

TWIN VALLEY YOUTH SPORTS P.O. Box 1458, Wilmington, VT 05363

www.twinvalleyyouthsports.com

2019 SOCCER REGISTRATION and RELEASE FORM

Grades PreK – 3rd

Child's Name _____ Grade in September 2019 _____ Date of Birth _____

Parent(s) Name _____

Mailing Address _____

Email _____ Telephone _____ Emergency _____

Insurance Information _____

Medical Conditions/ Allergies _____

In order for your athlete to participate, TVYS must receive the following:

- Completed registration form
- Expectation form signed by both parent and athlete
- Payment in full (*Wilmington/Whitingham Residents & Twin Valley Students - \$40 *Other Towns - \$45) **Returned checks will have a \$20 fee applied.**

PAYMENTS RECEIVED AFTER JUNE 7TH WILL INCREASE TO \$50 AND \$55 RESPECTIVELY.

If unable to remit payment with registration, please contact Melissa Boyd @ boyd_5@hotmail.com OR Chris Walling @ cwalling@dves.k12.vt.us to make payment arrangements. Player will not be put on the roster until payment or arrangements have been made. Scholarships available.

Fee Paid _____ cash/check#

- Level - Grade Pre K, K, 1st (Saturday morning clinics)
 2nd Grade (small format local games)
 3rd Grade (small format local games & 2 end of year away jamborees to prepare for 4th grade travel team the following year)

Uniform Size - x small small medium large x large (all sizing is youth)

VOLUNTEERS NEEDED

Without volunteers our programs would not be possible, I am willing to volunteer in the following way(s):

- Coaching or Assistant Coaching
- Making Baked Goods for Concession Stand
- Concession Stand
- Fundraising

Twin Valley Youth Sports Soccer Expectations

Parent/Spectator Expectations:

1. Parents are expected to be courteous and respectful of coaches and referees. Remember they are volunteering their time. Any parent not being courteous and respectful will be asked to leave the field. There will be ZERO tolerance for poor behavior.
2. If you think you can do a better job as a referee, you should volunteer. There is always a need for volunteer referees.
3. We expect sportsmanship toward all teams by parents as well as athletes.
4. Parents with concerns or complaints should discuss the issue with the coach first, if possible. If the issue is not resolved, it should be brought to the attention of the TVYS soccer coordinator. If the parent is still not satisfied, they may bring it to the attention of the TVYS Administrator and Board of Directors in writing.
5. Parents /spectators are not allowed in the bench area with teams.
6. Parents/Spectators/no one is allowed behind the goal line during play, it is distracting to the players and unsafe for the spectators.

Player Expectations:

1. Players are expected to attend all practices and games and to be on time. A phone call to the coach is expected if they will be late or missing practice or a game. * Players that miss practices will have less game time.*
2. During a game, no siblings, friends, or parents are allowed in the bench area.
3. NO siblings or friends are allowed at practices
4. Be respectful of teammates and coaches. There will be **NO** tolerance for aggressive behavior, both physically and verbally. Players will be asked to sit out during practice times and/or removed from games immediately. Both the player and parent will be spoken to about the behavior by the coach and/or soccer coordinator. See consequences section below.
5. Good sportsmanship is expected at all times.
6. If a player is going home with someone other than a parent, a note is necessary.
7. Players should arrive at practice with shinguards on and cleats. This is for your safety.
8. There will be no fooling around tolerated. Players should come prepared to learn and play soccer.
9. Foul language is not acceptable and will result in an immediate warning. See consequences section below.

Consequences:

1. WARNING DISCUSSED WITH PARENT
2. SUSPENDED ONE GAME, DISCUSSED WITH PARENT
3. EXPELLED FROM TEAM

I have read and agree to abide by these expectations:

Parents signature: _____ Players signature: _____

Twin Valley Youth Sports Release

I, _____ (parent or guardian) from _____ (town) give permission for my child listed above to participate in the Twin Valley Youth Sports Program.

I acknowledge that sports are inherently dangerous activities which can result in personal injury, even with supervision, and I am subjecting my child to this risk.

In consideration for my child to be permitted to participate in this program, I hereby release the League involved, Twin Valley Youth Sports, Inc. and its administrator and volunteers, and the Town of Wilmington from any and all claims arising from personal injury or damage to property resulting from participation in the Twin Valley Youth Sports Program.

I agree to indemnify and hold harmless the above-mentioned for any and all costs, including attorney's fees, incurred in the defense of claims made while my child is participating in this program.

In case of emergency and I cannot be reached, I give permission for medical care prescribed by a duly licensed doctor of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my dependent named above.

I authorize the use of any photos taken of my child during his/her participation in the program, for promotional, publicity, or public relations purposes by Twin Valley Youth Sports.

I am the parent or lawful guardian of the child named above whom is participating in the Twin Valley Youth Sports Program.

Signature _____ Date _____