

Ellwood Area Youth Soccer

email: dibuono@zoominternet.net

Mission Statement: Our goal is to enhance soccer in the community. We plan to teach the game of soccer through the development of individual skills, fitness, teamwork and sportsmanship.

- The session will be held at the Ellwood City Family Center on the North Side of Ellwood City.
- Thursday nights. The dates are February 15, 22, 29, and March 7, 14, 21 2024
- There will be a one-hour session each Thursday for grades **5 and 6** from 5:00 p.m. to 6:00 p.m. Bring your own ball.
- **The cost for the program is \$45 per applicant.** All participants will receive a t-shirt. **Due date is February 8th 2024**
- **You will only receive a phone call or email if the program exceeds the maximum number of players.**
- Due to the availability of time slots and facility size, there will be a **cut-off after the first 24** applicants in the session. We apologize in advance for any inconvenience but space is limited at the indoor facility.
- Please make all checks payable to: **DiBuono Rec.** **Absolutely no forms will be accepted after Feb 8th 2024.**
- Please read, sign, and detach the bottom portion of this form and return to the address provided. (Include Payment)
- Please send the lower portion of this form to: **311 College St Ellwood City Pa 16117 or put it in the mailbox at the Ellwood Area Family Center. This is not organized by the Ellwood City Area School District. Do not return this form back to the school.**

Cut below and return the bottom portion with payment. Keep the top portion for your records.

Due Date February 8th 2024

Name of Player: _____ M / F Grade: _____ Date of Birth: _____

Phone: _____ Email: _____ Address: _____

Circle Shirt Size: Youth S Youth M Youth L Adult S Adult M Adult L Adult XI Adult XXI

PERMISSION TO PLAY, RELEASE OF LIABILITY, AND CONSENT FOR EMERGENCY MEDICAL TREATMENT:

This is to certify that the child named herein ("Player") has permission to play soccer at the Ellwood Area Family Center and its program. It is understood that participation in this sports activity involves risks that could result in injury to the player. This undersigned expressly assumes any such risks, and waives and releases the Ellwood Area Family Center its program, its directors, officers, coaches, referees, agents, and any other volunteers from any and all claims or causes of action or liability he/she or the Player may have a result of any such injury, whether as a result of negligence, breach of warranty, or otherwise. I hereby give my consent for all emergency medical care reasonably required or prescribed by a licensed physician or dentist for the Player identified above. Care may be administered under whatever conditions necessary to preserve the life, limb, or well-being of the player.

****Please list any medical problems or limitations of the player that the coach should be aware of (use the back of this form if necessary)***

Signature of Parent/Guardian

Date