



REGISTRATION FORM - Spring 2010 Season

www.CambridgeYouthSoccer.org

P.O. Box 390215, CAMBRIDGE, MA 02139-0003 • 617-491-4958

ONLINE REGISTRATION & PAYMENT IS NOW AVAILABLE AT WWW.CAMBRIDGEYOUTHSOCCER.ORG, OR READ THE FOLLOWING INFORMATION CAREFULLY AND COMPLETE **BOTH** SIDES OF THIS FORM TO REGISTER YOUR CHILD. INCOMPLETE REGISTRATION FORMS WILL NOT BE PROCESSED!

GENERAL INFORMATION:

Cambridge Youth Soccer is an independent, non-profit corporation offering boys and girls the opportunity to play soccer. All children, regardless of ability or family income are encouraged to play. Children must either live in Cambridge or attend school in Cambridge in order to participate.

IMPORTANT REGISTRATION DEADLINES - Late registrants and U10-U14 BAYS players who did not play on a BAYS team during the Fall 2009 season may be wait-listed. In-Town and U10-U14 BAYS spring season starts April 10, 2010. BAYS U16/19 starts April 25, 2010. Kick Start begins April 17, 2010.

- **BAYS U10-U14 registrations** must be postmarked before **December 31, 2009** to avoid the \$20 late fee.
- **IN-TOWN registrations** must be postmarked before **March 15, 2010** to avoid the \$20 late fee.
- Complete both sides of the Registration Form. Include a check payable to Cambridge Youth Soccer.

AGE GROUP INFORMATION Please note: **CYS BAYS Travel teams follow Mass. Youth Soccer Age Guidelines**

IN-TOWN PLAYER GROUPINGS Check one:	BAYS TRAVEL PLAYER AGE GROUPS Check one:
<input type="checkbox"/> 4 and 5 year olds (Kick Start)	U10 <input type="checkbox"/> Born on or after Aug. 1, 1999 to July 31, 2001*
<input type="checkbox"/> 1 st or <input type="checkbox"/> 2 nd grade	U11/U12 <input type="checkbox"/> Born on or after Aug. 1, 1997 to July 31, 1999*
<input type="checkbox"/> 3 rd or <input type="checkbox"/> 4 th grade	U14 <input type="checkbox"/> Born on or after Aug. 1, 1995 to July 31, 1997*
<input type="checkbox"/> 5 th or <input type="checkbox"/> 6 th grade	U16-U19 <input type="checkbox"/> Born on or after Aug. 1, 1990 to July 31, 1995*
<input type="checkbox"/> 7 th or <input type="checkbox"/> 8 th grade	

* BAYS players born in August are now permitted to request to play "up" if this allows them to remain with grade classmates. If you have an August birthday child and wish CYS to consider letting them play up a year in order to remain with their grade, please mark preference. My child requests to play: U10 U12 U14 U16/19

SHIRTS/UNIFORMS: T-Shirts for In-Town players are included with the registration fee.

CYS Travel Uniforms for BAYS players must be purchased prior to the season.

Socks - \$5.00 Shorts - \$15.00 Shirts - \$20.00. You will receive more information once your player is placed on a team.

STEP 1: PROGRAM SELECTION (Check one box only: Kick Start, In-Town or BAYS Travel)

- KICK START:** 4 and 5 year olds play Saturday morning.
- IN-TOWN:** All 1st & 2nd graders will play In-Town and will have 90 minute sessions on Saturday that include practice and game. 3rd — 8th graders have one practice during the week and a game on Saturday. Season is 9 to 10 weeks.
- BAYS TRAVEL:** Players born before September 1, 2001 have the option of playing on a travel team in the Boston Area Youth Soccer League. BAYS involves travel through Eastern Massachusetts, two practices per week, and a game on Saturday. Travel team field formats: U10 plays 6v6, U12 plays 8v8, U14-U19 play 11v11.

STEP 2: REGISTRATION FEE Please check the appropriate box for Kick Start, In-Town or BAYS.

Kick Start Spring 2010: \$45.00 _____ → \$ _____

In-Town Spring 2010: \$80.00 _____ → \$ _____

Late Fee, if applicable. In-Town applications postmarked after **March 15, 2010** must include a \$20 late fee. _____ → \$ _____

BAYS Spring 2010: \$85.00 _____ → \$ _____

Late Fee, if applicable.

