



Warrenton Youth Soccer Club

Hello Parents,

We at WYSC are excited that your child is interested in participating in this season's Goalie Training Program (GTP). We believe this is a great goalie program; first time participants in the GTP will learn the foundation they can build upon throughout their soccer playing days. Returning goalies will continue to build on skills acquired during their previous season's participation in the program.

Admittance to this program is FREE of charge to the player, but limited to 8 goalies per Under-8/10 players, and 8 for the combination of the Under-12-Boys/Girls and Under-14-Boys/Girls divisions.

How does the GTP work?

- Coaches are asked to submit one (1) candidate from their team.
- Due to limited availability in the program, not all candidates will be accepted.
- Participants are expected to attend **all** clinics. Players missing clinics will be dropped from the program.
- **Please Note:** Player parents, in exchange for each child's participation in the program, are **required** to provide 4 hours of volunteer time to WYSC, including but not limited to volunteer help needed for the WYSC Summer Tournament, **June 21 and June 22nd.**
- Parents need to sign AGTP agreement form prior to the start of the program.
- WYSC will review all applications and select this season's participants.
- Selection will be based, but not limited to the following;
 - Goalie's performance in previous season's clinic.
 - Parent successfully completed their previous season's 4 hours of volunteer work.
 - Returning player.
 - Returning player's previous season's attendance.
 - Instructor's evaluation/recommendation of returning player's.
 - New player.
 - If all new player factors are equal, decision will be on a first come basis.

Mail completed form to:

William Brummett
5448 Claire Court
Warrenton, VA 20187

Yours truly,

Warrenton Youth Soccer Club



Warrenton Youth Soccer Club

Spring 2008 parental consent / agreement

My child is physically able and has my permission to participate in the Warrenton Youth Soccer Club's goalie clinics. To reduce the risk of injury, players must exercise common sense and obey the rules at all times. By signing below, I assume all risks and hazards incident to these activities, and I release, absolve, indemnify and hold harmless and without fault, Warrenton Youth Soccer Club and their representatives, sponsors, organizers and supervisors. I also waive, to the extent not covered by liability insurance, any claim against any person transporting my child to and from games, practices or related activities. I authorize Warrenton Youth Soccer Club to call my family doctor in an emergency when I cannot be contacted, or to transport my child to the nearest hospital emergency room. I authorize the hospital and its medical staff to provide treatment which a physician deems necessary for my child's well being.

I agree to make myself available for 4 hours of volunteer time during this season. I understand I will be contacted by a WYSC coordinator to schedule my volunteer hours.

Participants are expected to attend **all** clinics. Players missing clinics will be dropped from the program. This form needs to be signed by player's current coach.

Player Name: _____ Contact Phone # _____

Parent Signature: _____ Date : _____

E-Mail (Print Clearly) : _____ Current Team: _____

Current Coach: _____ Coach Signature: _____

Check one: Returning Goalie First time goalie

If returning goalie, enter last season attending goalie clinic: _____

Parent/Guardian: Signature _____ Date _____

For WYSC use only:

Date Received: _____

Comments: _____