

NEWTON GIRLS SOCCER

SPRING 2001 INTRAMURAL PROGRAM

Grade 1 · Grade 2 · Grade 3

Newton Girls Soccer (NGS) offers spring intramural soccer for players in Grades 1 through 6. This is a recreational soccer program, organized by school grade and consisting of games against other teams of Newton girls. For 4th, 5th and 6th graders, NGS also offers a spring travel program in which Newton teams play teams from other towns in the BAYS (Boston Area Youth Soccer) League. 4th, 5th and 6th graders interested in either the Intramural or Travel spring programs should request a registration form from the NGS Registrar (see below). NGS is the largest girls' soccer program in New England, and one of the largest in the U.S. NGS has the largest participation of any all-girls, non-school activity in the city. Each year, close to 2,000 girls play NGS soccer in the spring and fall seasons. Newton Youth Soccer (NYS) is distinct from Newton Girls Soccer and is nearly 100% boys, although several girls do participate in NYS.

In Grade 1, NGS offers a specialized, 10-week instructional program conducted by a professional coaching organization, with the assistance and involvement of interested parents. Emphasis is placed on having fun and learning basic soccer skills. Each session consists of instructional activities followed by a scrimmage. Scores are not kept. All sessions are held on Saturday mornings and there are no weekly practices.

In Grades 2 & 3, girls are placed on teams according to grade and school district. Placement of registrants is dependent on the pool of registrants from each district. Requests by parents for specific placements of their daughter with a friend (intramural only!) should be indicated in the space provided on the form and will be accommodated by the Age Group Coordinator depending upon the overall team balancing requirements of the program. The objective of the program is to provide a positive learning environment in which individual player and team skills are developed. The Grade 2 and 3 program consists of one game a week on Saturdays and one practice a week.

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 letter accompanying the registration form requesting the fee waiver is all that is necessary.*

REGISTRATION DEADLINE: The registration deadline is January 15, 2001. After January 15, 2001 a late registration fee of \$10.00 will apply. **Player registrations received after February 23rd will be put on a waiting list** and players will be assigned to teams on a space available only basis. No assurances can be given that registrations received after February 23rd, 2001 will be accepted. **NO refunds can be made after February 23, 2001.**

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: Games will be played on Saturdays. The spring season runs from early April to mid-June. The schedule for exact dates, times and places for the games will be distributed to the players by their coaches before the start of the season.

PRACTICE SESSIONS: Intramural teams generally practice once each week. The practice date will be decided by the coach; however, due to field space constraints, the day of the week, time and location of practice sessions may be assigned by NGS.

TEAM ASSIGNMENTS: Age Group Coordinators put together balanced intramural teams based on each player's grade, school district and skill level (determined by prior season player evaluations prepared by each coach). Each player may identify ONE friend to be on the same team, however, due to team balancing in the older grades only in Grade 1 can a match be assured. **EACH** of the players must specify the other player friend on their registration form **and their respective forms must match requested friends.**

EQUIPMENT: All players should have, or will be provided with an intramural jersey. Non-metal cleats (recommended) or sneakers are the only footwear allowed. Shin guards are mandatory. Each player should have her own ball. First graders will receive a ball and jersey in their first season with NGS.

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!**

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 Lower Falls, MA 02462-0275

For more information visit our website at www.newtongirlssoccer.org or email the Intramural Committee Co-Chairs: Stuart Goldman (goldmans5@aol.com) or David Marcus (marcusnew@mediaone.net). You can also call NGS at (617) 965-8594.

REGISTRATION PACKETS MUST BE RECEIVED BY January 15, 2001

NEWTON GIRLS SOCCER ♦ REGISTRATION FORM

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 January 15, 2001. NO** refunds can be made after February 23, 2001.

Grade 1
 Grade 2
 Grade 3

Name:	Grade (Fall 2000/Spring 2001):	
Street:	Zip:	
Phone:	DOB:	School:*
Parent's E-mail 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

Request for team assignment with a friend (assured in Grade 1 only): Name of Friend: _____

PLEASE HELP!! I am willing to help as a: Coach Assistant Coach Name _____

E-mail Address _____

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

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: _____