

WINTER SPORTS



**NATIONAL YOUTH SPORTS
SAN DIEGO
WINTER 2018**

**SEASON DATES:
January 13 – March 17**

Serving Mission Valley, La Mesa, La Jolla, Clairemont, El Cajon, Santee, Lakeside, Southbay, and surrounding areas.

REGISTRATION EVENT <i>In Person Only</i>	PARENT / TEAM MEETING	IMPORTANT INFO
<p>TUESDAY, NOVEMBER 28 5:30-7:30 PM PETER PIPER PIZZA 3007 Highland Avenue #11 National City, 91950</p> <p>WEDNESDAY, NOVEMBER 29 5:30-7:30 PM PETER PIPER PIZZA 3007 Highland Avenue #11 National City, 91950</p>	<p>SATURDAY, JANUARY 13 STEAM ACADEMY 1001 Leland Street Spring Valley, CA 91977</p> <p>Meet your team! Appoint coaches! Plan out practice times and locations! And much more!</p> <p>FLAG FOOTBALL..... 11:00 AM SOCCER..... 12:00 PM</p>	<ul style="list-style-type: none"> This league is for all skill levels. Teams are formed by zip code and closest school. Teams will practice 1-2 times per week around 6pm. Be prepared to communicate with your new team at all times. Make sure you provided an email address that will be checked regularly. Practice starts the week of January 15. NYS will provide more information after teams are formed. Game schedules are released online at nysonline.org the Wednesday before the first game. Uniform sizes are appropriate to age. If size is a concern, please contact the office. Uniforms will be picked up by the team parent and passed out at practice the week of the first game. First game is Saturday, January 27.

KEEP TOP PORTION FOR FUTURE REFERENCE

**Dates may be subject to change. Visit nysonline.org for current information.*



PRINT LEGIBLY

Child's Last Name: _____
 First Name: _____
 Child's Age: _____ Birthdate: _____ Age Division: _____
Age as of August 1, 2017. Soccer Example: "4-5."
 Closest School: _____

Register online!
nysonline.org



EARLY RATE until 12/2/17
REGULAR RATE until 12/16/17
LATE RATE starts 12/17/17

Address: _____ City: _____ Zip: _____
 Parent/Guardian Full Name: _____ Volunteer: Head Coach Assistant
 Email: _____ Phone #1: _____
 Coach Request: _____ Friend Request (1 only) _____ Phone #2: _____

Please see reverse side to sign medical waiver. Referred by: _____



OUTDOOR SPORTS:
 \$80^{EARLY} / \$95^{REGULAR} / \$110^{LATE}
 FLAG FOOTBALL
 SOCCER



**OFFICE USE ONLY
WINTER 2018**

Registration Date: _____
 Amt. Paid _____ Entered _____
 Check # _____ Parent/Coach _____
 CC Auth _____ Jersey _____
 Processed _____ Acct _____
 Signed Waiver Photo ID

CASD -ER | 11-14-17

Guaranteed playing time each game.

OUTDOOR SPORTS



FLAG FOOTBALL

AGES: 4–5, 6–8, 9–13
CO-ED. Non-Contact Sport.
 Developmental passing and running program teaches quickness, judgment and working as a team.



SOCCER

AGES: 3–5, 6–8, 9–11, 12–14
CO-ED. Non-Competitive. Emphasis on skill development.

***PLAYER ID CARDS:**

NYS ID is required for all participants.
 *Cannot be combined with any other discounts.
 *Photo ID valid through 9/1/18.

BENEFITS of Player ID Card:

- \$2,000,000 Liability Insurance Policy
- \$25,000 Accident/Medical Policy
- \$10 off registration fee for 2018 seasons (excludes Fall 2018 season)

HOW TO REGISTER:

- Register online at nysonline.org. Click on the link for online registration in your area.
- Mail or hand deliver form.
- Checks payable to NYS.
- Attend a Registration Event.
- No refunds.

CONTACT US

619-734-9935
 46 THIRD AVENUE #A
 CHULA VISTA, CA 91910
EMAIL
casdco@nysonline.net
FOLLOW US
[Twitter.com/NYS_San_Diego](https://twitter.com/NYS_San_Diego)
[Facebook.com/nysSanDiego](https://facebook.com/nysSanDiego)
[Instagram.com/NYS_San_Diego](https://instagram.com/NYS_San_Diego)

PROGRAM INFORMATION:

All games are played on Saturdays. All coaches are parent volunteers. Game jersey is included, unless otherwise stated. No fund-raising or team assessment fee is required! Teams are formed by closest school or zip code proximity. Area coordinators have authority to adjust league age divisions as necessary. Parents will be expected to be involved with their child's team and attend the Orientation.

SEASON DATES:

January 13 – March 17



Participants of youth sports build self-esteem, develop talent, learn skills, make friends and bring the family and community together. Youth sports also provide leadership opportunities for parents by becoming a coach. Players are able to channel their energy into a healthy activity of exercise and fitness, which will benefit the player throughout their life.

