



# SYSL

## 2022 Schroepel Youth Soccer League

69 C. Rt. 57A, Phoenix, NY 13135

315-695-2801 \* [hknipp@townofschroepel.com](mailto:hknipp@townofschroepel.com)

My Buddy & Me (Ages 4) \$35 \* Non-Resident \$40

Ages 5 – 13 \$40 \* Non-Resident \$45

Register Online at [townofschroepel.com](http://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 JUNE 3, 2022 FOR \$5 EARLY BIRD DISCOUNT!\*\***

**\*\*\*REGISTRATION DEADLINE JUNE 24, 2022\*\*\***

### Soccer will start Tuesday July 12th and run through August 11th.



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

**U7 and U10** will have practice on Tuesday and games on Thursday 5:45 – 6:45PM @ Farley Comm Park

**U13** will have practice on Tuesday and games on Thursday 7:00 - 8:00 PM @ Michael A Maroun Elementary School Soccer Field, 11 Elm St. Phoenix, NY

#### 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 2022: \_\_\_\_\_ School: \_\_\_\_\_

*\*Please check player level.*

- My Buddy & Me (Age 4)
- U7 (Age 7 and under)
- U10 (Age 10 and under)
- U13 (Age 13 and under)

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 Schroepfel***

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 Schroepfel office building.

Registrations may also be mailed to:

Community Services Department  
Town of Schroepfel  
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