



**ONLINE  
PAYMENT  
AVAILABLE**

# SYSL

## 2023 Schroepel Youth Soccer League

69 C. Rt. 57A, Phoenix, NY 13135  
315-695-2801 \* [hknipp@townofschroepel.com](mailto:hknipp@townofschroepel.com)

**Both Summer and Fall Registration - \$80**  
**Summer OR Fall Only - \$45/each**

Forms available at [www.townofschroepel.com](http://www.townofschroepel.com) (Community Services Dept.)

<b>Office Use Only:</b>	
Date Paid:	_____
Amount Paid:	_____
Cash _____	Check# _____
Online Registration	_____
Res _____	Non Res _____
Late Fee	_____
Additional Notes	_____
_____	

**\*\*REGISTER BY MARCH 31, 2023 FOR \$5 EARLY BIRD DISCOUNT!\*\***  
**\*\*\*REGISTRATION DEADLINE MAY 22, 2023\*\*\***  
**\*\*LATE REGISTRATION FEE \$10, AS AVAILABLE - DEADLINE JUNE 15, 2023\*\***

### Summer Soccer: Monday, July 10th - August 9th.

**My Buddy & Me:** Child and Adult play together! Sports Skills, agility, and social development incorporating "parent" involvement for Age 4 by June 1st Monday Nights Only from 6 – 6:45 PM.

**U7 and U10:** Practice on Monday/Games on Wednesday 5:45 – 6:45PM @ Farley Comm Park

**U13:** Practice on Monday/ Games on Wednesday 7:00 - 8:00 PM @ M. A. Maroun Elementary Soccer Field

### Fall Soccer: September 11th – October 14th

**My Buddy & Me:** Child and Adult play together! Sports Skills, agility, and social development incorporating "parent" involvement for Age 4 by June 1st Saturday morning Only.

**U7, U0, and U13:** Practice one evening during week, Games, Saturday mornings, Times TBA

#### Player Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ M or F

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Town of Schroepel Resident: Yes or No Best Contact #: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Grade completed as of June 2023: \_\_\_\_\_ School: \_\_\_\_\_

*\*Please check player level and session(s).*

My Buddy & Me (Age 4)

U7 (Age 7 and under)

U10 (Age 10 and under)

U13 (Age 13 and under)

SUMMER ONLY- (\$45)

FALL ONLY- (\$45)

BOTH SUMMER & FALL - (\$80)

**Pease check all Fall Weeknight practice availability?**

Mon  Tues  Wed  Thurs  Fri

Please list previous soccer experience: \_\_\_\_\_

Approximate Youth Shirt Size, Please circle one:

YXS YS YM YL AS AM AL AXL AXXL

My Buddy & Me (only) Adult Shirt Size, Please circle one:

AS AM AL AXL AXXL

**Parent / Guardian Information: (Please list in contact order)**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Doctor to notify in case of emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital preference, if any: \_\_\_\_\_

**\*\*\*CONSENT FOR MEDICAL TREATMENT OF A MINOR\*\*\***

I understand that there is no accident or injury insurance coverage for injuries incurred in this program. I give permission for my child to participate in the Community Services Youth Soccer Program. I hereby give my consent for all medical care prescribed by a licensed Doctor of Medicine for (child's name)

\_\_\_\_\_ as his/her parent or legal guardian. This care may be given under whatever conditions are necessary to the life, limb, or well-being of my dependent.

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

I give my permission for my child to be photographed for publicity purposes.

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

**\*Please make checks payable to *Town of Schroepel***

Registration forms, along with a check or money order, can be dropped off in the Community Services drop box at the front of the Town of Schroepel office building.

Registrations may also be mailed to:

Community Services Department  
Town of Schroepel  
69 County Route 57A  
Phoenix, NY 13135

**We appreciate your Support!!! Without you this program wouldn't be possible!**

**Parent / Volunteer Support Information**

- Coach
- Assistant Coach

Name: \_\_\_\_\_

Shirt Size of Volunteer: Please circle one: AS AM AL AXL AXXL