



## 3rd/4th & 5th/6th Grade Summer Soccer Registration 2024

For: Kids Entering 3<sup>rd</sup>/4<sup>th</sup> & 5<sup>th</sup>/6<sup>th</sup> grade in September (K/1<sup>st</sup>/2<sup>nd</sup> grade "Eaglet" Soccer has a separate registration paper. <u>All FYS registration papers can be found on the Fillmore Youth</u> <u>Soccer-NY Facebook page</u>.) *Kids are grouped by the grade they will be <u>entering in</u> <u>September 2025</u>. Any kid who lives in the FCS district OR attends FCS is eligible.* 

PLAYERS MUST PROVIDE OWN SHINGUARDS (MANDATORY) & SOCCER SOCKS/SHORTS

Cost: \$25 per player; Cash or Check (Any checks can be made to "Fillmore Youth Soccer").

PAYMENT IS DUE WITH REGISTRATION PAPER (One player per paper)

KEEP ATTACHED COMMUNICATION SHEET AND TAKE PICTURE OF THIS PAGE 🥑

## **Return Registration to:**

Mr. Fuller at Fillmore Central School in an envelope labeled "Mr. Fuller – Soccer" with payment. Remember to fill out the front and back of this sheet.

Questions: E-mail FYSINCSoccer@gmail.com

## **REGISTRATION ENDS WEDNESDAY, JUNE 25**

Player Name:									
Best Contact Nui Grade player <u>is e</u>			3 <sup>rd</sup>	4 <sup>th</sup>	Can we	e text this #? 6 <sup>th</sup>	? Yes	No	
Circle T-Shirt Size (Yours to keep. NO EXCHANGES.): Youth Extra Small Youth Small Youth Medium Youth Large Youth XL									
Adult Small Adu		Adult Medium	Adult Large		Adult XL		Adult XXL		
3 <sup>rd</sup> /4 <sup>th</sup> & 5 <sup>th</sup> /6 <sup>th</sup> START DATE: WEDNESDAY, JULY 9 @ 6:30 pm									

Recognizing the possibility of injury, death or illness, while playing soccer, and in consideration						
for Fillmore Youth Soccer (FYS) accepting my child,	_, as a					
player in the soccer programs and activities sponsored/offered by FYS, I consent to	my child					
participating in the FYS soccer program. Further, I hereby release, discharge and ot	herwise					
indemnify FYS, Fillmore Central School, associated personnel and volunteers, inclue	ding the					
owner(s) of fields and facilities utilized by/for FYS soccer programs, against any claim	m by or on					
behalf of my player son/daughter as a result of my son's/daughter's participation in t	he FYS					
program and/or being transported to/from FYS sponsored activities. I hereby assume	e all					
responsibility in transporting my child to/from FYS games/practices/events.						

PLAYER NAME	Birthday
Insurance Company & Phone #:	
Parent/Guardian Names:	
Street Address of Player:	
City, State, Zip:	
Parent Phone Number(s):	
Known medical problems and/or allergies:	
Emergency Contact #1	
Name:	
Relationship:	
Phone #:	
Emergency Contact #2	
Name:	
Relationship:	
Phone #:	
Parent/Guardian Signature:	Date: