox"/>		Yes <input type="checkbox"/>	
Verizon		T-Mobile		AT&T		Sprint	
Nextel		Verizon		T-Mobile		AT&T	
Sprint		Nextel		Sprint		Nextel	
Please Circle				Please Circle			

Allergies: _____		Other Medical: _____	
Notify in Emergency: _____		Phone: _____	
Doctor: _____		Phone: _____	

Optional Information

Attends School: _____	Grade Level: _____
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Disclaimer	Consent for Medical Treatment
<p>I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the MYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in activities, I hereby release, discharge, and/or otherwise indemnify MYSA, its affiliated organizations and sponsors, their employees and associated personnel, including BYSA and the owners of the fields, against any claim by or on the behalf of the registrant as a result of the registrant's participation in the programs and or being transported to or from the same.</p>	<p>As the 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 my dependent.</p>
Name: _____	Name: _____
Signature: _____	Signature: _____

Sponsorship
 Coach
 Assistant Coach
 Field Setup

Any questions please email Terri Walsh at terriwalsh@comcast.net

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