

Youth Development Program (YDP) – Winter II 2020-2021

Thursdays (Nov 5 – Jan 14)

with Coach Maureen Whitehead and Staff

USSF “B” License, USSF National Youth License

Youth Development Program, Director

Location: **Grantchester, 1767 E. Shore Drive, Lansing**

Class Options): (please check ☒ the class you are registering for:

U3/4 (Birth year 2016 & 2017) Thursdays 5:00 – 6:00pm \$130 _____

U5/6 (Birth year 2014 & 2015) Thursdays 5:00 – 6:00pm \$140 _____

U7/8 (Birth year 2012 & 2013) Thursdays 5:00 – 6:00pm \$140 _____

- Note: Class will not meet on November 26, December 24 or December 31

Player Name: _____ Gender: F / M

Date of birth: ____ / ____ / ____

- Registration Deadline: **November 2, 2020**

\$10 late fee applied to any registrations beyond this deadline

Street Address: _____

City: _____ State: _____ Zip: _____

Parents' names: _____

Home Ph: () _____ Cell Ph: () _____

Email Address: _____

Emergency Contact: _____ Phone: () _____

Doctor Name/Number: _____

Dentist Name/Number: _____

Health Insurance Info: _____

Allergies and other information that coaching staff should know to best serve your child (please explain clearly; it will remain confidential):

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Waiver

I, the undersigned legal parent/guardian of the child listed below, hereby give permission for my child, _____ to participate in Winter II 2020-2021 Youth Development Program (YDP) with Coach Maureen Whitehead, Coach LaMarr Peters and staff (**the program**) at my and his or her own risk. I understand that there is NO supplemental **accident insurance coverage** provided for participants in the program. On behalf of myself, my child and any other guardian, I agree that we will abide by the rules and regulations of the program and will accept in good faith any and all decisions of the officials/person(s) in charge.

Recognizing the possibility of physical injury associated with soccer and in consideration for NYSWYSA, Waza FC, BC United and Maureen Whitehead accepting the applicant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify its affiliate organizations and sponsors, their employees and association personnel, including the owners of fields and facilities used to run the program, against any claim by or on behalf of the applicant as a result of the applicant’s participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

This child has had a physical exam within the last year and there is no medical restriction(s) to prevent program participation.

I and the above applicant hereby give consent for emergency care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well-being of my dependent.

Signature of Parent/Guardian: _____

Date: _____

Photo Release for newspaper or Maureen Whitehead’s communications (signature required):

Return Application, Waiver & Payment to: Maureen Whitehead

** Cash, Check, Venmo accepted 200 Blackstone Ave.

** All checks made out to Maureen Whitehead or Ithaca, NY 14850
Youth Development Program

** Direct questions on the program and application process to Coach Maureen Whitehead @ mmmd0315@gmail.com or 607.280.0480.