

TWIN VALLEY YOUTH SPORTS P.O. Box 1458, Wilmington, VT 05363

www.twinvalleyyouthsports.com

2017 SOCCER REGISTRATION and RELEASE FORM **Grades**
PreK – 3rd

Child's Name _____ Grade Sept 2016 _____ Date of Birth _____

Parent(s) Name _____

Mailing Address _____

Email _____ Telephone _____ Emergency _____

Insurance Information _____

Medical Conditions/ Allergies _____

For your athlete to participate, TVYS must receive the following –

Completed registration form

Expectation form signed by both parent and athlete

Payment in full (*Wilmington/Whitingham Residents - \$30 *Other Towns - \$35) **Returned checks will have a \$20 fee applied.** *If unable to remit payment with registration, please contact TVYS President Melissa Boyd @ boyd_5@hotmail.com or TVYS Treasurer Tasha Tobey-Pike @ Northernpikes_2011@yahoo.com. Player will not be put on the roster until payment or arrangements have been made. Scholarships available.*

Fee Paid _____ cash/check#

Level - Grade Pre K K 1st (Saturday morning clinics)

2nd Grade

3rd Grade (small format local games)

Uniform Size - small medium large x large (youth sizing)

VOLUNTEERS NEEDED

Without volunteers our programs would not be possible, I am willing to volunteer in the following way(s):

Coaching or Assistant Coaching

Umpire/Referee

Concession Stand

Field/Court/Prep/Clean Up

Fundraising

Making Baked Goods for sale

Twin Valley Youth Sports Soccer Expectations

Parent/Spectator Expectations:

1. Parents are expected to be courteous and respectful of coaches and referees. Remember they are volunteering their time. Any parent not being courteous and respectful will be asked to leave the field. There will be zero tolerance for poor behavior.
2. If you think you can do a better job as a referee, you should volunteer. There is always a need for volunteer referees.
3. We expect sportsmanship toward all teams by parents as well as athletes.
4. Parents with concerns or complaints should discuss the issue with the coach first, if possible. If the issue is not resolved, it should be brought to the attention of the TVYS administrator in writing. If the parent is still not satisfied, they may bring it to the attention of the TVYS Board of Directors in writing.
5. Parents /spectators are not allowed in the bench area with teams.
6. Parents/Spectators/no one is allowed behind the goal line during play, it is distracting to the players and unsafe for the spectators.

Player Expectations:

1. Players are expected to attend all practices and games and to be on time. A phone call to the coach is expected if they will be late or missing practice or a game. * Players that miss practices will have less game time. *
2. During a game, no siblings or friends are allowed in the bench area. 3. NO siblings or friends are allowed at practices
4. Be respectful of teammates and coaches.
5. Good sportsmanship is expected always.
6. If a player is going home with someone other than a parent, a note is necessary.
7. Players should arrive at practice with shin guards on and cleats. This is for your safety. It is mandatory that Players who would like to play goalie must have a mouth guard. Other players should consider having a mouth guard also but it is not mandatory.
8. There will be no fooling around tolerated. Players should come prepared to learn and play soccer.
9. Foul language is not acceptable and results in immediate warning #1.

Consequences:

1. WARNING DISCUSSED WITH PARENT
2. SUSPENDED ONE GAME, DISCUSSED WITH PARENT
3. EXPELLED FROM TEAM

I have read and agree to abide by these expectations:

Parents signature: _____ Players signature: _____

Twin Valley Youth Sports Release

I, _____(parent or guardian) from _____(town) give permission for my child listed above to participate in the Twin Valley Youth Sports Program.

I acknowledge that sports are inherently dangerous activities which can result in personal injury, even with supervision, and I am subjecting my child to this risk.

In consideration for my child to be permitted to participate in this program, I hereby release the League involved, Twin Valley Youth Sports, Inc. and its administrator and volunteers, and the Town of Wilmington from all claims arising from personal injury or damage to property resulting from participation in the Twin Valley Youth Sports Program.

I agree to indemnify and hold harmless the above-mentioned for all costs, including attorney's fees, incurred in the defense of claims made while my child is participating in this program.

In case of emergency and I cannot be reached, I give permission for medical care prescribed by a duly licensed doctor of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my dependent named above.

I authorize the use of any photos taken of my child during his/her participation in the program, for promotional, publicity, or public relations purposes by Twin Valley Youth Sports.

I am the parent or lawful guardian of the child named above whom is participating in the Twin Valley Youth Sports Program.

Signature _____ Date _____