



# Town of Cortlandt 2018 Fall Boys Youth Soccer

BEFORE JULY 20th  
AFTER JULY 20th

Fee: \$55 with ID Card \$60 without ID Card \$72 Non Resident  
Fee: \$65 with ID Card \$70 without ID Card \$84 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

**AS FOLLOWS:**



Pee Wee Boys (1st & 2nd Grade)  
Midget Boys (3rd & 4th Grade)  
Junior Boys (5th & 6th Grade)

Tuesday, July 31st at 6:00 PM  
Tuesday, July 31st at 6:30 PM  
Tuesday, July 31st at 7:00 PM



Rain or Shine

Childs Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Last First

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

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

School \_\_\_\_\_ Grade in Fall '18 \_\_\_\_\_ D.O.B. \_\_\_\_/\_\_\_\_/\_\_\_\_

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

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

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

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 # \_\_\_\_\_

**For Office Use Only:**

Amount Paid \$ \_\_\_\_\_ ID Card # \_\_\_\_\_ Expir. Date \_\_\_\_\_ Date Deposited \_\_\_\_\_ Reg # \_\_\_\_\_

**Youth Soccer Deadline: JULY 20**