

# MYS REGISTRATION FORM – 2010 FALL

Check out our website [www.miltonyouthsoccer.org](http://www.miltonyouthsoccer.org) for more MYS info.

Mailing Address: MYS Post Office Box 586 Milton Vermont 05468

**\*\* Fall Soccer is for children entering Kindergarten through 6<sup>th</sup> Grade \*\***

First name:		Last name:	
DOB:	Gender (M/F):	Grade entering this fall (2010):	
Street address:		Parent/guardian names:	
Special physical or emotional needs (medical conditions, allergies, physical limitations, etc.):			

## Contact information:

Home phone:	Cell phone:
Work phone:	E-mail address:

## Registration Fee (scholarships available upon request):

\$30.00 for one player in family

\$55.00 for two players in family

\$75.00 for three players in family

**Late Fee:** \$15.00 if postmarked after June 30<sup>th</sup>.

Mail completed application form (make the check out to MYS) to MYS Post Office Box 586 Milton VT 05468

**Registrations received after 6/30/10 will be wait-listed and allowed to play if space is available.**

**Note that players will not be added once rosters have been submitted to the VSA at the start of the season.**

**Jersey size (circle one):**    Child M    Child L    Adult S    Adult M    Adult L    Adult XL

## CONSENT FOR MEDICAL TREATMENT

As the parent or legal guardian of the above named player, I hereby give consent for 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 the above named player.

Signature of Parent or Guardian \_\_\_\_\_

## RELEASE AND ASSUMPTION OF RISK OF PARTICIPATION

I/We, the parents/guardian of the registrant, a minor, agree that I/we and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for USYSA accepting the registrant for its soccer programs and activities (the Program), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including owners of the 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 and from the same, which transportation I hereby authorize. I understand that good sportsmanship is expected of parents and players alike. I will abide by the league rule of no smoking at the fields.

Parent/Guardian's Printed Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_

**\*\*\*Please complete other side of the form \*\*\***

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MYS OFFICE USE ONLY:

**Fee Paid:**    Cash: \_\_\_\_\_    Check: \_\_\_\_\_    Check #: \_\_\_\_\_    Division Assign: \_\_\_\_\_

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## MYS Parents Code of Conduct

The MYS board members and other MYS volunteers are committed to the Milton community for delivering a quality youth soccer program. We all know children's sports are supposed to be fun for the children involved. Unfortunately, there are some parents, fans and others that don't realize that their behaviors can have a lasting emotional effect on children. Young athletes can be disillusioned in youth sports programs because adults have unfairly taken the fun out of the game. That is why the MYS board has adopted the following **Code of Conduct** for parents and spectators to abide by during every MYS event. We ask that you read and sign below to acknowledge your support of our policy. The Code of Conduct can also be found at [www.miltonyouthsoccer.org](http://www.miltonyouthsoccer.org).

I agree that:

1. I will enjoy my child's opportunity to experience the benefits in participating in the sport.
2. I will remember that children participate to have fun and that the game is for youth, and not adults.
3. I will inform the coach of any physical disability or ailment that may affect the safety of my child or the safety of others.
4. I will encourage my child and the other children on their team.
5. I will make every effort to attend and be on time for all team events. If I am not in attendance of the event I will make every effort to promptly pick up my child or make arrangements for their safe return to home.
6. I (and my guests) will refrain from coaching my child or other players from the sidelines during games or practices, unless I am one of the official coaches of the team.
7. I (and my guests) will not engage in any kind of un-sportsman like conduct toward any official, coach, player or parent. These include, but are not limited to: booing, taunting, use of profane language or gestures, or physical contact.
8. I will encourage my child to learn and play by the rules of the game and to resolve conflicts without resorting to hostility, violence or other behaviors that could endanger the health or well being of other players.
9. I will see that my child treats other players, coaches, officials and spectators with respect regardless of their race, color, creed, sex or ability.
10. I will provide my child with a sports environment that is free from drugs, tobacco and alcohol and refrain from their use at every MYS event.
11. I will respect the coaches and officials and their authority during games and will never question, discuss or confront coaches or officials at the game field, and will take the time to speak with coaches or officials at an agreed upon time and place.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Fall Refund Policy

Players who withdraw prior to August 15, 2010 will receive a full refund. Players who withdraw between August 15 and the first scheduled game, will receive a 50% refund. After the first game of the fall season, fees are nonrefundable. Players who are placed on wait-lists will receive full refunds after the start of the season if they are not placed on a team.

Players wishing to withdraw must notify the registrar directly (Val Loucy, [madval398@comcast.net](mailto:madval398@comcast.net), 355-1335), in addition to their coach (if assigned to a team).

Parent/Guardian's Signature: \_\_\_\_\_

**Milton Youth Soccer is a completely volunteer-run organization. We need your help! We are looking for coaches, assistant coaches, team parents and board members.**

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|---|---|
| <input type="checkbox"/> Yes, I would like to coach/assistant coach | <input type="checkbox"/> Yes, I would like to join the MYS Soccer Board |
| <input type="checkbox"/> Yes, I would like to be a team parent      | <input type="checkbox"/> Sorry, I am unable to help at this time        |

Volunteer name and phone number: \_\_\_\_\_