

# 2007-2008 YOUTH SOCCER LEAGUES

## INDIVIDUAL PLAYER - HOUSE TEAM APPLICATION

### BOYS & GIRLS AGES 6-19

**Look!!** ***TWO HUGE SOCCER FIELDS with Playfield Turf...feels and plays like real grass!***  
***U8-U9 play on a 40yd x 30yd field with no boards!***  
***U10-U19 play on a 75yd x 40yd field with outdoor size goals and no boards!***

### YOUTH SOCCER LEAGUES:

Divisions	Born on or after	Day	Time	# on field	Divisions	Born on or after	Day	Time	# on field									
U8 Coed	8/1/99	Sat	1pm - 6pm	6 v 6	U12B	8/1/95	Sat	8am - noon	8 v 8									
U9 Coed	8/1/98	Sat	1pm - 6pm	6 v 6	U12G	8/1/95	Sun	8am - 4pm	8 v 8									
U10Co-Ed	8/1/97	Sat	8am-3pm	8 v 8	U13B	8/1/94	Sun	8am - 2pm	7 v 7									
<b>Fees include:</b> <ul style="list-style-type: none"> <li>* 9 Game Season</li> <li>* 9 weekly practices</li> <li>* NYSW Insurance fee</li> <li>* Team T-shirt</li> </ul>					U14B	8/1/93	Fri	5pm - 10pm	7 v 7									
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Sessions</th> <th style="width: 20%;">Start date</th> <th style="width: 20%;">Deadline</th> </tr> </thead> <tbody> <tr> <td>Fall</td> <td>October 26</td> <td>October 21</td> </tr> <tr> <td>Winter</td> <td>January 25</td> <td>January 20</td> </tr> </tbody> </table>					Sessions	Start date	Deadline	Fall	October 26	October 21	Winter	January 25	January 20	U14G	8/1/93	Sun	8am - 4pm	7 v 7
Sessions	Start date	Deadline																
Fall	October 26	October 21																
Winter	January 25	January 20																
<i>*U16 and up starts Nov. 2 due to HS season</i>					*U16B	8/1/91	Fri	5pm - 11pm	7 v 7									
					*U16G	8/1/91	Sat	5pm - 10pm	7 v 7									
To register, please send application below with check for \$159 payable to: Syracuse Indoor Sports Center, 4989 Hopkins Rd., Liverpool, NY 13088.																		

For more information on our youth soccer leagues, field rental, or any of our other programs, please don't hesitate to call us at 451-1800. Visit our website! [www.siscinfo.com](http://www.siscinfo.com)

## 2007-2008 YOUTH SOCCER LEAGUE INDIVIDUAL APPLICATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Parent or Guardian \_\_\_\_\_ Phone(s) \_\_\_\_\_  
 Emergency Phone \_\_\_\_\_

Did your child participate in an outdoor soccer league during Fall 2007?  Yes  
 If so, which league?  No  
 Name of League: \_\_\_\_\_

Would Parent/Legal Guardian like to coach?  
 Yes, I would like to coach  
 No, I would not like to coach

Please list division your child would like to participate in:  
 Division: \_\_\_\_\_  
 Day & Time: \_\_\_\_\_  
 Session: (check one) Fall   
 Winter   
 Parent/Legal Guardian, Please sign the following release: I state that the above applicant is in good/excellent health and he/she has my permission to play at the Syracuse Indoor Sports Center.  
 Signature \_\_\_\_\_  
 X \_\_\_\_\_ Date \_\_\_\_\_

***You may photocopy this form and distribute as you please....Sign up with a friend!***