



Fall 2017 & Spring 2018 DYSC In-House Registration

DANBURY YOUTH SOCCER CLUB, INC

42 Lake Ave Ext. Suite 351, Danbury, CT 06811

www.DanburyYouthSoccer.org (203) 746-1789

Danbury Youth Soccer Club, has been Serving the Youth of Danbury Since 1977



Tentative Fall start day: Saturday, September 9, 2017

PLAYER'S INFORMATION

Month Day Year Circle
 First Name: _____ Last Name: _____ Birth Date: ____/____/____ Boy or Girl
 Address: _____ City: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ School Attending 2017/18 _____
 Parents/Guardians Name/s _____ EMAIL- _____

Medical Issues: _____ Special Requests: _____ Previous Season/Coach: _____

DYSC Relies on our Volunteers-- PLEASE INDICATE HOW YOU CAN HELP- **Registration Fee Waived for Coaches & Coordinators**

Coach (Training provided) Assistant Coach Division Coordinator Board Member Volunteer

DYSC In-House Leagues are based on the year players are born- games on Saturdays

check	Birth Year		
	U5 (2013)	Dinomites - 4 year old Co-Ed League	Story based soccer program for 4 year olds. 1 hour each Saturday at 11 am at Union Carbide The program is run by Professional Trainers. Parents are asked to be active participants in the drills
	U6 (2012)	4v4 Co-Ed Leagues	One 75 minute session a week with professional trainer 40 minutes of training and 35 minutes for 4v4 soccer
	U7 & U8 (2011) (2010)	4v4 BOYS and GIRLS Leagues	One game a week with Parent Coach and professional trainer supervision. PLUS once a week these players will have Pool training with Professional Trainer
	U9 & U10 (2009) (2008)	7v7 BOYS and GIRLS Leagues	One 90 minute game a week with Parent Coach. PLUS once a week these players will have Pool Training with Professional Trainer
	U11 & U12 (2007) (2006)	9v9 BOYS and GIRLS Leagues	One 90 minute game a week with Parent Coach. PLUS once a week these players will have Pool Training with Professional Trainer
	U13 & U14 (2005-2004)	9v9 BOYS and GIRLS Leagues	One 90 minute game a week plus a weekly 90 minute training session.
	High School Division (2003-2000)	11 v 11 BOYS and GIRLS Leagues	
	2011-2009	Player Development Academy	Supplemental training 1x/ week in addition to In-House soccer leagues. Recommended for players interested in travel soccer.

All Players will receive a uniform kit: shirt, shorts and soccer socks, for the season.

Youth Small Youth Medium Youth Large Adult Small Adult Medium Adult Large

\$200 for Fall & Spring Season \$140 for Fall 2017 Only \$40 Academy

Make check payable to "DYSC" - register by July 31st to save \$20

INDEMNIFICATION, RELEASE AND CONSENT FOR MEDICAL TREATMENT (MINOR)

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Danbury Youth Soccer Club and its sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the Danbury Youth Soccer Club, I am accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the Danbury Youth Soccer Club, SW District, NW District, CJSA, USYSO and approved tournaments, its sponsors, their volunteers, employees and associated personnel, including the owners of the 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. As the parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry or Emergency Medical Technician. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

I HAVE READ THE CJSA CONCUSSION AWARENESS HANDOUT ON-LINE, which includes how to recognize the signs and symptoms of a concussion and the recovery process.

X _____ Registration Date: ____/____/____
Required Signature of Parent/Legal Guardian

Person to notify in emergency: _____ (____) _____
Relationship Telephone Number

Official Use Only - Fees - Payment Schedule				Telephone Number	
Amount Paid	Check #	Received by:	Fall & Spring	Fall Only	
Financial Aid	Cash	Date:	\$25 Late Fee	Entered into system:	