Webutuck Valley Youth Soccer League

The 10-week soccer season begins right after Labor Day, but it's already time to sign up.

Please fill out the form on the back of this flyer and mail it in, along with your check, as soon as possible.

"Tiny Tots" ages 4 and 5 play Saturday mornings

Level 1: 1st and 2nd grade players
practice 1 weeknight, game Saturday morning

Level 2: 3rd and 4th grade players
practice 1 weeknight, game Saturday morning

Level 3: 5th, 6th and 7th grade players
practice 1 weeknight, game Saturday morning

If you have any questions, please feel free to contact:

Allen Lazarus
845-527-5801
webutuckvalleyyouthsoccer@gmail.com

Webutuck Valley Youth Soccer League
2015 Registration Form

Player name:_____ Male_____ Female_____

Address:_____

Age (as of September 1, 2015) _____ Grade (as of September 2015) _____

Mother's name_____ Mother's cell #_____

Father's name_____ Father's cell #_____

Home phone_____ Email_____

Emergency contact_____ Emergency # _____

Legal Guardian name_____ cell #_____

Shirt size (please circle)	YS(4/5)	YM(6/7)	YL(8/10)	AS	AM	AL
Short size (please circle)	YS	YM	YL	AS	AM	AL

Player registration fees (must be received by August 7th)

- ☐ $45.00 – Tiny Tots program ages 4-5 (Saturday mornings only)
- ☐ $60.00 – individual player grades 1st -7th (Saturday games and 1 practice per week)
- ☐ $10.00 – late registration fee (received after August 7th) uniforms will be ordered Aug 8th

Register by mail to: **Allen Lazarus, 4531 Route 199, Millerton, N.Y. 12546**

Please include check made out to: WVYSL

Please indicate how you would like to support the program

☐ coach ☐ field preparation ☐ uniforms

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the WVYSL code of conduct for players, parents and coaches. I know that by participating in soccer there may be injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless the Webutuck Valley Youth Soccer, Inc., its coaches, agents, organizers, supervisors, participants and the Town of Amenia from all causes, liabilities, damages, claims, or demands whatsoever on account of any injury or accident involving said minor arising out of the minor's attendance in the program.

Parent/Legal Guardian Signature:_____

Parent/Legal Guardian Name (print):_____

Please indicate any physical limitations your child may have (allergies, sight, hearing, etc.)

_____

*****Office use only*****

Date received: _____ Amount received _____ Cash: _____ Check #: _____