




# Town of Cortlandt


## 2018 Spring Boys Youth Soccer

BEFORE FEBRUARY 9th Fee: \$50 with ID Card \$55 without ID Card \$65 Non Resident  
 AFTER FEBRUARY 9th Fee: \$60 with ID Card \$65 without ID Card \$77 Non Resident  
 Mail with check or money order to: Town of Cortlandt Recreation,  
 1 Heady Street, Cortlandt Manor, NY 10567



**EVALUATIONS WILL TAKE PLACE AT BLUE MOUNTAIN MIDDLE SCHOOL  
 ONLY FOR PLAYERS THAT DID NOT PARTICIPATE IN THE FALL 2017 LEAGUE  
 AS FOLLOWS:**

Pee Wee Boys (1st & 2nd Grade) Midget Boys (3rd & 4th Grade) Junior Boys (5th & 6th Grade)	Tuesday, February 27th at 6:00 PM Tuesday, February 27th at 6:30 PM Tuesday, February 27th at 7:00 PM
--	---



Childs Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Street Address \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Home # \_\_\_\_\_ Work or Cell # \_\_\_\_\_ Email \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Emergency # \_\_\_\_\_

Parent Name \_\_\_\_\_

Has your child ever played soccer before? **Yes/ No**

If you played for the Town in the Fall, what team? \_\_\_\_\_

Shirt Sizes (Please select one): Youth: **Large** (14-16) Adult: **Small** (34-36) **Medium** (38-40) **Large** (42-44) **X-Large** (46-48)

**\*ALL PLAYERS MUST PROVIDE THEIR OWN SHORTS AND HARD SHELL SHINGUARDS\***

Does your child have any conflict, which could prevent him/ her from attending games on Sunday afternoons or practices on weeknights and Saturdays? (Circle One) Yes / No

If yes, what? \_\_\_\_\_

Pertinent medical information (Allergies, medications, etc.) \_\_\_\_\_

The Town of Cortlandt DOES NOT PROVIDE ACCIDENT INSURANCE. I understand that my child agrees to play on any team assigned, obey all rules and to attend practice showing fair play and sportsmanship at all times.

Parents Signature \_\_\_\_\_ Date \_\_\_\_\_

**Coaches and Sponsors Needed**

If any members of your family is interested in coaching, check below:

I am interested in coaching: Name \_\_\_\_\_ Contact # \_\_\_\_\_

I am interested in assisting: Name \_\_\_\_\_ Contact # \_\_\_\_\_

I am interested in sponsoring a team: \$125.00 Name \_\_\_\_\_ Contact # \_\_\_\_\_

<b>For Office Use Only:</b>				
Amount Paid \$ _____	ID Card # _____	Expir. Date _____	Date Deposited _____	Reg # _____

**Youth Soccer Deadline: February 9th**