



Skaneateles Youth Soccer Organization



Fall 2009 Player Registration Form (Due by July 15, 2009*)

Last Name: _____ First Name: _____ MI: _____

Street: _____ City/Town: _____

State: _____ Zip: _____ Pay taxes to the Town of Skaneateles? Yes or No

Phone: _____ Sex: M / F Birth date: ___/___/___ Grade entering Fall 2009: _____

Mother's Name: _____ Cell Phone: _____ E-Mail: _____

Father's Name: _____ Cell Phone: _____ E-Mail: _____

Mother/Father will be a: COACH ASSISTANT COACH N/A

*****SPECIAL NOTES*****

We are capping the number of players per division in order to provide better instruction for your child. When the maximum number of players is exceeded, additional players will be placed on a waiting list.

U8 – 2 nights - Monday-Friday 1 st & 2 nd graders	Practice Nights U10 – Wednesday/Friday only 3 rd & 4 th graders	U12 – Monday/Thursday only 5 th & 6 th graders
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Bumblebees - pre-school and kindergarten age born before August 1, 2005 - play only on Saturdays.

Emergency Contact: _____ Phone: _____ Relationship: _____

Doctor: _____ Phone: _____ Medical Notes: _____

UNIFORM: (Grades 1-6)

Jersey Size (circle one)	YS	YM	YL	AS	AM	AL	AXL
Short Size (circle one)	YS	YM	YL	AS	AM	AL	AXL

Bumblebees (Born before August 1, 2005) T-Shirt Size (circle one) 6-8 10-12

FEES	
\$60.00	YSO Fee (Grades 1-6: First Child)
\$50.00	YSO Fee (Grades 1-6: Subsequent Children)
\$30.00	YSO BUMBLEBEE Fee (Born before August 1, 2005)
\$10.00	Town of Skaneateles <i>Non-Resident Fee, (Per child)</i>
\$25.00	*Late Registration Fee (After July 15th, 2009)

Make checks payable to: Skaneateles Youth Soccer Organization (YSO)

Mail with registration form to: **YSO**
P.O. Box 179
Skaneateles, NY 13152

Or bring form to: Skaneateles Community Center:
June 6 or June 13 - 9am –noon

****You must register by July 15, 2009 to avoid a late fee.****

Check #: _____

QUESTIONS?

- ❖ Check out our website at: www.skansoccer.com
- ❖ Call Claudine Labeille (685-7252) or John Rooney (729-3827)

Consent Form

I, the parent/guardian of the above named player, give my permission for my child to participate in the Skaneateles Youth Soccer Organization. I agree that the player and I will abide by the rules of USYS, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS accepting the registrant for its soccer programs and activities (hereby referred to as "programs"), I hereby release, discharge, and/or otherwise indemnify the USYS, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the 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 being transported to and/or from the same which transportation I hereby authorize.

Parent/Guardian Signature: _____ Date: ___/___/___