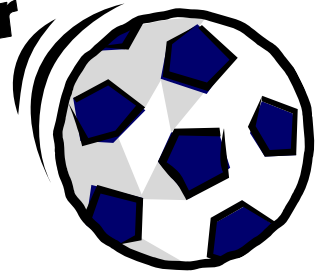




# Fall 2011 Schechter Soccer Come Join the Fun!



First Game is Sunday Sept. 11, 2011

Registration Deadline Sept 2, 2011

Visit Our Web site at [www.ssdssoccer.org](http://www.ssdssoccer.org)

**Game Schedule Fall 2011: *Sundays 9/11, 9/18, 9/25, 10/02, 10/9, 10/16, 10/23, 10/30***

Grades	Time	Where
K & 1	9:15 - 10:30	Shaller Campus ~ 60 Stein Circle, Newton, MA (Lower School)
2 - 3	10:45 - 12:00	Shaller Campus ~ 60 Stein Circle, Newton, MA (Lower School)

All participants must wear shin guards to prevent injury and should bring a soccer ball and water to each game. Sunscreen is strongly recommended for sunny days.

**Volunteer:** We need coaches! It's easy, really! Please fill out this box, even if you have never coached.

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-mail: \_\_\_\_\_ (same as below please)

Check Section(s) you're available for: K-1  2-3

We are offering a full year registration option for \$55.00 or a fall only registration option for \$30.00. Your child(ren) will be on different teams each season. Please note that for the upcoming year, all participants will receive a trophy in the spring.



**Cost: \$55.00/\$30.00** ~ Be sure to register by September 2nd; Fee includes T-shirt & Trophy ~

**TO HELP ENSURE YOUR CHILD'S REGISTRATION PLEASE RETURN THIS FORM AND CHECK PAYABLE TO SCHECHTER SOCCER**  
to: SSDS – 60 Stein Circle Attn: Ellen Shuster

Financial assistance available on request. Contact Mindy Pincus at [mindy.pincus@ssdsboston.org](mailto:mindy.pincus@ssdsboston.org) with any questions.

**ONE PARENT CONTACT INFORMATION (VERY IMPORTANT): PLEASE WRITE LEGIBLY.**

Name	Home Phone	Home Email (Required)

PLEASE INDICATE IF YOU ARE FROM METRO WEST JEWISH DAY SCHOOL - \_\_\_\_\_

Child's Name: Please fill in name, grade & gender	Grade	Gender	Both/Fall Only
Last:			
First:		M___ F___	B___ F___
First:		M___ F___	B___ F___
First:		M___ F___	B___ F___

Injury Waiver: I/We release and waive, and further agree to indemnify, hold harmless or reimburse the Solomon Schechter Day School of Greater Boston, its agents, trustees, officers, coaches, employees and representatives thereof, from and against, any claims which I/We, any other parent or guardian, any sibling, the student or any other person, firm or corporation may have or claim to have, know or unknown, directly or indirectly, for any losses, damages, or injuries arising out of, during, or in connection with the child's participation in Schechter Soccer and related activities or the rendering of emergency medical procedures or treatment, if any. I/We know of no medical reason my child should not participate in this program.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

**PLEASE REMEMBER TO REGISTER BY FRIDAY, SEPTEMBER 2<sup>ND</sup> ~ THANKS**