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
U8 Coed	8/1/99	Sat	1pm - 6pm	6 v 6
U9 Coed	8/1/98	Sat	1pm - 6pm	6 v 6
U10**Co-Ed**	8/1/97	Sat	8am-3pm	8 v 8

Fees include:
*** 9 Game Season**
*** 9 weekly practices**
*** NYSW Insurance fee**
*** Team T-shirt**

Sessions	*Start date*	*Deadline*
Fall	*November 2*	*October 28*
Winter	*January 25*	*January 20*

****U16 and up starts Nov. 2 due to HS season***

Divisions	Born on or after	Day	Time	# on field
U12B	8/1/95	Sat	8am - noon	8 v 8
U12G	8/1/95	Sun	8am - 4pm	8 v 8
U13B	8/1/94	Sun	8am - 2pm	7 v 7
U14B	8/1/93	Fri	5pm - 10pm	7 v 7
U14G	8/1/93	Sun	8am - 4pm	7 v 7
*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

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** ☐ **No**
If so, which league?
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!