



# Indoor Soccer Enrollment Form

Please return by January 5<sup>th</sup> with the registration fee to the WRC, 624 College

Name:	School:	Grade:						
Address:	Phone: Home	Work						
Gender: Male    Female	Age (as of Jan. 1, 2018):	Birthdate:						
E-mail address:								
Whom to contact in emergency:		Phone:						
League (circle one):	U6 (4&5)	U8 (6&7)	U11 (8,9 & 10)	U14 (11, 12 & 13)				
T-shirt size (circle one):	YS (6/8)	YM (10/12)	YL (14/16)	AS	AM	AL	AXL	AXXL

**Siblings in the same age group will be put on the same team. Please put the name of the sibling on the line provided. If you prefer not to have siblings on the same team please leave the line blank.**

Siblings name \_\_\_\_\_

### PARENTS CONSENT AND RELEASE

I, the undersigned, hereby consent to my child enrolling and participating in the above Winfield Recreation Commission Youth Program. I also am aware that there are physical risks and hazards involved in the conduct of the program and hereby release, indemnify and hold harmless this organization from any liability as a result of any accident which may occur in conjunction with said participation and result in bodily injury to my child.

\_\_\_\_\_  
Parent and/or Legal Guardian

\_\_\_\_\_  
Date

### NYSCA VOLUNTEER COACHES CERTIFICATION CLINIC – January 17<sup>th</sup>

All teams must have at least one coach that is NYSCA certified. Thanks to the support of the Winfield Recreation Commission, coaches will receive this training **FREE OF CHARGE (a \$20 value)**. Once you complete the training, you will receive \$500,000 in liability insurance coverage. Mark down January 18 on your calendar. **Clinic is from 6:00-8:00pm** at the WRC office, 624 College.

\* \_\_\_\_\_ Yes, I will be the **HEAD COACH** of my child's team, Please send me a coaching application.

I will attend the NYSCA coaches clinic on January 17, as well as the coaches meeting and draft of my child's age division. (Head coaches will be determined on a first come basis, with priority being given to those that are NYSCA certified and have a coaching application on file.) **Shirt size:** \_\_\_\_\_

\* \_\_\_\_\_ Yes, I am willing to assist the head coach of the team my child is on, please send me a coaching application.

**Shirt size:** \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

