

BYSL Player Registration

Brunswick Residents ONLY: \$27; (\$42 after 4:30pm July 29 NO EXCEPTIONS!)
**\$5 sibling discount (additional children, same family, in our office only. Not available online)*
We cannot refund the sibling discount portion of the fee paid online.

For Office Use	
Date	_____
Amt\$	_____
Rec.#	_____
Computer <input type="checkbox"/>	
Div K - Gr. K	221101
Div 1 - Gr.1	221102
Div 2-3B - Gr.2/3	221103
Div 2-3G - Gr.2/3	221104
Div 4-5B - Gr.4/5	221105
Div 4-5G - Gr.4/5	221106
Div 6-8C - Gr.6/7/8	221107

Please Print *Please make checks payable to "Town of Brunswick"*

Name _____ Boy Girl

Street Address _____ Town _____

Zip _____ Town of Residence _____

Date of Birth _____ School _____ Grade, (Fall of '16) _____

Home Phone _____ Mom's Work Phone _____ Dad's Work Phone _____

Mom's Cell _____ Dad's Cell _____

Emergency Contact *other than parent(s)* _____

Relationship _____ Home Phone _____ Work Phone _____ Cell Phone _____

ALLERGIES/PHYSICAL or MEDICAL LIMITATIONS _____

Off-season soccer experience: did your child participate in camps or other soccer programs since last season?

Please List: _____

Most coaches like to communicate by email, please let us know what your email address is:

Email: _____

I give permission for my, above named, child to participate in the 2016 Fall BYSL Program.

Signature of Parent/Guardian

Parent/Guardian Name(s) Please Print _____

SPONSORSHIP OPPORTUNITIES

Do you wish to sponsor a team at \$135/team? _____ Contact Nick Wilkoff; Email: nickwilkoff@yahoo.com

Team Sponsor's Name _____

VOLUNTEERS NEEDED

BYSL is an all volunteer organization; we need your help! It takes many people to provide this program to you and your child. Please consider helping us in some way or another. If you have an interest in coaching or assistant coaching during the upcoming BYSL season, then we would like to hear from you. BYSL provides professional training, including: hands on clinics, NYSCA training, handbooks, and advice from experienced coaches. Most coaching tools you already have and use every day as a parent: a desire to have fun with your child and other children, a desire to teach your child and other children, a desire for your child and other children to make new friends and be part of a team.

Please let us know if you are willing to help in the following areas. Check the appropriate box if you can help:

Coach Assistant Coach Board Member

Name: _____ Phone: _____ Email: _____

What division are you willing to help? _____ Boys Girls

Child's name you wish to coach: _____