



Saratoga Spring Soccer



It's time again for soccer for all kids Kindergarten through 6th grade. We are planning on having three age groups like we have in the past and this year we will be having practice on Monday and Wednesday. We will be at our usual place on the fields adjacent to the west side of the elementary school.

First practice will be Wednesday, May 10th. Practice for the little ones (Kindergarten, 1st and 2nd grade) will be from 5:30 to 6:30, all other ages will be 5:30 to 7:00. Our last day of play will be Wednesday June 14th when we will be having a parent/child game for everyone, after which we will be having a pot luck picnic at the field (about 6:30). A letter will be sent to all parents ahead of time with more information on the game and pot luck.

You will see on the back of this letter a registration form which needs to be filled out in full before your child can play. The cost for soccer this year is the same as last at \$25 which covers the cost of equipment and liability insurance. Please make checks payable to Saratoga Youth Soccer.

Shin guards will be provided for all players who do not own their own; the only requirement we have is appropriate footwear: soccer cleats or tennis shoes. Kids showing up in sandals, flip flops and other such footwear will not be allowed to play.

If anyone is interested helping set up fields, please call Lesley Peck at 970-888-0554.

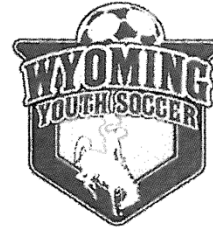
Also, we are in need of coaches and no real experience is necessary. Please indicate your willingness to help on the registration form or contact Lisa at 326-8338.

This year, we are looking at scheduling games with Rawlins, etc., so we will keep you posted.

Thanks for your interest.

**ENCAMPMENT AND HANNA PLAYERS BRING YOUR REGISTRATIONS AND PAYMENT
PRACTICE ON MAY 15TH.**

**US Youth Soccer - Wyoming Youth Soccer
Member Registration and Liability Release**



Registration of youth players, coaches, assistant coaches, and all adult volunteers requires completing the registration requirements of a WYS affiliated club. Registration will include the legal signing of a release from liability, consent for medical treatment, and payment of each affiliated club's registration fee(s).

Affiliated clubs may use this form to gather the required data for entering/updating their members in WYS's electronic registration system. Properly signed and dated copies of this form can be carried by a team's coach or manager to provide proof of medical consent.

PLEASE PRINT LEGIBLY - ALL REQUESTED INFORMATION IS REQUIRED - SUBMIT TO CLUB REGISTRAR

NAME _____

LAST _____ **FIRST** _____ **MI** _____

E-Mail _____ **GENDER** _____

ADDRESS _____ **CITY** _____ **ST** _____

ZIP _____ **HOME OR CELL PHONE** _____ **DATE OF BIRTH** _____ **AGE** _____

Father/Legal Guardian _____ Cell Phone # _____

Mother/Legal Guardian _____ Cell Phone # _____

List any medical problems/prohibitions player has _____

Person to notify in emergency _____ Phone _____

Doctor to notify in emergency _____ Phone _____

Insurance Company & Policy # _____

RELEASE OF LIABILITY - IMPORTANT - PLEASE READ CAREFULLY

I, the parent/guardian of the below-named player, a minor, agree that I, and the player, will abide by the rules and regulations of US Youth Soccer (USYS), its affiliated organizations and its sponsors (USYS Parties).

In consideration of the player's participation in the soccer programs and activities of the USYS Parties (the Programs), I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the USYS Parties, the owners and operators of the facilities used for the Programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, player's transportation to/from any Program, which transportation is hereby authorized.

I further grant the USYS Parties the right to use the player's name, picture and/or likeness in printed, broadcast and other material concerning the Programs, provided such use is related to the player's status as a participant in the Programs.

Name _____ Name _____

Parent/Guardian (Please Print) Player (Please Print)

Parent/Guardian Signature Date

CONSENT FOR MEDICAL TREATMENT FOR A MINOR

As the parent/legal guardian of the above named player, I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

Signature of Parent/Guardian _____

Address _____ **City** _____ **ST** _____ **Zip** _____

Home Phone _____ **Cell Phone** _____