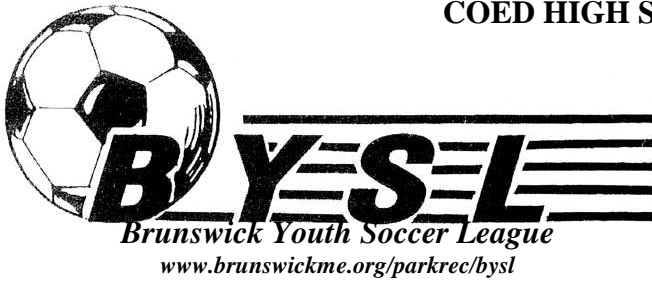


COED HIGH SCHOOL SPRING SOCCER

SPRING 2008



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. Your teen will enjoy improving his/her skills in a community based program, playing with and against friends, neighbors, and classmates, and with a balanced and healthy level of competition.

REGISTRATION SCHEDULE

- ⊛ \$25.00 Registration Fee
- ⊛ Registrations are being accepted now at the Brunswick Recreation Center at 30 Federal Street
- ⊛ **Team Placement:** You will be notified by April 28, 2008
- ⊛ **First Game:** Saturday, May 3, 2008
- ⊛ **Game Start Times:** Saturdays, 9:00 a.m. or 10:00 am. Weekday games: 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 Will Bennett 721-8483 for more information.

BYSL Player Registration Form -----Return to the Recreation Center, 30 Federal St., Brunswick by April 18, 2008-----

Coed High School Spring Soccer RESIDENTS ONLY Fee: \$25.00

Please Print

Name _____ Boy Girl

Street Address _____ Town _____

Zip _____ Town of Residence _____

Date of Birth _____ School _____ Grade, (spring of '08) _____

Home Phone _____ Work Phone _____

Cell/Pager _____ Emergency Contact *other than parent(s)* _____

Relationship _____ Day Phone _____

Email _____

ALLERGIES/PHYSICAL or MEDICAL LIMITATIONS _____

Indicate if you are playing another spring sport and what it is: _____

For Office Use

Date: _____

Amt: _____

Rec: _____

421102
Computer

I give permission for my, above named, child to participate in the 2008 SPRING BYSL Program.

Signature of Parent/Guardian

Parent/Guardian Name(s) Please Print _____