

2024 Schroeppel Youth Soccer League

69 C. Rt. 57A, Phoenix, NY 13135

 315-695-2801

 commservice@townofschroeppel.com

*Forms available at* ***www townofschroeppel.com***

 ***(****Community Services Dept.****)***

 ***$45 EACH CHILD***

**FALL**

**SYSL**

**Office Use Only:**

Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cash \_\_\_\_\_\_\_\_ Check# \_\_\_\_\_\_\_\_\_\_\_\_\_

Online Registration \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Res \_\_\_\_\_\_\_\_\_\_ Non Res \_\_\_\_\_\_\_\_\_

Late Fee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Notes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ONLINE**

**PAYMENT**

**AVAILABLE**

**We appreciate your Support!!! Without you this program wouldn’t be possible!**

**Parent / Volunteer Support Information**

  Coach

  Assistant Coach

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Shirt Size of Volunteer: Please circle one: AS AM AL AXL AXXL

Player Information:

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M or F

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip: \_\_\_\_\_\_\_\_

Town of Schroeppel Resident: Yes or No Best Contact #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Height: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Grade completed as of June 2024: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*\*****Please check player level and session(s).***

 **My Buddy & Me** (Age 4)

  **U7** (*Age 7 and under*)

  **U10** (*Age 10 and under*)

  **U13** (*Age 13 and under*)

Please list previous soccer experience: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approximate Youth Shirt Size, Please circle one:

 YXS YS YM YL AS AM AL AXL AXXL

*My Buddy & Me* (only) Adult Shirt Size, Please circle one:

 AS AM AL AXL AXXL

*Pease check* ***all*** *Fall Weeknight practice availability?*

 *Mon* *Tues* *Wed* *Thurs*  *Fri*

**Fall Soccer: September 9th – October 12th**

**My Buddy & Me:** *Child and Adult play together! Sports Skills, agility, and social development incorporating “parent” involvement for* ***Age 4 by August 1st Saturday morning Only.***

**U7, U0, and U13:** Practice one evening during week, Games, Saturday mornings,

Times TBA ***@ Farley Comm Park***

**\*\*\*REGISTRATION DEADLINE AUGUST 29, 2024\*\*\* \*\*LATE REGISTRATION FEE $10, AS AVAILABLE - DEADLINE SEPT 5, 2024\*\***

-OVER -

**Parent / Guardian Information: *(Please list in contact order)***

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Doctor to notify in case of emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital preference, if any: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \*\*\*CONSENT FOR MEDICAL TREATMENT OF A MINOR\*\*\*

I understand that there is no accident or injury insurance coverage for injuries incurred in this program. I give permission for my child to participate in the Community Services Youth Soccer Program. I hereby give my consent for all medical care prescribed by a licensed Doctor of Medicine for (child’s name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ as his/her parent or legal guardian. This care may be given under whatever conditions are necessary to the life, limb, or well-being of my dependent.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\* I give my permission for my child to be photographed for publicity purposes.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \*Please make checks payable to ***Town of Schroeppel***

Registration forms, along with a check or money order, can be dropped off in the Community Services drop box at the front of the Town of Schroeppel office building. Additionally, you may pay online at [https://www.govpaynow.com//gps/user/plc/a001i8](https://www.govpaynow.com/gps/user/plc/a001i8).

Registrations may also be mailed to:

 Community Services Department

 Town of Schroeppel

 69 County Route 57A

 Phoenix, NY 13135