

Spring 2001 NEWTON GIRLS SOCCER TRAVEL PROGRAM and 4th, 5th & 6th Grade INTRAMURAL PROGRAM

For the first time this year, a spring Intramural program will be available for girls in grades 4, 5 and 6. In addition to this in-town Intramural program, NGS will also offer spring (BAYS) soccer for players in Grades 4 and above. **When completing the attached form, be sure to check the box indicating if you want Intramural or Travel. If you don't, the form will be returned.** Unlike in the Intramural program, Travel team players are placed on teams according to their skill levels. Travel games are played against teams from other eastern Massachusetts towns and girls are grouped by age (*not* grade), as follows:

U10 = Born after 7/31/90 U12 = Born after 7/31/88 U14 = Born after 7/31/86 U16= Born after 7/31/84 U18=Born after 7/31/82

Players born between August 1, 1990 and December 31, 1990 have the option of playing either U-10 or U-12 soccer.

Players born between August 1, 1988 and December 31, 1988 have the option of playing either U-12 or U-14 soccer.

Players born between August 1, 1986 and December 31, 1986 have the option of playing either U-14 or U16 soccer.

Players born between August 1, 1984 and December 31, 1984 have the option of playing either U-16 or U18 soccer.

NGS WILL BE HOLDING TRYOUTS FOR 4TH AND 5TH-GRADERS WANTING TO PLAY U10 SOCCER IN THE SPRING. ANYONE CURRENTLY PLAYING ON A U10 TRAVEL TEAM WILL REMAIN ON THAT TEAM AND DOES NOT NEED TO COME TO THE TRYOUTS. ALL OTHER U10 GIRLS ARE STRONGLY ENCOURAGED TO ATTEND. THE U10 TRYOUTS WILL BE HELD AT NEWTON SOUTH HIGH SCHOOL ON SUNDAY, OCTOBER 22ND FROM 2-5PM. ALL GIRLS WANTING TO PLAY IN THE SPRING WILL BE PLACED ON A TEAM. THERE ARE NO TRYOUTS FOR OTHER AGE GROUPS AS FALL TRAVEL TEAMS WILL CONTINUE INTO THE SPRING SEASON.

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 or letter with this application is all that is necessary.***

U10 TRAVEL REGISTRATIONS MUST BE RECEIVED BY OCTOBER 9TH IN ORDER TO BE GUARANTEED A SPOT AT THE TRYOUTS. ALL OTHER U10, U12, U14, U16 AND U18 AND INTRAMURAL REGISTRATIONS MUST BE RECEIVED BY NOVEMBER 15, 2000.

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. We are especially looking for more women to join our coaching ranks.

GAME SCHEDULES: Intramural, U10, U12 and U14 games are played on Saturdays. High School games are played on Sunday afternoons. The 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 season.

PRACTICE SESSIONS: Intramural teams generally practice once per week. 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: Intramural teams will be formed with the intent of making them competitively balanced and allowing, where possible, for small groups of friends to play together. All new U10 Travel players will be placed on teams on the basis of tryout performances and coaches' evaluations. New U12 and U14 Travel players will be placed in available team slots on the basis of fall coaches' evaluations. All current U10, U12, and U14 Travel players will remain on the same team that they are on in the fall.

EQUIPMENT: All players will be expected to have Travel uniforms, 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: All new U10 Travel players must have their registrations in by October 9, 2000. All other Intramural and Travel registrations must be received by November 15, 2000. No assurances can be given to players whose registration forms are received after these dates. Late registrants will be assigned to teams only on a space available basis. **After November 15, 2000 a late registration fee of \$10.00 will apply and space on teams may not be available.**

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

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

**NEWTON GIRLS SOCCER
TRAVEL and INTRAMURAL (4th, 5th and 6th-Grade) 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 November 15, 2000.** NO refunds can be made after February 1, 2001.

Please check one of the following boxes or your form will be returned:

- 4th-Grade Intramural
 5th-Grade Intramural
 6th-Grade Intramural
 U10 Travel
 U12 Travel
 U14 Travel
 U16 Travel
 U18 Travel
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To be completed by new U10 players:

- a) I will attend the Oct. 22nd tryout at Newton South High School (strongly encouraged).
 Check the time slot that you most prefer. NGS will do its best to accommodate your request. 2:00 3:00 4:00
- b) I am unable to attend the October 22nd tryouts _____
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To be completed by ALL U10, U12, U14, U16, U18 and 4th, 5th and 6th-grade intramural players:

Name:	Grade ('00-'01)
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

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: _____