



2011 Lake Region Youth Soccer

****PLEASE COMPLETE EACH SECTION OF THE REGISTRATION FORM****

1. **Town (circle one):** **Bridgton** **Casco** **Naples** **Sebago**
2. **Child's Grade in the fall of 2011 (circle one):** **K** **1** **2** **3** **4** **5** **6**
3. **Please Circle Team:** **Boys Team** **or** **Girls team**
4. **Child's Name** _____ **Birth Date** _____
Street Address _____ **Phone #** _____
Father's Name _____ **Work phone** _____
Mothers Name _____ **Work phone** _____
E-Mail Address _____ **@** _____
Emergency Contact: _____ **Phone #** _____
Emergency contact relationship to child _____
5. **List any medical or health problems, or special requests (please note that requests will be considered by town directors but may not be granted):**

6. Consent for participation:

I, the parent or guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of Lake Region Youth Soccer, (LRYS). Recognizing the possibility of physical injury associated with soccer and in consideration for LRYs accepting the registrant for its soccer programs and activities, I hereby release, discharge, and/or otherwise indemnify LRYs, its sponsors and associated personnel, including the 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 registrants participation in the programs and/or being transported to or from the same, which transportation I hereby authorize:

Parent/Guardian Name (print) _____ Signature _____

7. Consent for medical treatment:

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

Signature of Parent/Guardian _____

COACHES AND REFEREES NEEDED: The Lake Region Youth Soccer (LRYS) program is provided through the efforts of parents and volunteers as coaches, assistant coaches, and referees. If you can help, please indicate your area of interest by circling below. **LRYS will provide training and support.**

COACH ASSISTANT COACH REFEREE

REGISTRATION POLICY AND FEES: Mail-in registrations should be sent to:

Casco: Checks payable to Casco Recreation
Beth Latsey
P.O. Box 60
Casco, Maine 04015

Naples: Checks payable to Naples Recreation
Harvey Price
P.O. Box 1757
Naples, Maine 04055

Fees for the 2011 LRYS program are:

	<u>FULL FEE</u>	<u>DISCOUNT</u>
Kindergarten	\$15.00/child	
Grades 1 – 6	\$ 40.00/child	(\$20.00 if registered by June 30)
Multiple children	\$ 55.00/family	(\$35.00 if registered by June 30)

The Registration deadline for soccer, grades 1-6, is August 31st. Any registrations received after the July 31 will be placed on teams if there is space available in their grade level. If there is no space available they will be placed on a waiting list.

Please note that players will not be switched to another team because of scheduling conflicts with other programs such as dance, football, scouts, ect.

The \$20 discount applies to all registrations postmarked/received by June 30, 2011. All registrations received between July 1-31, 2011 must be accompanied by the full fee. All fees must accompany the registration. Additional forms are available at your town office. It is the policy of LRYS that no child will be excluded because of inability to pay. Scholarships are available in cases of financial hardship. Contact your town recreation director for further information; Casco – Beth Latsey 627-4187; Naples – Harvey Price 693-6364.

KINDERGARTEN STUDENTS MAY REGISTER AT ANY TIME PRIOR TO THE START OF THE SEASON. TRANSFER STUDENTS AND POST JULY 31 REGISTRATIONS WILL BE ACCOMMODATED AS SPACE ALLOWS AT THE DISCRETION OF LRYS DIRECTORS. PLAYERS ARE NOT ALLOWED TO “PLAY UP” BEYOND GRADE LEVEL.

PARENTS CODE OF CONDUCT: Parents/Guardians must read the following code of conduct and sign as requested.

I will do my best to insure that my child has a positive experience in the LRYS program by encouraging fair play and good sportsmanship and will attempt to relieve the pressure of competition, not increase it.

I will respect the decisions made by coaches and referees. Disagreements with coaches and referees do not belong on the soccer field during games or practice sessions. I will voice my questions or concerns to coaches and referees in respectful manner, and away from children, after the practice or game. I will accept the outcome of each game and will encourage my child to be gracious in both victory and defeat.

I will applaud the efforts of players on both teams, remembering that they will be the teammates and friends of my child in Middle School and High School.

I will not “coach” from the sideline, understanding that the yelling of directions to players may be at odds with what they have been taught, and with what the coach is trying to accomplish.

I will model positive and appropriate adult behavior when attending any LRYS sponsored activity.

Parent/Guardian

Signature _____ Date _____