

Stamford Youth Soccer League Pre-Season Travel and Recreational Summer Training 2018

Date: August 20 - 24

Location and Time: West Beach Turf Fields * 9:00 AM - 12:00 PM

Make Checks Payable To: SYSL - 240 Seaton Road Unit #2, Stamford CT, 06902

FEE: \$195.00

*** Early Registration Special - Before July 15th: \$185.00 ***

Note: Full payment due when you register

Team Discount: \$170.00 per player when 10 or more teammates register together (organized through Team Manager and Camp Director)

Siblings Discount: \$165.00 per player if two or more children (siblings) come from same household

Cancellation Policy: A 50% refund is issued if cancellation is made on or before August 1, 2018. No refund if cancellation is made after August 1, 2018

Weather Cancellation Policy: NO REFUNDS or make-up for weather cancellations

Please Check One:

Playing Experience: Travel Soccer Boys _____ Rec. Soccer Boys _____ Premier Soccer Boys _____
 Travel Soccer Girls _____ Rec. Soccer Girls _____ Premier Soccer Girls _____

Name of Registrant(s): PRINT _____

Date of Birth: _____ Age: _____

Address: _____ Zip code: _____

Telephone: (H) _____ (WK) _____ (CELL) _____

Allergic Reactions/Medical Conditions: _____

Doctor's Name: _____

Doctor's Number: _____

Emergency Contact Person and Telephone Number: _____

The undersigned in consideration for participating in the Stamford Youth Soccer League Winter Training Soccer Program Hereby agrees to release, indemnify and hold the City of Stamford and the Stamford Youth Soccer league, its officials, coaches, representatives, and employees harmless from any claim arising out of injury to the above named individual, except to the extent and in the amount covered by the insurance provided by the League/City of Stamford for the program. If a child has a pre-existing medical condition, which has required treatment or been recommended for treatment, and that condition is not indicated on this form and accompanied by a doctor's certificate stating that the child may participate in the program, then the League/City insurance will not cover any injury incurred during the summer playing season related to that condition. Your signature on this form indicated that there is no pre-existing condition of which you are aware which would disqualify your child from insurance coverage. The participant acknowledges that he/she will be solely responsible for the furnishing of all safeguards and appropriate equipment for protection against injury in this activity. By signing below the signee authorizes SYSL or its agents to treat my child or bring them to the hospital in an emergency.

(PARENT) OR (GUARDIAN) SIGNATURE

(EMAIL ADDRESS)

Phone: (H) _____ (WK) _____ (CELL) _____

*** Any questions please contact Jason Segovia at Jrs12475@aol.com OR 203-550-6431 ***

**Mail Checks To:
SYSL
240 Seaton Road, Unit #2
Stamford, CT 06902**