

☆ Keep this part of the paper, so you have all the season's information. ☆

Huntington Youth Soccer Grades 1-6

Early Registration



<http://hys.soccer> for details (after August 1)

Fill out both sides of application.

Early discount before August 1*: \$36 per child. *Money handed in - no exceptions.
After July 31: \$48. **On Wednesday, August 1, the fee goes up.**

Final sign-up date September 5 and a sign-up table will be at the Huntington Recreation Field on September 4 & 5

PLEASE NOTE: No player will be allowed on the field until the financial arrangements & medical Paperwork have been complete.

Watch for season schedule and more information after August 1.

MORE INFO: Shin guards and a water bottle are required. Cleats recommended.

Soccer Shoe Exchange: Soccer Shoes are available (or drop off) at the Huntington Public Library.



Name _____

Birth Date _____

Address _____

Phone # _____ Cell # _____

email _____

Parents Name(s) _____

Grade _____ Age _____ (in Sept)

Shirt Size (circle one): Youth Medium Y-Large
Adult Small Adult Medium Adult Large

Adult Volunteer _____

coach

assist on the field

Grades 1/2 Grades 3/4 Grades 5/6

Shirt size: _____

Name _____

Birth Date _____

Address _____

Phone # _____ Cell # _____

email _____

Parents Name(s) _____

Grade _____ Age _____ (in Sept)

Shirt Size (circle one): Youth Medium Y-Large
Adult Small Adult Medium Adult Large

Adult Volunteer _____

coach

assist on the field

Grades 1/2 Grades 3/4 Grades 5/6

Shirt size: _____

I AM INTERESTED IN FINDING OUT MORE ABOUT PROGRAM VOLUNTEERING OPPORTUNITIES:

- scheduling last day celebration field pick-up / prep for practices and games

MORE T-SHIRTS: If you would like to order extra t-shirts, please indicate the size. They are \$12.

Shirt Size (circle one): Youth Medium Y-Large
Adult Small Adult Medium Adult Large Adult XL

Make checks payable to: **Huntington Youth Soccer**. Mail to to Huntington Youth Soccer, 4930 Main Road, Huntington, VT 05462, drop off at the Town Clerk's Office or through the drop slot if the office is closed..

Address _____

Phone # _____ Cell # _____

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Fall 2018 General Practice Schedule Information

<http://hys.soccer> for current info, calendar changes and game/jam information.



Absolutely no preschoolers are allowed on the field. Kindergarten students can play only by prior arrangement and must have a parent coach on the field during all times. (Kindergarten parent coaches are responsible for the cost of their t-shirt and background check.)

Scholarships: Two scholarships in the amount of \$28 are available, so please inquire if you have need of this. Families will be responsible for the balance of the registration fee (\$20).



2018 Huntington Youth Soccer Parent/Guardian Consent & Players Medical Release Form

Player's Name: _____ Date of Birth: _____ Gender: _____

Father's Name: _____ Home Phone: _____

Mother's Name: _____ Home Phone: _____

Please initial and sign:

_____ I give my consent to my son/daughter participating in the Huntington Youth Soccer Program, a Town of Huntington Recreational Program, organization through the Vermont Youth Soccer Association.

_____ I hereby release, discharge, and otherwise indemnify the volunteers and the owner of fields and facilities utilized for the Program, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Program and/or being transported to or from the Program.

_____ I hereby authorize the transportation of my son/daughter to or from the Program.

_____ My player son/daughter has received a physical examination by a licensed medical doctor and has been found physically capable of participating in the sport of soccer.

_____ My player son/daughter has allergies _____ yes _____ no

If yes, please provide information here: _____

_____ I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Program.

_____ I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

Signature of Parent/Guardian

Date