



## 2017 Town of Washington **Fall Soccer League**

**TOWN OF WASHINGTON RECREATION COMMISSION PROGRAM ELIGIBILITY and ADMINISTRATION OF FEES** The Town Recreation programs are generously supported by taxes levied by the Town of Washington, not the School District. For the purposes of administering program fees, there are two categories of residency. Town of Washington Resident (TOWR) – Resides within the boundaries of the Town of Washington. Non-Residents (NR) – Resides OUTSIDE the boundaries of the Town of Washington.

**OUTSTANDING BALANCES:** Must be paid in full before participation in subsequent programs will be allowed. If experiencing financial challenges, please call the Recreation Office to set up a payment plan. This information is considered confidential.

**REFUNDS/CREDITS:** In the event a program is cancelled, a full refund will be issued to all registered participants. Refunds also may be given, at the request of a participant, up to one week prior to the start of a program. A \$25 administrative fee will be deducted from the refund for all programs. If refunds are requested after a program has begun, refunds will be issued at the discretion of Recreation personnel.

**Deadline: July 10th**

**Fees: Resident \$75, Non-Resident \$90**

\*Please see above to determine if you are considered a resident/nonresident.\*

- 1) In order to participate, please fill out the registration form in its entirety.  
Checks payable to: T.O.W. Recreation: Mail To: PO BOX 970 Millbrook NY, 12545
- 2) The league will be divided into four divisions:
  - 1) Kindergarten, 2) 1<sup>st</sup> & 2<sup>nd</sup> grade, 3) 3<sup>rd</sup> & 4<sup>th</sup> grade, 4) 5<sup>th</sup> & 6<sup>th</sup> grade
- 3) The season runs from Saturday September 9<sup>th</sup>-October 21<sup>st</sup>. Tournament November 4<sup>th</sup>. (No soccer October 28th)
- 4) Kindergarten practices every Saturday morning from 9-10am.  
Grades 1-6 teams have practice one weeknight (coach's discretion) and one game each Saturday. Practice schedules are determined in early August. Practices begin the end of August. **NOTE ON REGISTRATION FORM DAY'S PARTICIPANT CAN PRACTICE.** We do our best to accommodate practice day requests. Please do not state coach or team preferences.
- 5) Parking for soccer is at the poolside of the park only. **HANDICAP PARKING WILL BE PATROLLED BY LAW ENFORCEMENT FOR VIOLATIONS.** Please be courteous at all times.
- 6) **NOTE ON REGISTRATION FORM IF YOU WOULD LIKE TO COACH OR ASSIST. THIS PROGRAM CAN NOT OPERATE WITHOUT VOLUNTEER ASSISTANCE!**
- 7) Coaches will contact participants by the end of August. All players will receive full game schedules as well as team uniforms. Photo night is Friday, September 8th, schedule TBA.
- 8) In order to participate, please fill out the registration form in its entirety.
- 9) All registrations received after July 10<sup>th</sup> will have a \$25 late fee.  
**NO REGISTRATIONS WILL BE ACCEPTED AFTER AUGUST 4<sup>TH</sup> 2017**

**2017 Town Of Washington Fall Youth Soccer Program**

NAME: \_\_\_\_\_  
(LAST) (FIRST) (M.I.)

PARENT/GUARDIAN NAME: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

**TOWR/Non-Resident** PHYSICAL ADDRESS: \_\_\_\_\_

PLEASE CHECK ONE:  RENT  OWN PROPERTY

SELECT ONE:  Town of Washington Resident  Non-Resident

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ CELL: (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_ *I wish to subscribe to text alert updates*

FAMILY E-MAIL ADDRESS: \_\_\_\_\_

EMERGENCY NAME & TELEPHONE #: \_\_\_\_\_

PARTICIPANT'S: AGE \_\_\_\_\_ GRADE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
(AS OF SEPT. 2017) MM/DD/YY

DID PLAYER PARTICIPATE LAST YEAR? \_\_\_\_\_

DAYS PARTICIPANT CAN PRACTICE \_\_\_\_\_

WOULD YOU LIKE TO COACH OR ASSIST \_\_\_\_\_

SPECIAL NEEDS/MEDICAL CONCERNS & ALLERGIES \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Receipt: [Office Use Only]

**TOWN OF WASHINGTON RECREATION COMMISSION**  
**RELEASE & CONSENT FORM**  
(PAGE 2 OF 3)

LAST NAME \_\_\_\_\_  
EMERGENCY NAME AND TELEPHONE # \_\_\_\_\_

**RELEASE/HOLD HARMLESS**

AS IN ANY RECREATIONAL ACTIVITY, THERE ARE SOME INHERENT RISKS, AND INJURY MAY OCCUR. I HEREBY RELEASE AND DISCHARGE THE TOWN OF WASHINGTON, ITS AGENTS, EMPLOYEES, AND APPOINTED OFFICIALS, VOLUNTEERS, COMMISSIONS OR ASSOCIATIONS FROM ANY AND ALL CLAIMS OR ACTIONS FOR LOSSES, DAMAGES OR PERSONAL INJURIES TO MYSELF OR MY CHILD WHICH MAY OCCUR OR ARISE OUT OF MY OR MY CHILD'S PARTICIPATION IN ANY OF THE TOWN OF WASHINGTON RECREATION COMMISSION PROGRAMS OR ACTIVITIES IN WHICH I HAVE REGISTERED.

