

## Important Dates and Info

### **Wednesday, March 28<sup>th</sup>**

A soccer informational meeting will be held from 6:00 – 7:00pm. The director will discuss the upcoming spring soccer clinic, the two British soccer camps we are offering this summer as well as our fantastic Fall soccer program.

### **Registration Questions**

All registration and scholarship questions should be directed to the registration director and not the soccer director or coaches.

### **WarnerSports.org**

Please visit our website for additional information about our British soccer camp this summer as well as registration forms, and other upcoming events sponsored by WYSA.

### **About WYSA**

Warner Youth Sports Association (WYSA) is a charitable non-profit organization dedicated to giving every child in Warner the opportunity to participate in the various sports we offer. The board consists of parent volunteers who meet monthly to organize the various sports opportunities and programs.

### **Mailing Address**

WYSA  
P.O. Box 20  
Warner, NH 03278

## Registration Fees

Full payment is due at the time of registration with check made payable to WYSA.

### **Registration fees:**

\$40 for the first child

\$25 for each additional child

### **Late registration fees:**

There are no late fees for the spring soccer program.

### **Ways to register**

1. Drop it off at any WYSA Board Meeting or event with payment in full
2. Mail form and full fee to WYSA PO BOX 20, Warner, NH 03278
3. Drop completed form along with full fee in the WYSA box in the Simonds School Main Office
4. Country Houses here in Warner, one of our sponsors, also has a drop box for WYSA registrations

### **British Summer Soccer Camps**

We are also hosting two British Soccer camps this summer at Bagley Field.

Dates: Jul 9-13 & Aug 20-24

Register: [www.ChallengerSports.com](http://www.ChallengerSports.com)

# 2012

## Spring Soccer Clinic

### **Director:**

Jenn Kane  
[jennkane@tds.net](mailto:jennkane@tds.net)  
603-340-0803  
[www.WarnerSports.org](http://www.WarnerSports.org)

### **Registration Questions:**

Lynn Madigan  
[lynnmadigan@mac.com](mailto:lynnmadigan@mac.com)

### **Season:**

Thursdays on May 10, 17, 24 and 31

### **Ages:**

PreK-K 5:00 – 6:00 pm  
Grades 1-6<sup>th</sup> 3:00 - 4:30 pm

### **Location of program:**

Riverside Park

No child will be allowed to participate until the registration form is processed

# Spring Soccer Registration

## \*WYSA Volunteers

In order to continue to provide a range of sports and programs at a reasonable price, WYSA needs parent volunteers.

If you are interested in helping out, please let us know!



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

Gender: Circle one      Male    Female

Phone number: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_

School grade in Sept. \_\_\_\_\_

Circle One:    (PreK-K)    or    (Grades 1-6)

Email of parent for WYSA to contact:

\_\_\_\_\_

Mother's Name: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Mother's Address if different from child:

\_\_\_\_\_

Father's Name: \_\_\_\_\_

Home phone: \_\_\_\_\_

Cell Phone# \_\_\_\_\_

Father's Address if different from child:

\_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

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

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

Relationship: \_\_\_\_\_

## MEDICAL CONSENT

This child is in good health except as noted below. (Please list medical problems, allergies and/or current medications. Continue on a separate sheet if necessary):

As the parent/legal guardian of this child, I hereby give my consent for care administered by emergency medical personnel and/or a licensed medical practitioner or dentist. This care may be given under conditions necessary to preserve the child's life, limb and/or well-being.

Signature \_\_\_\_\_

Date \_\_\_\_\_

Primary medical provider \_\_\_\_\_

Address \_\_\_\_\_

Office Phone \_\_\_\_\_

## LEGAL WAIVER

I, the parent/legal guardian of the above-named registrant player, a minor, agree that the player and I will abide by all rules of the Warner Youth Sports Association (WYSA), the team(s), league(s) and program(s) in which the child will be participating and any affiliated organizations. Recognizing the possibility of injury associated with participation in sports, and in consideration for the program's acceptance of the player as a participant, I hereby release, discharge and/or otherwise indemnify WYSA, the Town of Warner, the team(s), league(s) and program(s) in which the child will be participating, and all employees, volunteers and other personnel associated with these organizations against any claim by or on behalf of the player as a result of his or her participation in this program. I will be responsible for transportation to and from sponsored events for this player.

**I have read the above and understand the waiver I am signing.**

Signature \_\_\_\_\_

Date \_\_\_\_\_