



Fall 2009 Youth Soccer Registration

This is a coed recreational soccer league open to residents of the Johnson City area who are in grades 1-7 as of September 2009.

Games are played on Sunday afternoons (Sept. 13th – Nov. 1st)
@ JC Primary/Intermediate/Middle School Fields

Registration deadline: July 15th, 2009

Registration forms (back of this sheet) should be mailed to:

Johnson City Soccer Association
c/o Scott Carpenter
P.O. Box 453
Johnson City, New York 13790

Registration Fee - all registration fees are nonrefundable*

\$25 per player if received before 7/01/2009

\$35 per player if received after 7/01/2009

Make all checks payable to J.C.S.A.

Registrations after 7/15 will be accepted on a "waiting list" basis with no guarantees regarding eventual placement on a team.

*Registration fees will be refunded to "waiting list" individuals who are not eventually placed on a team.

The primary goals of our organization are to teach basic soccer skills, to promote team spirit and good sportsmanship, and most of all, to have fun! The League does not maintain team standings or individual statistics. Every child will play at least ½ of every game, regardless of their ability level (as long as they attend practices regularly and cooperate with their coaches).



Fall Registration (Grades 1-7 as of September 2009)

**PLEASE PRINT LEGIBLY – NAMES TO APPEAR ON
PERSONALIZED TROPHIES**

<u>Last Name:</u>	<u>First Name:</u>	<u>Middle/Initial</u>	<u>DOB: (mm/dd/yyyy)</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<u>Address:</u>	<u>City:</u>	<u>State:</u>	<u>Zip code:</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<u>Phone Number:</u>	<u>Email:</u>	<u>Gender:</u>	<u>Grade as of 9/2009</u>
<input type="text"/>	<input type="text"/>	M / F	<input type="text"/>

Prior years of soccer experience:

Recreational: ___ years.

Travel/Competitive: ___ years.

Name(s) of Adult(s) with which this child lives: _____

Adult's Relationship to this child: _____

Medical Information:

Primary emergency contact:	Phone Number:
Secondary emergency contact:	Phone Number:
Please list all medical conditions/allergies that your child's coach needs to know:	
Primary medical coverage is required for all participants. League is covered by liability insurance only	

Our program depends entirely on volunteer support. If you would like to volunteer your time to help, please circle your preference(s) below:

TEAM COACH / ASSISTANT COACH / TEAM PARENT

There will be a mandatory coaches meeting on Tuesday, August 25th (7:00 p.m. at JC Knights of Columbus). All coaches (team and assistant) need to be present at this meeting. Equipment, schedules, and rosters will be distributed to all teams on this day.

The Johnson City Soccer Association needs your support & cooperation to help ensure the safety and enjoyment of all our league participants. Observance of the following guidelines will help the League and its coaches:

- 1) Promptness before and after practices/games
- 2) Positively reinforce soccer fundamentals and sportsmanship with your child at home

Parent/Guardian Signature

Cash Check #