



# REGISTRATION FORM - Fall 2010 & Spring 2011 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](http://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:

Fall 2010 season begins **September 11 (BAYS Travel) and September 18 (In-Town)**

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 may be wait-listed.

- **BAYS registrations** must be postmarked before **June 20** to avoid the \$20 late fee.
- **IN-TOWN registrations** must be postmarked before **September 1** 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)	U9/10 <input type="checkbox"/> Born on or after Aug. 1, 2000 to July 31, 2002*
<input type="checkbox"/> 1 <sup>st</sup> or 2 <sup>nd</sup> grade	U11/12 <input type="checkbox"/> Born on or after Aug. 1, 1998 to July 31, 2000*
<input type="checkbox"/> 3 <sup>rd</sup> or 4 <sup>th</sup> grade	U14 <input type="checkbox"/> Born on or after Aug. 1, 1996 to July 31, 1998*
<input type="checkbox"/> 5 <sup>th</sup> or 6 <sup>th</sup> grade	U16-U19 <input type="checkbox"/> Born on or after Aug. 1, 1991 to July 31, 1996*
<input type="checkbox"/> 7 <sup>th</sup> or 8 <sup>th</sup> grade	(U16-U19 High School play Spring Season only)

\* BAYS players are now permitted to request to play "up" if this allows them to remain with grade classmates. If you have a "late-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: U9/10  U11/12  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 - \$10.00 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 1<sup>st</sup> & 2<sup>nd</sup> graders will play In-Town and will have 90 minute sessions on Saturday that include practice and game. 3<sup>rd</sup> — 8<sup>th</sup> 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, 2002 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: U9/10 plays 6v6, U11/12 plays 8v8, U14-U19 play 11v11.

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

**Kick Start Fall 2010: \$45.00** \_\_\_\_\_ → \$ \_\_\_\_\_

**In-Town Fall 2010: \$80.00** \_\_\_\_\_ → \$ \_\_\_\_\_

**In-Town Fall 2010 and Spring 2011: \$150.00** \_\_\_\_\_ → \$ \_\_\_\_\_

**Late Fee, if applicable.** In-Town applications postmarked after **September 1, 2010** must include a \$20 late fee. \_\_\_\_\_ → \$ \_\_\_\_\_

**BAYS Season includes Fall 2010 and Spring 2011: \$155.00** \_\_\_\_\_ → \$ \_\_\_\_\_

**BAYS U16-U19 Spring 2011 Only: \$85.00** \_\_\_\_\_ → \$ \_\_\_\_\_

**Late Fee, if applicable.** BAYS applications (excluding U16-U19) postmarked after **June 20, 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. \_\_\_\_\_ → \$ \_\_\_\_\_

**BAYS full refund less \$10 processing fee if requested by 8/15/10. After 8/15/10, 50% refund.**

**In-Town full refund less \$10 processing fee if requested by 9/15/10. After 9/15/10, 50% refund.**

**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 \_\_\_\_\_

# CAMBRIDGE YOUTH SOCCER – REGISTRATION FORM – FALL 2010 & SPRING 2011 – pg. 2

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.

<b>STEP 3: PLAYER INFORMATION</b>		Grade (Fall 2010)	Sex:	Date of birth (MM-DD-YY)	School:
Player Name (Please print)		<input type="text"/>	M F	<input type="text"/> - <input type="text"/> - <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  Asst. Coordinator  Fundraising  Other \_\_\_\_\_

**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** Especially for players new to CYS, what else should we know about your child's interests, abilities or previous experience?

\_\_\_\_\_

\_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Experience:  none;  a little;  lots.

In-Town players may request to be placed on the same team with one other child (name) \_\_\_\_\_

For 3<sup>rd</sup> 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: \_\_\_\_\_

<b>OFFICIAL USE:</b>	1/2B	3/4B	5/6B	7/8B	U10B	U12B	U14B	U16B	U19B	<input type="checkbox"/> IN-TOWN
<input type="checkbox"/> KICK START	1/2G	3/4G	5/6G	7/8G	U10G	U12G	U14G	U16G	U19G	<input type="checkbox"/> BAYS