



Indoor Soccer

Winter 2011-2012 * Recreational Youth Programs

Come visit the Sports Complex and sign-up for the indoor soccer session.

INDOOR TRAINING CAMP

Registration: Saturdays, October 29 and November 5 from 10am-Noon
4 Soccer Sessions: November 12 & 19, December 3 & 10

9:00-10:00 9-12 yrs. old
 10:00-11:00 7 & 8 yrs. old
 11:00-12:00 5 & 6 yrs. old

Four training camp sessions that focus on individual skill development.
 Saturday mornings by age groups.
 \$25/single player and \$20/for each sibling

INDOOR YOUTH RECREATIONAL LEAGUE

Registration: Saturdays 10am-Noon, Oct.29, Nov. 5,12,19, Dec. 3 or 10
8 Soccer Sessions: January 7, 14, 21, 28, February 4, 11, 25 & March 3

Midget (5 & 6 yrs. old)
 Pee Wee (7 & 8 yrs. old)
 Intermediate (9 & 10 yrs. old)
 Senior (11 & 12 yrs. old)
 *Age as of January 1, 2012

Recreational games that focus on individual skills and the concepts and strategy of team play.
 \$65/single player and \$55/for each sibling (includes t-shirt)

Questions? Call Machel Phelps at 756-1864.

Forms are available on-line or at the Sports Complex. Please bring completed forms & money (checks payable to CCYSA) to one of the Registration Days listed above.



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* Adult coaches & volunteers needed!
 Please let us know how you can help.

* Please ask us about scholarship opportunities

PLAYER REGISTRATION FORM

November 12, 2011: Deadline 1 for Indoor Training Camp (4 sessions)

December 10, 2011: Deadline 2 for Indoor Youth League (8 sessions)

PLAYER INFORMATION

Player Name: _____ Gender: M / F

Parent / Guardian Name: _____

Address: _____

City, State: _____ Zip: _____

Home Phone: _____ D.O.B. ___/___/___

Email Address: _____ Age as of 1/1/12 ___yrs

Grade: _____ School: _____ Soccer Experience: ___ years

League: Midget (5&6) PeeWee (7&8) Intermediate (9&10) Senior (11&12)

T-Shirt Size: Youth: Small Medium Large XL Adult: Sm Med Lg XL

EMERGENCY CONTACT

Person to notify: _____ Phone: _____

Family physician: _____ Phone: _____

Known medical conditions: _____

VOLUNTEER INFORMATION

The Cortland County Youth Soccer Association has been providing soccer excitement and enjoyment to individuals for many years. This would not have been possible without the participation and dedication of so many volunteers. **Please let us know how you would be willing to help!**

Volunteer Name: _____ Phone: _____

Area(s) of Interest: Coach Assistant coach Referee Other _____

There will be a coach's clinic on Saturday, January 7, 2012 from 8:00-9:00am.

MEDICAL CONSENT & LIABILITY WAIVER

Consent for Medical Treatment (minor):

As the parent or legal guardian of the above named player I hereby give my consent for the emergency medical care by a licensed doctor. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependant. I consent for a member of CCYSA or Cortland Sports Complex, Inc. to act in my behalf.

Liability Waiver:

I hereby certify that it is with my full knowledge and consent that the above applicant may take part in the Indoor Soccer Program. I will not hold the Cortland County Youth Soccer Association or Cortland Sports Complex, Inc., its principals, or representatives responsible for any injury my child may sustain while engaged in this program.

Signature _____ Date: _____

PAYMENT INFORMATION (Payment in full required prior to participation)

\$25 (\$20 each sibling) Indoor Training Camp (4 weeks) Cash
 \$65 (\$55 each sibling) Indoor Youth League (8 weeks) Check (payable to CCYSA)