



Portage County Youth Soccer Ltd/PCYS  
 Stevens Point Soccer Club/SPSC  
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July 29, 2011

PCYS is offering a fall recreational league for any child who is between the ages of 5 and 10 years old. The games will be played on Saturday mornings between 8:00 and 12:00. This is the fourth year we are offering a fall program. The structure of it may still vary depending on how many children sign up and how much room we have for game fields, since Youth Area Football will also be using our fields on Saturdays this fall. If we have a large number of players sign up from the existing summer teams, we will keep them the same. If not, we will combine teams or make up new teams.

The main objective of the fall league is to allow the children to play an additional 6 weeks of soccer. The first game will be played on the first Saturday after Labor Day, September 10, 2011. The last day will be on October 15.

The cost will be \$10 for a child who played on a PCYS team this summer. This player fee will be waived if a parent volunteers to coach a team. Please fill out the information on the bottom of this page. The cost will be \$30 for non-PCYS players. Any non-PCYS player will need to fill out a 2011 Recreational League Registration Form. All registration forms and payments must be mailed by August 20. We need a few weeks to set up the structure of the fall league once we know how many children are going to participate.

We look forward to having your child participate in the 2011 PCYS Fall Recreational League. Last year was a great success and this year will be even better.

PCYS Board of Directors

**2011 Fall Recreational League Registration Form**

|    | <b>Player Name</b> (Last, First, Middle) | <b>Age on 8/1/11</b> | <b>PCYS summer team name</b> |
|----|--|----------------------|------------------------------|
| 1. | _____                                    | _____                | _____                        |
| 2. | _____                                    | _____                | _____                        |
| 3. | _____                                    | _____                | _____                        |

|    | <b>Parent Name</b> (Last, First, Middle) | <b>Phone #</b> | <b>Email Address</b> | <b>Will Help*</b> |
|----|--|----------------|----------------------|-------------------|
| 1. | _____                                    | _____          | _____                | Coach Super.      |
| 2. | _____                                    | _____          | _____                | Coach Super.      |

\* Circle if you are willing to help coach or supervise games.

**PARENT OR GUARDIAN RELEASE STATEMENT**

In consideration of the enjoyment derived by my (our) child's playing youth soccer, I (we) hereby waive all claims for damage or loss to my (our) child's person and/or property which may be caused by and act or failure to act, of PORTAGE COUNTY YOUTH SOCCER, LTD., its officers, coaches, referees, linespersons, or other volunteers. I (we) assume the risk of all dangerous conditions in or about the property where the soccer games or practices are held and waive any and all specific notice of the existence of such conditions.

Parent(s) or Guardian(s) signature(s) \_\_\_\_\_ Date: \_\_\_\_\_