

Town of DeWitt Recreation Department  
5400 Butternut Drive, East Syracuse, NY 13057  
(315) 446-9250 x 9  
[www.townofdewitt.com](http://www.townofdewitt.com)

## **DEWITT YOUTH SOCCER PROGRAM INFORMATION**



**What:** Youth Soccer  
**Who:** Town of DeWitt Youth entering K-5 in the Fall of 2016  
**When:** Saturday mornings, August 27 – October 1 (not 9/3)  
**Where:** Maxwell Park, East Syracuse  
**Time:** 9:00-10:30 am, grades (K-1), (2-3), (4-5)  
**Fee:** \$25.00, includes T-shirt  
**Info:** Participants will be assigned a team in August. Teams will be posted on the pavilion at Maxwell Park on the first Saturday to help locate your child's team.

**RUBBER CLEATS ALLOWED - MUST HAVE SHIN GUARDS**  
**MOUTH GUARDS RECOMMENDED**

### **IN ORDER FOR THIS PROGRAM TO BE A SUCCESS, WE NEED RESPONSIBLE VOLUNTEERS!**

High school students and adults are more than welcome to assist in coaching and officiating this program. We also would like parents to sign up to assist with children on the sidelines. If you are interested, or have any questions, feel free to call the Recreation Office at (315) 446-9250 x 9.

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(DETACH AND RETURN BOTTOM PORTION TO **RECREATION OFFICE**)

### **DEWITT YOUTH SOCCER REGISTRATION**

Name \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ Fall 2016 Grade \_\_\_\_\_

Home Phone \_\_\_\_\_ T-Shirt Size \_\_\_\_\_ Adult or Child (circle one)

Known Allergies/Conditions \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell# \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Cell # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

**Volunteers:** I would like to be a \_\_\_\_\_ coach \_\_\_\_\_ assistant coach for grades \_\_\_\_\_ K/1 \_\_\_\_\_ 2/3 \_\_\_\_\_ 4/5.

**Volunteer Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

In consideration of your accepting this registration I, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors and administrators, waive and release any and all claims for damages I may have against the Town of DeWitt, the Town of DeWitt Parks and Recreation Department, the Town of DeWitt Parks and Recreation Commission, and any and all sponsors, representatives, successors and assigns, for any and all injuries suffered by me/my child in said program. No medical insurance is carried by the Town for program participants. Registrants are encouraged to have their own medical coverage.

**Parent/Guardian Signature** \_\_\_\_\_

- Payment will be accepted in the form of cash or check payable to *Town of DeWitt*.
- Registration forms will be accepted with payment by mail or in the Recreation Office.