

Albany Youth Soccer

Hon. Kathy M. Sheehan, Mayor.....City of Albany / Jonathan Jones, Commissioner.....Recreation Services

Fall 2022 Opening Day – Saturday, September 10, 2022

(Albany High soccer fields Entrance on North Main Avenue)



Register online at www.albanyyouthsoccer.org or download the form and send to:
Friends of Albany Youth Soccer, P.O. Box 3769, Albany, NY 12203

(Age Divisions) – Child must be 4.5 years old by October 29, 2022

[U6] 4.5 – 5 yrs old **Start Time:** TBA

[U8] 6 – 7 yrs old **Start Time:** TBA

[U10] 8 – 9 yrs old **Start Time:** TBA

Did you register with Albany Youth Soccer last season? (circle): YES NO
 If Yes, only fill out your name, child/ren's name(s), changes to your information and any new preferences.

Family Information

Parent/Guardian 1:			Parent/Guardian 2:		
Last Name:			Last Name:		
First Name:			First Name:		
Address:		Apt. #:	Address:		Apt. #:
City:		Zip:	City:		Zip:
Saturday E-mail:			Saturday E-mail:		
Phone:	Cell:	Emergency:	Phone:	Cell:	Emergency:

Registrants' Information

Child's Last Name	First Name	School	D/O/B	Age	Gender	Seasons Played	Current Travel/ Club Player? YR
			/ /		M F		Y N
			/ /		M F		Y N
			/ /		M F		Y N

Preferred Coach or Teammate – Every attempt will be made to accommodate personal preferences. However, due to numbers, the final decisions rest with the discretion of the program.

Your Child's Name	Division	Coach	Friend

Parent/ Guardian Signature: _____ **Date:** ___/___/___
Program Contribution: (One Child) \$20____ (2 or more Children) **Only** \$30____ Cash _____ Check *____
 *Make checks payable to: **Friends of Albany Youth Soccer** **Additional Donation?** _____

Please Note: This is not a school-district-sponsored event. The City School District of Albany is not responsible or liable for any problems or damages arising from participation in this activity.

PARENTS VOLUNTEERS NEEDED!!: The City Recreation Soccer Program is operated by Friends of Albany Youth Soccer, Inc., a volunteer organization. For this program to work, it needs your help. **Please volunteer!**

Name:	Phone:
e-mail:	
Volunteer Positions (check one or more):	
Field setup/takedown* _____	Coach* _____
Asst. Coach* _____	Referee* _____
Concessions * _____	Age Group Coordinator * _____
Board Member _____	
Sponsor a Team (Please see Website: http://albanyyouthsoccer.org and click on Sponsorship Opportunities)	
If you would like to volunteer, what is the name of the child or coach that you would like to work with?	
*NO EXPERIENCE NEEDED. Training is available for all positions. If you have coaching experience, please describe:	

Medical Waiver

I am the parent or legal guardian of the child(ren) listed on this form. I understand that soccer is a physical sport and that, like any physical activity, there is a risk that my child will sustain injury when participating in soccer-related activities. Such injuries may include, but are not limited to, cuts, bruises, scrapes, sprains or broken bones. Further, I understand that injuries may occur even while properly using protective equipment provided or recommended by Friends of Albany Youth Soccer, Inc., my child’s coach or assistant coach, or the referees provided by Friends of Albany Youth Soccer, Inc.

By signing this form, I acknowledge the nature of this activity and agree, on behalf of my child, to assume the risks inherent in participation. I also agree to hold Friends of Albany Youth Soccer, Inc., its directors, officers, coaches, assistant coaches and referees, harmless with respect to any injury sustained by my child to the extent that such injury arises from any risk inherent to the sport of soccer, whether explicitly acknowledged by me or not.

I certify that, other than those conditions made known to my child’s coach by me prior to any game or practice, my child has no known medical condition that would pose a danger to my child or any other participant in the above described soccer activity. I further certify that if any medical condition is listed below, I have discussed the condition with my child’s physician and have obtained that physician’s approval for my child to participate in the Albany Youth Soccer program.

In the event my child is injured in my absence, I hereby authorize a representative of Friends of Albany Youth Soccer, Inc., to seek and approve medical treatment that is, in the representative’s sole judgment, appropriate for the injury or injuries sustained by my child. I agree to fully indemnify Friends of Albany Youth Soccer, Inc., for all costs associated with such medical treatment.

Parent/Guardian Signature: _____ **Date:** ___/___/___

Code of Conduct

The City of Albany Youth Soccer Program expects all players, volunteers, spectators, coaches and referees to adhere to the Code of Conduct of the Albany City Schools. That is to say good sportsmanship is mandated. Conduct such as foul language, poor sportsmanship, violence or threatened harm in any manner will not be tolerated and may result in the removal of the individual from the grounds or from the soccer program.

Parent/Guardian Signature: _____ **Date:** ___/___/___

Albany Youth Soccer recognizes the need for infection control safety precautions guided by the CDC and Albany County Health Department Guidelines. The number of players in the Spring 2021 season has been reduced according to recommended capacity guidelines.

Spectators shall be limited to one adult per player. Spectators should consciously station themselves with 6 feet of space between them. We encourage to the extent possible siblings, other family members and spectators to remain off the premises or in a personal vehicle while not playing themselves.

All participants* (including, but not limited to players, coaches, spectators, referees and volunteers) must wear appropriate face coverings at all times while participating in Albany Youth Soccer. Proper face coverings will not allow aerosols to pass through and will fit snugly over both mouth and nose at all times. This includes all games, practices, pre and post activities.

All participants* should screen themselves or assist younger players in screening themselves. Anyone who should answer “yes” to any of the following should not participate until they should answer “no” to all screening questions.

Are you feeling well today?

Have you had a temperature of 100F or more in the past 5 days?

Have you had any new symptoms such as cough, runny nose, headache, stomach ache, diarrhea in the past 5 days?

Have you had a positive test for Covid 19 in the last 14 days?

Have you been in close contact with a person who has tested positive for Covid 19 in the last 14 days?

Have you traveled outside the country or to an area outside of Albany with a positivity rate of more than 4%?

Have you been contacted by any authority who has directed you or any household member to isolate or quarantine within the last 14 days?

All participants* should also complete proper hand washing, or hand sanitizing. Please consider face coverings and hand sanitizer required equipment along with shin guards.

All participants* should not remove masks to cough, sneeze, speak, shout or spit. Anyone unable to wear a proper face covering should consider their safety and the safety of others around them before participating.

All participants* should take all their belongings including clothing, trash, water bottles, blankets and chairs home with them when they leave.

Any questions, concerns or comments should be directed to the Albany Youth Soccer Board. Decisions regarding COVID 19 protocols are designed with safety in mind and are the sole and absolute discretion of the board of AYS and its designees. If you have read and agree your family will abide by these protocols please sign:
