

## Boston Youth Soccer League

### Registration - 2021

Please fill in ALL applicable information and submit with your fee of \$60 per child ages 5-14. 3-4 year old division submit fee of \$30.00. Checks made payable to Boston Youth Soccer League. Please Mail to BYSL, P.O. Box 156, Boston NY 14025 (note you will be charged for a bounced check). If you intend on paying with a credit card please go to the bottom and fill out information. Registration is due by June 15, 2021. The season starts the week of July 5<sup>th</sup> with evaluations and ends in September.

Schedule subject to change ages 5-6 Monday and Wednesday, ages 7-9 Monday and Wednesday and ages 10-14 Tuesday and Thursdays

### Registration Information:

Family's Last Name: \_\_\_\_\_

#1 Child's Name \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_

Soccer Experience \_\_\_ years. Sex M / F On another league that may conflict with this one: Y/N

#2 Child's Name \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_

Soccer Experience \_\_\_ years. Sex M / F On another league that may conflict with this one: Y/N

#3 Child's Name \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_

Soccer Experience \_\_\_ years. Sex M / F On another league that may conflict with this one: Y/N

Address \_\_\_\_\_ Town \_\_\_\_\_

Zip \_\_\_\_\_ Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Email Address \_\_\_\_\_

Father's Name \_\_\_\_\_ Email Address \_\_\_\_\_

Special Medical Information:

Need a special sized jersey for your child please indicate here as we are no longer asking for sizes: \_\_\_\_\_

Credit Card: Visa/Master # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC # \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

*We need your Help!* Please check here if you can volunteer to coach : \_\_\_\_\_

**Coaches and Assistant coaches will be allowed one child free and you will receive payback once the season is over.**

*We also need Referees!* These are paid positions. For more information about our league, contact Jessica Blesy at 422-0023 or [bostonyouthsoccerleague@gmail.com](mailto:bostonyouthsoccerleague@gmail.com). Join the facebook group for all updates at <https://www.facebook.com/groups/BostonYouthSoccerLeague/>

<b>League Use only</b> Date _____ Amount \$ _____ Cash or Check # _____
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I HAVE READ AND UNDERSTAND THE PARENTS' CODE OF ETHICS / CONDUCT/ DISCLAIMER AS SHOWN ON THE TOWN OF BOSTON'S WEBSITE AND AGREE TO FOLLOW THE PRINCIPLES SET FORTH BY THE BOSTON YOUTH SOCCER LEAGUE SPORTS PROGRAM : [http://www.boston-ny.com/uploads/7/8/9/7/78977060/bysl\\_ethics\\_conduct\\_disclaimer.pdf](http://www.boston-ny.com/uploads/7/8/9/7/78977060/bysl_ethics_conduct_disclaimer.pdf)

COVID-19 GUIDELINES (subject to change per NYS, Town, CDC and health boards)  
<https://forward.ny.gov/statewide-guidelines>

“BYSL cannot be sued if a person comes into contact with covid-19 from a soccer session. Contact tracing will be done if a child or adult that has been in contact with a BYSL player/parent with covid-19. We have the right to end your BYSL season if you knowingly come to practice/game with covid-19. Lastly every person will need to fill out a questionnaire and have their temperature taken before entering the fields/sidelines”

“It is understood that this is not a Town sponsored or affiliated activity but this liability waiver also applies to any claim against the Town of Boston to the extent activities covered by the waiver take place on Town property”

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_