



Indoor Soccer

Winter 2007-2008 * Recreational Youth Programs

Come visit the Sports Complex and sign-up for the indoor soccer session.

REGISTRATION
Saturdays, 10am-1pm
Oct. 27, Nov. 3, 17 and Dec. 15

INDOOR TRAINING SESSIONS

9:00-10:00 9-12 yrs. old
 10:00-11:00 7 & 8 yrs. old
 11:00-12:00 5 & 6 yrs. old

4 Saturday sessions that focus on skill development & non-competitive play
 Saturday morning sessions by age groups.

Nov 10, 17, Dec 1 & 8 \$25/ player

INDOOR YOUTH RECREATIONAL LEAGUE

Midget (5 & 6 yrs. old)
 Pee Wee (7 & 8 yrs. old)
 Intermediate (9 & 10 yrs. old)
 Senior (11 & 12 yrs. old)
 *Age as of January 1, 2008

1 hour sessions to introduce and develop soccer skills. Recreational games will focus on individual skills and the concepts of team play. \$55/player (includes t-shirt)

Jan. 12, 19, 26, Feb. 2, 9, March 1, 8, 15



Questions? Call Machell Phelps at 756-1864.

Forms available at theYMCA, Sports Complex or on-line. Mail or bring form & money (checks payable to CCYSA) to:

J.M. McDonald Sports Complex
 4292 Fairgrounds Road | Cortland, NY 13045
 (607) 753-8100 | www.cortland-co-ysa.org

* Adult coaches needed!
 Let us know how you can help!

* Please ask us about scholarship opportunities

PLAYER REGISTRATION FORM

Deadline 1: November 3, 2007 for Indoor Training Session (4 weeks)

Deadline 2: December 15, 2007 for Indoor Youth League (8 weeks)

PLAYER INFORMATION

Player Name: _____ Gender: M / F

Parent / Guardian Name: _____

Address: _____

City, State: _____ Zip: _____

Home Phone: _____ D.O.B. ____/____/____

Email Address: _____

Grade: _____ School: _____ Soccer Experience: ____ years

T-Shirt Size: Youth: Small Medium Large XL Adult: Sm Med Lg XL

EMERGENCY CONTACT

Person to notify: _____ Phone: _____

Family physician: _____ Phone: _____

Known medical conditions: _____

VOLUNTEER INFORMATION

The Cortland County Youth Soccer Association has been providing soccer excitement and enjoyment to individuals for many years. This would not have been possible without the participation and dedication of so many volunteers. Please let us know how you would be willing to help.

Volunteer Name: _____ Phone: _____

Area(s) of Interest: Coach Assistant coach Referee Other _____

MEDICAL CONSENT & LIABILITY WAIVER

Consent for Medical Treatment (minor):

As the parent or legal guardian of the above named player I hereby give my consent for the emergency medical care by a licensed doctor. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependant. I consent for a member of CCYSA or Cortland Sports Complex, Inc. to act in my behalf.

Liability Waiver:

I hereby certify that it is with my full knowledge and consent that the above applicant may take part in the Indoor Soccer Program. I will not hold the Cortland County Youth Soccer Association or Cortland Sports Complex, Inc., its principals, or representatives responsible for any injury my child may sustain while engaged in this program.

Signature _____ Date: _____

PAYMENT INFORMATION (Payment in full prior to participation)

\$25/player Indoor Training Session (4 weeks)

Cash

\$55/player Indoor Youth League (8 weeks)

Check (payable to CCYSA)