



NOVATO YOUTH CENTER 2009-2010 INDOOR SOCCER



Dear Parents:

Welcome to NYC's 2009-2010 Indoor Soccer Season! Save this information and refer to it before calling.

Registration time is here! Registration time runs from Tuesday, September 8th, through Friday, December 4th. The games take place in the Novato Youth Center's full-sized gymnasium, Fridays through Sundays with possible Thursdays. Games are co-ed, played once a week and are designed to be a winter FUN activity. These are non-competitive games with no practices and all games are played off the walls. Registration cost is \$ 75 for first child and \$ 70 per additional siblings. There will be a \$ 10 late fee for registration forms received after December 4th if space permits. Forms will be held until the late fee is received.

The season runs for 10 weeks from Friday, January 15th through Sunday, March 28th. There will be no games Sunday, February 14th through Saturday, February 20th for Mid-Winter Break.

NOTE: ENROLLMENT WILL DETERMINE WHICH AGES WILL PLAY AT WHAT TIMES ON FRIDAY EVENINGS, AND SATURDAYS AND SUNDAYS ALL DAY.

Last season U-14 played Friday evenings, U-7 played Saturday mornings, U-8 played Saturday afternoons, U-10 played Saturday late afternoon-evening, U-12 played Sunday mornings and U-19 played Sunday late afternoon-evening. Last season's schedule is NOT guaranteed and is subject to change.

Attire for this league:

- *ALL players wear tennis shoes, shin guards, and any color shorts.
- *Players who have played outdoor soccer with NYSA wear the green and white uniform.
- * New players may wear any green shirt (for "HOME") and any white shirt (for "AWAY"). (ID your shirt label and bring both to games.)



On Saturday, January 9th we are offering a FREE one time Introductory Skills Workshop incorporating a practice game for new players. This workshop DOES NOT require age separation. Choices of time slots are on the registration form. Please note your time selection and show up on time. We do not call you. Do not call if you want to change your time. Note: Workshop times are NOT the weekly soccer schedule.

A few days before the season begins, your child's coach will call you with the time for the first game. At that game, you will be given the season schedule and roster. If you have questions, other than registration procedure, e-mail Diane Ascher, NYC's Indoor Soccer Coordinator at on.ramp@verizon.net. For information regarding the registration procedure, please contact Theresa Rodriguez, NYC's League Coordinator at (415) 892-1643 ext. 0 or e-mail at info@novatoyouthcenter.org.

You are welcome to use the mezzanine to watch the games; however, PLEASE KNOW THAT IF YOU BRING CHILDREN THEY MUST REMAIN WITH YOU IN THE MEZZANINE AND YOU MUST ACCOMPANY THEM IN OUR FACILITY AT ALL TIMES! Please respect this rule and do not expect the custodian to round up the children and return them to you. Food and/or drinks are not allowed in the building. You may enjoy a snack out in front - please use the garbage cans we provide. We thank you for your courtesy.

Cordially,
Theresa Rodriguez
Novato Youth Center League Coordinator

NOVATO YOUTH CENTER
2009-2010 INDOOR SOCCER REGISTRATION

NOTE: ONLY 1 REGISTRANT PER FORM ACCEPTED (MAKE COPIES FOR SIBLINGS)

Registrant's Last Name: _____ First Name: _____ Initial: _____

Address: _____ City: _____ Zip: _____

Cell Phone: _____

Home Phone: _____ Birth date: ____/____/____ Age: ____ Gender: M ____ F ____

Ethnicity: African American ____ Asian ____ Caucasian ____ Hispanic ____ Other _____

Required:
Mother's Name: _____ Employer: _____ Work Phone: _____

Required:
Email: _____
Father's Name: _____ Employer: _____ Work Phone: _____
Email: _____

List any medical problems or restrictions the player has: _____

Person to notify in an emergency: _____

Number of seasons played outdoors: _____ Last Outdoor Team: _____ Year: _____

In what NYC programs has this child participated? _____

School now attending: _____

WE ASK FOR ACTIVE PARTICIPATION OF PARENTS IN OUR PROGRAM. Check areas in which you would be willing to help:

_____ Coach _____ Assistant Coach _____ Referee

Consent for Medical Treatment (Minor)

As the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

As the parent or legal guardian of the above named player, a minor, I agree that the registrant and I will abide by the rules of the Novato Youth Center's Indoor Soccer Program. Recognizing the possibility of physical injury associated with soccer and in consideration for the NYC accepting the registrant for its soccer program, I hereby release, discharge, and/or otherwise indemnify the NYC, their employees and associated personnel, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Indoor Soccer Program.

Signature of Parent/Guardian: _____

Date: _____

Registration Instructions

This registration form **MUST BE RECEIVED BY Friday, December 4, 2009. \$75 for 1st child & \$70 for additional siblings.** Late registration forms will require a **\$10 per child late fee** and there is no guarantee that there will be space available on a team. Late registration forms will be held until the \$10 late fee is paid.

Register by mail, 680 Wilson Ave., Novato 94947 **or** you may place a check or cash in the wall mailbox from 6:30AM to 6:30PM weekdays and leave the form on the front desk; **or** leave both with the front desk receptionist.

It is the policy of the Novato Youth Center to refund payment for programs only if the NYC cancels the program.

There is a **\$25 Cancellation Fee per child.**

ONE TIME ONLY FREE SKILLS WORKSHOP ON SATURDAY, JANUARY 9TH FOR FIRST TIME INDOOR PLAYERS

CHECK & NOTE TIME (No call will be made to you.)

We prefer: 9:00am ____ 10:00am ____ 11:00am ____ 12:00pm ____ 1:00pm ____ NOT ATTENDING ____

THIS TYPE OF WORKSHOP DOES NOT REQUIRE AGE SEPARATION. DO NOT CALL IF YOU CHANGE YOUR TIME.

NYC USE ONLY

Check# _____ Cash _____ Initial _____ Date _____
Player Fee..... \$ _____
Late Fee..... \$ _____
Total..... \$ _____