



COED HIGH SCHOOL SPRING SOCCER

SPRING 2011

Brunswick Youth Soccer League
www.brunswickme.org/parkrec/bysl

The Brunswick Youth Soccer League (BYSL), in cooperation with the Brunswick Parks & Recreation Dept., is offering Coed High School Spring Soccer Program for boys & girls that reside in Brunswick.

PLAYERS ARE ENCOURAGED TO SIGN UP EVEN IF THEY CAN ONLY COMMIT TO SOME OF THE GAMES. PLAYERS THAT ARE NOT REGISTERED WILL NOT BE ALLOWED TO PLAY FOR INSURANCE REASONS. BYSL goals are to teach soccer skills in an environment that fosters player growth, encourages fun, and develops self-esteem for every player.

2011-2012 SCHEDULE

- \$30.00 Registration Fee
Registrations are being accepted now at the Brunswick Recreation Center at 30 Federal Street
First Game: Saturday, April 30, 2011
Game Start Times: Saturdays, 12:00PM. Weekday scrimmage: TBA
Location: Bike Path Field

The Parks and Recreation Department encourages individuals with disabilities to register for this program. Should you desire further information, please call the Recreation Department at 725-6656.

For safety purposes players will not be allowed to wear any of the following items during games: jewelry (including piercings of any kind), hooded sweatshirts, non-sweat pants, hats or zippered items. BYSL requires that each player be equipped with shin pads, socks that cover the full shin pad and a soccer ball. Please let us know if you need help getting any of these items.

COACHES ARE NEEDED Please Contact Jonathan Banks: 607-0606 for more information.

BYSL Player Registration Form -----Return to the Recreation Center, 30 Federal St., Brunswick by April 25, 2011-----
Coed High School Spring Soccer RESIDENTS ONLY Fee: \$30.00
Please Print

Name \_\_\_\_\_ Boy  Girl 
Street Address \_\_\_\_\_ Town \_\_\_\_\_
Zip \_\_\_\_\_ Town of Residence \_\_\_\_\_
Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Grade, (spring of '11) \_\_\_\_\_
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_
Cell/Pager \_\_\_\_\_ Emergency Contact other than parent(s) \_\_\_\_\_
Relationship \_\_\_\_\_ Day Phone \_\_\_\_\_
Email \_\_\_\_\_

For Office Use
Date: \_\_\_\_\_
Amt: \_\_\_\_\_
Rec: \_\_\_\_\_
421102
Computer

ALLERGIES/PHYSICAL or MEDICAL LIMITATIONS \_\_\_\_\_
Indicate if you are playing another spring sport and what it is: \_\_\_\_\_

I give permission for my, above named, child to participate in the 2011 SPRING BYSL Program.
Signature of Parent/Guardian

Parent/Guardian Name(s) Please Print \_\_\_\_\_