Register online! nysonline.org



KEEP TOP PORTION FOR FUTURE REFERENCE

Release of Liability, Waiver of Claims and Indemnity Agreement

In consideration for being permitted to participate in the above described activity(ies) and related activities, I hereby agree, acknowledge and appreciate that:

1. I HEREBY RELEASE AND HOLD HARMLESS WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER CAUSED BY NEGLIGENCE OR OTHERWISE, the following named persons or entities, herein referred to as releasees.
National Youth Sports Leagues
2. To release the releasees, their officers, directors, employees, representatives, agents, and volunteers from liability and responsibility whatsoever and for any claims or causes of action that I, my estate, heirs, survivors, executors, or assigns may have for personal injury, property damage, or wrongful death arising from the above activities whether caused by active or passive negligence of the releasees or otherwise. By executing this document, I agree to hold the releasees harmless and indemnify them in conjunction with any injury, disability, death, or loss or damage to person or property that may occur as a result of my engaging in the above activities.
3. By entering into this Agreement, I am not relying on any oral or written representation or statements made by the releasees, other than what is set forth in this Agreement.
4. This agreement shall apply to any and all injury, disability, death, or loss or damage to person or property occurring at any time after the execution of this agreement.

Consent for Emergency Medical Treatment: In the event of a medical emergency, the undersigned Parent(s)/Guardian(s) of the participant(s), hereby grants authorization to National Youth Sports (NYS), and its representatives, to employ any legally licensed physician or health care facility on behalf of each of the undersigned, and to direct and/or order emergency medical treatment for the participant(s). Each of the undersigned further agrees that neither NYS nor any of its representatives shall be liable under any circumstances to anyone for exercising the foregoing authority in the event of an emergency. **Tackle Football Disclaimer:** I understand that until my child completes the NYS Tackle Certification process, that they are NOT a registered NYS participant and should not be practicing and/or training with a team. **Photography/Videography:** NYS reserves the right to use any photograph or videography taken during an NYS sponsored event without the expressed written permission of the subjects included within the photograph or video. Photographs may be used in publications or other media material produced, used or contracted by NYS including but not limited to: books, catalogues, search pieces, newspapers, magazines, television, websites, etc. See our website for more information. **NYS No Refund Policy:** I understand the "No Refund" Policy regarding participation with NYS.

Tackle Football Disclaimer: I understand that until my child completes the NYS Tackle Certification process, that they are NOT a registered NYS participant and should not be practicing and/or training with a team. **Weather Policy:** I understand that NYS cannot control the weather and any games cancelled due to weather will not be made up and no compensation will be made in these situations.

Our **MISSION:**

The mission of all of our programs is to strengthen the individual, the family, and the community through participation in youth sports. Each program is centered around sportsmanship and emphasizes fun and the importance of fair play.

Express Assumption of Risk Associated with Sport, Venue Use and Related Activities

I do hereby affirm and acknowledge that I have been fully informed of the inherent hazards and risks associated with recreational activities and contact sports, transportation of equipment related to the activities, and traveling to and from activity sites in which I am about to engage. Inherent hazards and risks include but are not limited to:

1. Risk of injury from the activity and equipment utilized is significant including the potential for broken bones, severe injuries to the head, neck, and back or other bodily injuries that may result in permanent disability and death.
2. Possible equipment failure and/or malfunction or misuse of my own or others' equipment.
3. I AGREE THAT I WILL WEAR APPROVED PROTECTIVE GEAR AS DECREED BY THE GOVERNING BODY OF THE SPORT I AM PARTICIPATING IN. However, protective gear cannot guarantee the participant's safety, I further agree that no helmet can protect the wearer against all potential head injuries or prevent injury to the wearer's face, neck or spinal cord.
4. Variation and/or steepness of terrain, variation or changes in surfaces including but not limited to snow surfaces, ice, bare spots, rocks, stumps, debris, cliffs, trees, fences, posts, light poles, signs, buildings, roads, walkways, ramps, rails, stairs, pyramids, manual pads, bowls, half-pipes, jumps, padded and non-padded barriers, other persons, and other natural and man-made hazards.
5. My own negligence and/or the negligence of others, including but not limited to operator error and guide decision making including misjudging terrain, weather, riding surfaces or other obstacles.
6. Exposure to the elements and temperature extremes may result if frost nip, frost bite, heat exhaustion, heat stroke, sunburn, hypothermia and dehydration.
7. Dangers associated with exposure to natural elements include but are not limited to avalanche, rock fall, inclement weather, thunder and lightning, severe and or varied wind, temperature and other weather conditions.
8. Accidents or illness occurring in remote places where there are no available medical facilities.
9. Fatigue, exhaustion, chill, and/or dizziness, which may diminish my/our reaction time and increase the risk of accident.
10. Impact or collision with other athletes, spectators, facility employees, pedestrians, motor vehicles, and cyclists.

*I understand the description of these risks is not complete and unknown or unanticipated risks may result in injury, illness, or death.

Parent/Guardian Signature (required): _____

Date: _____