

Fall, 2001

NEWTON GIRLS SOCCER

TRAVEL PROGRAM

NGS offers fall travel (BAYS) soccer for players in Grades 4 and above. In the BAYS program, girls are placed on teams according to their skill levels. Games are played against teams from nearby towns. Girls are grouped by age (*not* grade), as follows:

U10 = Born after 7/31/91 U12 = Born after 7/31/89 U14 = Born after 7/31/87 High School = Born after 7/31/83

Players born between August 1, 1991 and December 31, 1991 have the option of playing either U-10 or U-12 travel soccer.

Players born between August 1, 1989 and December 31, 1989 have the option of playing either U-12 or U-14 travel soccer.

Players born between August 1, 1987 and December 31, 1987 have the option of playing either U-14 or HS travel soccer.

NGS strongly recommends that these players carefully consider their selection and make an informed decision.

PLAYERS INTENDING TO PLAY TRAVEL SHOULD ATTEND THE APPROPRIATE TRYOUTS AT NEWTON SOUTH HIGH SCHOOL: U10 AT 12:30PM ON MAY 20, 2001. U14 AT 3:30PM ON MAY 20, 2001. U12 AT 2PM ON MAY 6, 2001. (EACH PLAYER WILL RECEIVE A POSTCARD A FEW DAYS BEFORE THE TRYOUT INDICATING HER EXACT ARRIVAL TIME.)

REGISTRATION FEES: \$65.00 for the first girl, \$50.00 for the second, and \$40.00 for each additional girl from the same family. In determining the total family fee, consider all girls playing NGS (BAYS travel and intramural). *It is the policy of Newton Girls Soccer to waive player registration fees and/or uniform expenses in the event of financial need. A strictly confidential telephone request to the NGS President at (617) 965-8594 is all that is necessary.*

REGISTRATIONS MUST BE RECEIVED BY April 30, 2001 IN ORDER TO GUARANTEE A SPOT ON A TEAM.

COACHES NEEDED: The success of this program depends upon parents' willingness to coach or assistant coach. Please indicate your willingness on the registration form (below). NO PREVIOUS SOCCER COACHING EXPERIENCE IS REQUIRED. Clinics and training will be provided for all coaches and assistants.

GAME SCHEDULES: U10, U12 and U14 games are played on Saturdays. High School games are played on Sunday afternoons. The season runs from early September to mid-November. The schedule for exact dates, times and places for the games will be distributed to the players by their coaches before the season.

PRACTICE SESSIONS: U10, U12 and U14 Travel teams generally practice twice each week. Due to field space constraints, the day of the week, time and location of practice sessions may be assigned by NGS.

TEAM ASSIGNMENTS: All players are selected for travel teams based upon tryout performances and coaches' evaluations. NGS will have only four U10 teams during the fall season.

EQUIPMENT: All players are expected to have travel uniform, consisting of jersey, shorts and socks. Non-metal cleats or sneakers are the only footwear allowed. Non-metal cleats are recommended. Shin guards are mandatory. Each player should have her own ball.

PLAYER SAFETY: No jewelry of any kind may be worn during play--no bracelets, necklaces, earrings or rings. Players may not wear beads, barrettes or other hard/sharp items. Newly pierced ears may not be taped. Players may not participate with casts or splints of any kind. **NO EXCEPTIONS!**

REGISTRATION DEADLINE: No assurances can be given that players whose registration forms are received after April 30, 2001 will be admitted to the program. Late registrants will be assigned to teams only on a space available basis. **After April 30, 2001 a late registration fee of \$10.00 will apply.**

HOW TO REGISTER: Complete (BOTH SIDES!) and detach the form below, include a check in the appropriate amount payable to "NGS" (or a request for fee reduction or waiver), and return the completed packet by mail to:

Newton Girls Soccer, PO Box 620275, Newton, MA 02462-0275

QUESTIONS?? Visit our website at www.newtongirlssoccer.org, or call Newton Girls Soccer at (617) 965-8594

REGISTRATION PACKETS MUST BE RECEIVED BY THE ABOVE DEADLINES!!!

NEWTON GIRLS SOCCER ♦ REGISTRATION FORM (rev A)

Newton Girls Soccer, PO Box 620275, Newton, MA 02462-0275

REGISTRATION FEES: \$65.00 for the first girl, \$50.00 for the second, and \$40.00 for each additional girl from the same family. In determining the total family fee, consider all girls playing NGS (BAYS travel and intramural). In case of family hardship, the fee(s) will be reduced or waived (see above). Strict confidence will be observed. **A \$10.00 late fee applies after April 30, 2001.** **NO** refunds can be made after August 1, 2001.

Please check one of the following boxes:

U10
 U12
 U14
 H.S.

Name:	Grade ('01-'02)
Street:	Zip:
Phone:	DOB:
Parent's email address:	School:*
	Fee:

* If a private school student, list that school and the Newton school she would have attended (e.g., BBN/Brown or Schecter/Bowen)

PLEASE HELP!! I am willing to help as a coach an assistant coach Name _____

CHARITABLE DONATION: In order to continue to offer quality soccer, additional funds are needed to cover rising expenses for new equipment and to help create and maintain safe fields. **Please consider adding a tax-deductible contribution to your player registration fee.**

CONTRIBUTION: \$10 \$25 Other \$

COMPLETE AND SIGN THIS RELEASE/CONSENT FOR EMERGENCY MEDICAL/DENTAL TREATMENT

RELEASE: I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYSA, MYSA, BAYS and NGS, their affiliated organizations and sponsors. I desire to have the registrant participate in the soccer programs and activities, including indoor/outdoor play, practices, clinics and matches ("Programs") offered by USYSA, MYSA, BAYS, NGS, and/or their affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and the registrant's participation in the Programs, and in consideration for the USYSA, MYSA, BAYS and NGS accepting the registrant for participation in the Programs, on behalf of myself and the registrant, I hereby release, discharge and/or otherwise indemnify the USYSA, MYSA, BAYS, NGS and their affiliated organizations and sponsors, their respective officers, directors, coaches, committees, employees and associated personnel, including the owner of fields and facilities utilized for the Programs, of and from any claim, demand, action, cause of action, suit or liability arising as a result of the registrant's participation in the Programs, including the transport of the registrant to or from the Programs, which transportation I hereby authorize.

EMERGENCY MEDICAL CARE: As parent or legal guardian of the minor named on this form, I hereby give my consent to seek, obtain and provide emergency medical/dental treatment in case of injury that occurs while participating in NGS-related activities. This care may be given under whatever conditions are necessary to preserve life, limb or well-being of such minor. I understand that such treatment will be sought and provided only in an emergency and that reasonable efforts will be made to contact me before providing such treatment.

Parent/Guardian Name (Print):	Date:
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Parent/Guardian Signature:

TO PARENT/GUARDIAN: You are not required to provide the following information. However, this information will be useful if the minor requires emergency medical/dental treatment.

Date of last tetanus shot: _____ Other allergies: _____

Allergies to medications: _____ Present medications: _____