

WEST BOYLSTON YOUTH SOCCER

Fall 2010 Registration

For season: September - end of October 2010

Registration will be at Major Edwards on:

Mon – April 12, 2010
6:30PM – 7:30 PM

Thur – April 15, 2010
6:30PM – 7:30 PM

NEW* To register online go to www.westboylstonsports.com *NEW

Registration Fee (form on back):

\$65 U-6, U-7 and U-8 Fee includes team shirt
\$65 U-10 and up plus uniform purchase of \$40

U-10 players and above will purchase a uniform that they will keep and continue to use for as long as the uniform fits
Players that already purchased travel uniforms will not be required to buy a uniform unless the old one no longer fits

\$145 Maximum/family not including uniforms

U-6: entering Kindergarten in Fall 2010

U-7: entering 1st grade in Fall 2010

U-8: Children entering 2nd grade in Fall 2010

U-10: 8/1/2000 - 7/31/2002 (birthday)

U-12: 8/1/98 – 7/31/2000 (birthday)

U-14: 8/1/96 – 7/31/98 (birthday)

U-18: 8/1/92 – 7/31/96 (Girls) (birthday)

U-18: 8/1/92 – 7/31/96 (Boys) (birthday)
→ will play in MAYS and not in WAYSA

All players MUST register by June 4th 2010

No Refunds after June 18th 2010

If you are unable to make it, or would prefer to register your child by mail, please return the attached registration form and check to WBYSA Registrar, P.O. Box 593, West Boylston, **prior** to April 19th.

All registrations must be received by April 19, 2010.

This cut-off date is essential in order for us to have all players insured by MYSA, and to submit to the Wachusett Area Youth Soccer League (WAYSAs) for scheduling by their due dates. West Boylston soccer participates in the WAYSAs, which consists of teams from Holden, Sterling, Princeton, Rutland, Paxton, Leicester, Spencer, Trivium, Venerini, and Sutton.

A processing fee of \$10 will be assessed after April 19th and late registrations *will only* be accepted if team roster has availability. This processing fee covers the cost of filing again with MYSA and WAYSAs. Please bring a COPY of a birth certificate, which we can keep, for children not previously registered with WBYSA.

WBYSA is run by volunteers and has the largest in Town participation of ~300 children. Please be sure to give some time to help make this a great experience for the players and families. Sign-up at registration! WBYSA pays for Coach and Referee licensing courses. There is no league without your participation.

WBYSA Registrar – Deanna Flibbert wbysaeregistrar@charter.net

Visit us on our website at www.westboylstonsoccer.org or www.westboylstonsports.com

We look forward to a great season!

West Boylston Youth Soccer Fall Season Registration Form

Last Name: _____ First Name: _____ MI: _____ M / F: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone: _____ Age Group: _____ DOB: _____ Grade (fall): _____
 Email: _____ Birth certificate attached if necessary Birth certificate will be mailed

Medical Problems: _____
 Emergency Contact: _____ Phone: _____
 Name of Doctor in Emergency: _____ Phone: _____

Mother's Name _____ Father's Name _____
 Business Phone: _____ Business Phone: _____
 Email: _____ Email: _____

Circle ALL areas of volunteer interest:
Board: President Secretary Finance Registration
Coach Asst Coach League Rep Fields/Facilities Web
Coordinators: In Town Travel Uniforms Referees
Special Events Equipment Volunteers Fundraising

Are you interested in sponsoring a team? Yes No

Release
 I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the MYSA/USSF/USYSA/WBYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the MYSA/USSF/USYSA/WBYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the MYSA/USSF/USYSA/WBYSA, 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.
 Signature: _____

Consent For Medical Treatment (Minor)
 As a parent or legal guardian of the above-named player, I hereby give my consent for emergency 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.
 Signature: _____

We welcome your requests/comments/suggestions:

NO JEWELRY CAN BE WORN BY ANY PLAYER AT ANY TIME! THIS INCLUDES STUD EARRINGS-- SO PLAN EAR PIERCINGS ACCORDINGLY

UNIFORM SIZE

Shirt		Shorts (U10 and above)	
[] YM	[] AM	[] YM	[] AM
[] YL	[] AL	[] YL	[] AL
[] AS	[] AXL	[] AS	[] AXL

For Official Use Only: CORI: _____ Initial: _____

Check Number: _____
 Registration Fee: _____
 Late Fee: _____
 Uniform Fee: _____ (U10 and above)
 Total Fee: _____

**Registrar: Deanna Flibbert, P.O. Box 593, West Boylston, MA wbysa REGISTRAR@charter.net
www.westboylstonsoccer.org or www.westboylstonsports.com**