I DO ALSO REALIZE THAT THERE IS NO MEDICAL INSURANCE COVERAGE OFFERED THROUGH THE TOWN. ALL MEDICAL INJURIES THAT MAY OCCUR ARE THE SOLE RESPONSIBILITY OF THE PARTICIPANT/PARENT/GUARDIAN.

**AUTHORIZATION TO CONSENT TO MEDICAL TREATMENT**

I AUTHORIZE THE PROGRAM DIRECTOR/INSTRUCTOR TO GRANT CONSENT FOR EMERGENCY MEDICAL TREATMENT, DIAGNOSTIC TESTS AND PROCEDURES, ANESTHESIA, HOSPITAL CARE AND MEDICAL AND SURGICAL TREATMENT TO BE RENDERED TO MYSELF/CHILD UNDER THE GENERAL OR SPECIAL SUPERVISION AND ADVICE OF A PHYSICIAN WHEN EFFORTS TO CONTACT YOU OR YOUR EMERGENCY CONTACT ARE IMPOSSIBLE OR IMPRACTICAL.

NAME OF PARTICIPANT: \_\_\_\_\_ Date: \_\_\_\_\_

SIGNATURE OF PARTICIPANT/PARENT/GUARDIAN: \_\_\_\_\_

**PHOTO RELEASE**

THE RECREATION DEPARTMENT HAS MY PERMISSION TO USE MY OR MY CHILD'S PHOTOGRAPH PUBLICALLY TO PROMOTE THE RECREATION DEPARTMENT. I UNDERSTAND THAT THE IMAGES MAY BE USED IN PRINT PUBLICATIONS, ONLINE PUBLICATIONS, PRESENTATIONS, WEBSITES, AND SOCIAL MEDIA.

SIGNATURE OF PARTICIPANT/PARENT/GUARDIAN: \_\_\_\_\_

**TOWN OF WASHINGTON RECREATION COMMISSION  
CODE OF CONDUCT**

Page 3 of 3

The Town of Washington Recreation Commission has created this Code of conduct to improve our programs for players, coaches, officials, and spectators. Please read and sign where appropriate.

**Participant**

Thank you for participating in the Town of Washington Recreation programs. As a participant in the Town of Washington sports program, I understand that I must follow the rules listed below to remain in good standing. Failure to comply with these rules may result in disciplinary action, at the discretion of Recreation personnel, up to and including dismissal from a team/program.

- I will respect the game, its rules and regulations, officials, and my coaches, teammates and opponents.
- I will play the game fairly.
- I will demonstrate good sportsmanship at all times.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian**

Thank you for registering your child in the Town of Washington Recreation programs. As a parent/guardian of a participant, we ask for your compliance in the following areas. Failure to comply with these rules may result in disciplinary action, at the discretion of Recreation personnel, up to and including your child's dismissal from a team/program.

I agree to,

- have a meaningful conversation with my child and sincerely gauge their interest in participating in the program before I register him/her;
- be respectful of Recreation personnel, coaches and officials;
- be committed to having my child at all practices and games and have them there on time;
- communicate with the coach when my child is unable to attend a practice or game;
- encourage good sportsmanship by demonstrating positive support for all players on all teams, and for coaches and officials at practices/games.;
- be enthusiastic about my child's participation in the program.
- remember that the game is for the children.
- place emphasis on sportsmanship, teamwork and development of skills; and
- adhere to all parking regulations at Recreation facilities.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Coach**

Thank you for agreeing to coach in the Town of Washington Recreation programs. Volunteers are the backbone of our programming and we could not do it without you ! As a coach in our programs, we ask for your compliance in the following areas. Failure to comply with these rules may result in disciplinary action, at the discretion of Recreation personnel, up to and including dismissal from your position.

I agree to,

- be respectful of game rules; Recreation personnel, other coaches, players, officials, parents/guardians and spectators;
- be committed to being at all practices and games;
- communicate with my team regarding practice and game times;
- encourage good sportsmanship by demonstrating positive support for all players on all teams, for coaches and officials at practices/games;
- remember that the game is for the children;
- place emphasis on sportsmanship, teamwork and development of skills, not on winning and losing;and
- adhere to all parking regulations at Recreation facilities.

Coach's Signature: \_\_\_\_\_ Date: \_\_\_\_\_