U10-U14 BAYS applications postmarked after **December 31, 2009** must include a \$20 late fee. _____ → \$ _____

U16-U19 BAYS applications postmarked after **February 28, 2010** must include a \$20 late fee. _____ → \$ _____

Financial Aid is available for low-income families; we ask that you include whatever amount you are capable of sending. _____ → \$ _____

Financial Contribution: In order to offer our program to all children who want to play soccer, additional funds are needed to cover rising costs of equipment and scholarships. Please consider a tax-deductible contribution. _____ → \$ _____

No refunds after 4/12/10. Please make check payable to Cambridge Youth Soccer for this amount: TOTAL \$ _____

Mail the form with payment to: Cambridge Youth Soccer, P.O. Box 390215, Cambridge, MA 02139-0003

OFFICIAL USE: Check # _____ Amount _____ Money Order Cash Rec'd By _____ Date _____

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One child per registration form. After filling out the Program Selection & Registration Fee information on the other side, please fill this page out carefully and completely. Please print neatly, sign the release and include the fee.

STEP 3: PLAYER INFORMATION			Date of birth (MM-DD-YY)	Sex:	Grade (9/09)	School:
Player Name <i>(Please print)</i>			<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/>	M F	<input type="text"/>	<input type="text"/>
Last		First		Initial		
Street address & Apt. #				City		Zip
Home phone		Email <input type="text"/>				
Parent/Guardian name			Mobile phone		Work phone	
Parent/Guardian name			Mobile phone		Work phone	
Name on mailbox, if different			Emergency Contact: (other than parent)		Phone	
Physician		Phone		Medical Ins. Co. & ID#		

STEP 4: VOLUNTEER INFORMATION — Operating a youth soccer program requires volunteers, at all levels, to create the best environment. Are you willing to provide assistance as: Coach Asst. Coach Team Manager Referee

Age Group Coordinator Fundraising

Carpooling: I can drive a child who needs a ride to practices and/or games.

Name of volunteer: _____ Name of volunteer: _____

STEP 5: SPECIAL NOTES (Optional) Especially for players new to CYS, what else should we know about your child's interests, abilities or previous experience? _____

In-Town Players: For transportation or daycare reasons, you may request that your child be placed on the same team with one other child (name): _____

For 3rd grade and older you may indicate problem practice days or preferred areas of the city for weekday afternoon practice. _____

Which would you prefer to be near for a practice location: Neighborhood (circle one): East; North; Central Sq.; West or, School _____

CYS cannot guarantee to meet these requests. Particularly with older age levels and BAYS placements there is often little flexibility, but we will try to accommodate families' needs when we can. Requests for specific coaches or teams will not be honored.

STEP 6: FOR BAYS PLAYERS ONLY— I understand that Cambridge BAYS players are expected to play both fall and spring seasons and attend at least 8 out of 10 games and two-thirds of the practices per season (BAYS Spring season starts in April).

Signature of Parent or Legal Guardian: _____

STEP 7: CONSENT FOR MEDICAL TREATMENT —As parent or legal guardian of the above named player, I hereby give my 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 life, limb, or well being of my dependent.

RELEASE: I, the parent/guardian of the registrant, a minor, agree that I, and the registrant will abide by the rules of the USYSA, MYSA, BAYS, CYS, affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA, MYSA, BAYS, CYS accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, MYSA, BAYS, CYS, affiliated organizations and sponsors, their employees, volunteers and associated personnel, including the owners of fields and facilities utilized for the Programs, against any and all claims by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Name of Parent or Legal Guardian: (Please print) _____ Signature of Parent or Legal Guardian: _____

Date: _____ Allergies or other Medical Conditions: _____

OFFICIAL USE:	1/2B	3/4B	5/6B	7/8B	U10B	U12B	U14B	U16-19B	<input type="checkbox"/> IN-TOWN
<input type="checkbox"/> KICK START	1/2G	3/4G	5/6G	7/8G	U10G	U12G	U14G	U16-19G	<input type="checkbox"/> BAYS