

YATES COUNTY



SOCCER CLUB

Yates County Youth Fall Soccer

Due to COVID-19, we have the following fall program to offer:

- Grouping based on fall school grades of **K-1, 2-3, 4-5, 6**. Minimum age 5, born in 2015.
- Teams will be capped at 10 players for all age groups.
- **6** skills & drills sessions. The season will run on Saturdays from **September 12 to October 17**. Schedule of session times will be dependent on the number of registrants.
- Coaching directors will provide weekly lesson plans to coaches. Please consider volunteering to coach! Email ycysl.info@gmail.com
- Primary goal is to get the kids out and playing! There will be no games, only intersquad scrimmages.
- Pinnies will be provided to each coach to allow them to break up their team and scrimmage each other. Pinnies will be assigned to a player for the season.
- No throw ins, the ball will be kicked into play.
- Registration fees cover insurance costs only, consequently no refunds will be issued.
- Shin guards are required
- Payment via PayPal to ycysl.info@gmail.com or check/cash in person

Cost is \$15

Registration is open from **August 21st to 31st** via email ycysl.info@gmail.com
Registration forms available on Facebook and our website www.yatescountysoccer.com
In person registration will be at the Elm Street Sports Complex on
August 26 from 5pm-7pm and August 29 from 9am-11am

Yates County Youth Soccer League
P.O. Box 165, Penn Yan, NY 14527

Name: _____ Sex: M/F Birth date: ____/____/____
Address: _____ Grade: _____
_____ Years Played _____

Contacts

1. Parent / Guardian: _____ Home phone: _____
Email: _____ Work phone: _____
Cell phone: _____
2. Parent / Guardian: _____ Home phone: _____
Email: _____ Work phone: _____
Cell phone: _____

In case of emergency: (other than parents)

Name: _____ Home phone: _____
Address: _____ Cell phone: _____
_____ Relationship: _____

Medical Information

Doctor: _____ Phone: _____

Health Concerns (allergies, asthma, epilepsy, etc.): _____

My signature below indicates that I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Programs") I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

I furthermore, as the parent or legal guardian of the above-named player, hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine, or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent. I understand the Yates County Youth Soccer league provides medical insurance in the case of injury and furthermore understand that this insurance coverage is only a secondary policy whereby my own medical insurance would be sought as the primary provider of coverage. I also understand that I am responsible to any and all deductibles under my primary and this secondary insurance coverage.

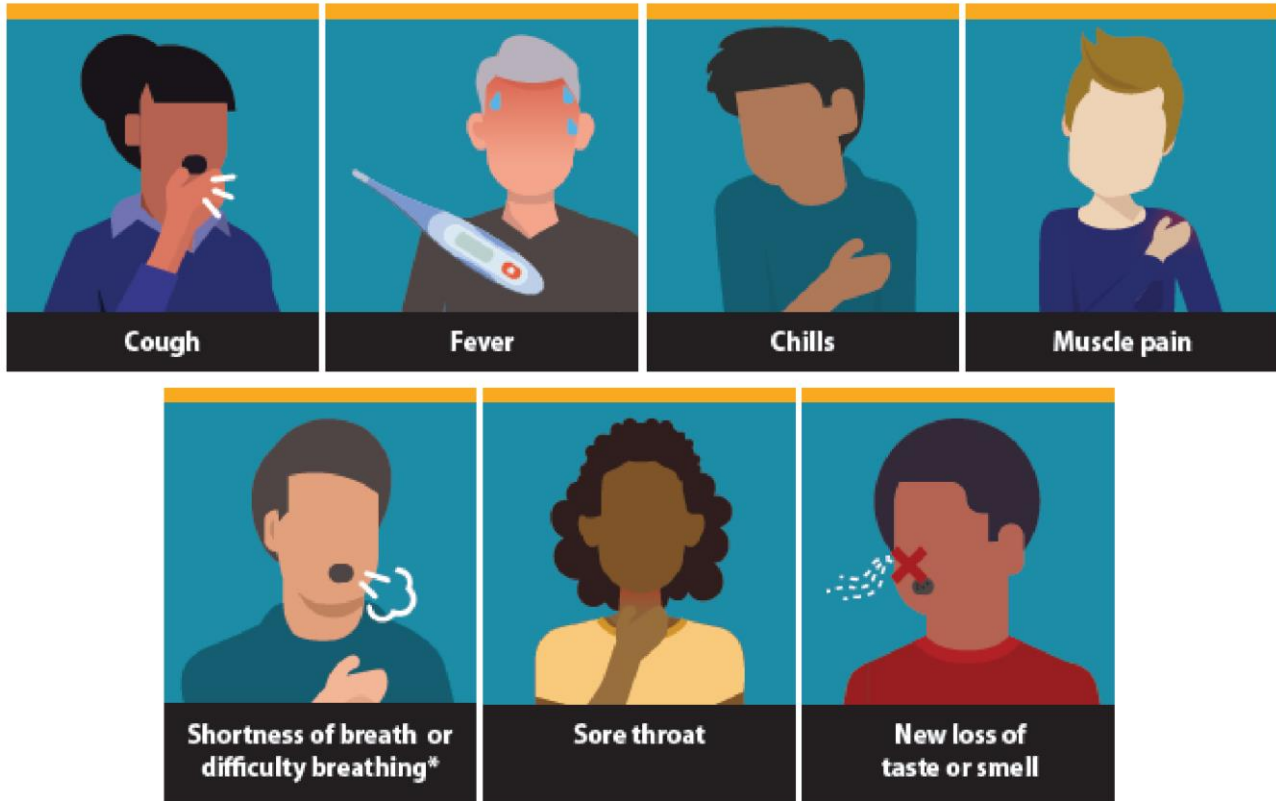
Parent/Guardian Signature _____ **Date:** ____/____/____

Yates County Youth Soccer League Use Only

Paid by: Check # _____ (\$45.00 fee for returned checks) Cash: _____

Symptoms of Coronavirus (COVID-19)

Know the symptoms of COVID-19, which can include the following:



Symptoms can range from mild to severe illness, and appear 2-14 days after you are exposed to the virus that causes COVID-19.

***Seek medical care immediately if someone has emergency warning signs of COVID-19.**

- Trouble breathing
- Persistent pain or pressure in the chest
- New confusion
- Inability to wake or stay awake
- Bluish lips or face

This list is not all possible symptoms. Please call your medical provider for any other symptoms that are severe or concerning to you.



cdc.gov/coronavirus

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