

Warrenton Youth Soccer Club

P.O. Box 3134
Warrenton, VA 20188

Phone (540) 347-7289



Hello Parents,

We at WYSC are excited that your child is interested in participating in this season's player development clinics. We believe this is a great program. The program will provide players additional foot skills, team work development and a greater understanding of the game.

Admittance to the player development program is free of charge to WYSC players.

There will be 1 U8/U10 and 1 U12/U14 sessions each Saturday. There will be two sessions for the spring and each session is limited to a max of 12 players. Before a player may participate, he/she must complete, and submit this form to the Recreational Committee. The committee is responsible for the final selection of players to the program. Mail form to WYSC address above.

How does the player development program work?

- Due to limited availability in the program, not all candidates may not 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 the player development agreement form prior to the start of the program.
- Selection will be based, but not limited to the following;
 - Player's performance in previous 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.
 - Recreational Committee has final decision.

Mail completed form to:

[William Brummett](#)
[5448 Claire Court](#)
[Warrenton, VA 20187](#)

Yours truly,

Warrenton Youth Soccer Club

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Spring 2008 parental consent / agreement

My child is physically able and has my permission to participate in the Warrenton Youth Soccer Club's player skills 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 # _____

E-Mail (Print Clearly) : _____ Player Age: _____ Gender: M F

Current Coach: _____ Team / Division: _____

Check one: Returning Player First time player

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

Parent/Guardian: Signature _____ Date _____

For WYSC use only:

Date Received: _____

Comments: _____