

Fall, 2002

NEWTON GIRLS SOCCER TRAVEL PROGRAM

(Form A corrected)

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. See the 2002-2003 NGS Program Guide mailed separately for additional detailed information. Girls are grouped by age (*not* grade), as follows:

U10 = Born after 7/31/92 U12 = Born after 7/31/90 U14 = Born after 7/31/88 High School = Born after 7/31/84

Players born between August 1, 1992 and December 31, 1992 have the option of playing either U-10 or U-12 travel soccer.

Players born between August 1, 1990 and December 31, 1990 have the option of playing either U-12 or U-14 travel soccer.

Players born between August 1, 1988 and December 31, 1988 have the option of playing either U-14 or in the fall HS program.

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: U12 AT 3:00PM, SATURDAY, MAY 4, 2002. U10 AT 3:00PM, SATURDAY, MAY 11, 2002. U14 AT 3:00PM, SATURDAY, MAY 18, 2002. (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). No girl is denied an opportunity to participate in Newton Girls Soccer due to financial need. Requests for fee waivers are automatically granted and may be submitted by checking the appropriate box on the application form. Assistance is also available for travel uniform purchase and travel tournament and team fees. For more information, contact either the chairman of our Scholarship Committee or the NGS president.

REGISTRATIONS MUST BE RECEIVED BY April 26, 2002 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 will 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. If a player is not placed on one of the four fall teams, she will automatically be placed on an Intramural team (Fall 2002 4th graders) or a U11/12 travel team (Fall 2002 5th graders).

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 games and practices--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 26, 2002 will be admitted to the program. Late registrants will be assigned to teams only on a space available basis. **After April 26, 2002 a late registration fee of \$15.00 will apply.** Note: fall high school players may register until August 23 without penalty.

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

For questions or contact information, 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 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 \$15.00 late fee applies after April 30, 2002.** **NO** refunds can be made after June 15, 2002.

I request a fee waiver for the Fall 2002 season due to financial hardship. All requests are automatically granted.

Please check one of the following boxes:

U10

U12

U14

H.S.

If checking an age other than "H.S.," please **CIRCLE** preferred try-out time: anytime OK 3:00 4:00 5:00 (U12 or U14 only)

Name:	Grade ('02-'03)	
Street:	Zip:	
Phone:	DOB:	School:*
Parent's email address:	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 THE RELEASE/CONSENT FOR EMERGENCY MEDICAL/DENTAL TREATMENT ON NEXT PAGE

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:
