

Boston Youth Soccer League

Registration - 2015

GENERAL INFORMATION: Please fill in **ALL** applicable information and submit with your **fee of \$50 per child**. Please Mail to BYSL, P.O. Box 156, Boston NY 14025. Registration is due on **June 22nd**, after that you must pay an additional late fee of \$10 per child. The season starts 7-20 for practice; games start at 6:15pm. No games are scheduled for Labor Day or the first days of school.

Player must be at least 5 years old but not older than 16 years of age on Sept 1st. 2015
 There are 5 divisions: **Pee-Wee** (5-6 years old as of Sept. 1, 2015); **Preps** (7-8 years old as of Sept. 1, 2015) **Freshmen** (9-10 years old as of Sept. 1, 2015); **Juniors** (11-13 years old as of Sept. 1, 2015) & **Seniors** (14-18 years old as of Sept. 1, 2015. They play one night a week as a pickup game for \$25.)

Registration Information

#1 Childs Name _____ Birth date ___/___/___ Age as of 9/1/2015 _____
 Soccer Experience ___ years. (circle One) Skill 1 2 3 Shirt Size YM YL AS AM AL AX Sex M / F
 #2 Childs Name _____ Birth date ___/___/___ Age as of 9/1/2015 _____
 Soccer Experience ___ years. (circle One) Skill 1 2 3 Shirt Size YM YL AS AM AL AX Sex M / F
 #3 Childs Name _____ Birth date ___/___/___ Age as of 9/1/2015 _____
 Soccer Experience ___ years. (circle One) Skill 1 2 3 Shirt Size YM YL AS AM AL AX Sex M / F

Address _____ Town _____
 Zip _____ Home phone _____ Cell Phone _____

Parental and Medical Information

Mother's Name _____ Email Address _____ cell _____
 Father's Name _____ Email Address _____ cell _____
 Emergency Number _____ Name & Relationship to Child _____
 Special Medical Information _____

We need your Help! This league needs more than just coaches to make it go. Please check where you can volunteer your time and talent. If you do not know soccer, we will train you so you can coach. **Parents who do not intend to volunteer for a task that takes a few hours each year, should consider contributing a suggested donation of \$10 per child.** Registration fees do not cover all the expenses; we depend on sponsors to balance the budget. Scholarships are available at half price for those who demonstrate financial hardship, i.e. who qualify for free school lunches. For more information, contact John Stressinger at 972-0606 or jonstress@email.com , links to forms at <http://www.townofboston.com/sporting.php>, and [/recreation.php](http://www.townofboston.com/recreation.php) or join the facebook group at <https://www.facebook.com/groups/215259228619572/>

Coaching		Asst Coaching		Getting \$ from Sponsors	
Make Schedule		Awards/Trophy		Picnic inside party	
Picnic outside events		Setting up goals (Aug)		Publicity	
Dismantling Goals (fall)		Ordering Uniforms		Database Entry	

League Use only	
Date _____	Amount \$ _____ Cash or Check # (Circle One) _____

We also need Referees! These are paid positions. Referees must be at least 15 years old. Inexperienced referees are trained to become certified by www.NYSWYSA.org. Teenagers also make great assistant coaches; they motivate the players and will be compensated. Please contact Steve Bohan for more information at 408-2103 or email at faith_love_run@hotmail.com.

Code of Ethics / Conduct for Parents:

I hereby pledge to live up to the following code set forth by the BYSL:

1. I will encourage good sportsmanship by demonstrating positive support for all players, coaches and officials at every game, practice or other youth sports event.
2. I will place the emotional and physical well-being of my child ahead of a personal desire to win.
3. I will insist that my child play in a safe and healthy environment.
4. I will support coaches and officials working with my child; in order to encourage a positive and enjoyable experience for all.
5. I will demand a sports environment for my child that is free of drugs, tobacco, and alcohol **and** will refrain from their use at all youth sports events.
6. I will remember that the game is for youth – not for adults.
7. I will do my best to make youth sports fun for my child.
8. I will ask my child to treat other players, coaches, fans and officials with respect.
9. I promise to help my child enjoy the youth sports experience by doing whatever I can; such as being a respectable fan, assisting with coaching or providing transportation.
10. I understand that the primary goals of the BYSL programs are to:
 - Instill good sportsmanship by players, parents, coaches and officials
 - Improve player skills
 - Promote a fun, positive and safe environment for everyone
11. I will treat referees, all coaches, all players, league officials, and all fans with respect. I will refrain from openly and publicly criticizing the aforementioned individuals at all times.
12. I will use appropriate language and display appropriate behavior at all times.
13. I will (and will encourage my child) to respect the facilities that are granted to the league.
14. I agree to accept full responsibility in the event that my child(ren)/dependent(s) are in violation or breach of this code, and **that this code applies to them as well.**
15. In addition, by signing below I am also signing on behalf of my spouse/partner, and that this code applies to them as well.

BYSL Disclaimer:

Consents and Agreements: As the parent/legal guardian of the registrant, a minor, I agree that the registrant and I will abide by the rules of the BYSL. We recognize the possibility of physical injury associated with soccer, and in consideration for the BYSL accepting the registrant for its soccer programs. I hereby release and discharge the BYSL, its affiliated sponsors, their employees and associated personnel, including owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant because of the registrant's participation in the programs, and/or being transported to or from, which transportation I hereby authorize. I hereby give my consent for the emergency medical 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 the life, limb or well-being of my dependent.

I HAVE READ AND UNDERSTAND THE PARENTS' CODE OF ETHICS / CONDUCT/ DISCLAIMER ABOVE AND AGREE TO FOLLOW THE PRINCIPLES SET FORTH BY THE BOSTON YOUTH SOCCER LEAGUE SPORTS PROGRAMS.

Guardian Signature: _____ **Date:** _____

Registrant Signature: _____ Registrant Signature: _____

Registrant Signature: _____