



Dear Upper Darby Families;

Since 1980, thousands of boys and girls from our community have played Upper Darby Youth Soccer, either as a travel player or in our intramural program. The time has come again for signups for the 2009 season.

We have frozen the fees at \$45, as they were last year, but late signups will have a ten dollar fee, so sign up early! Registrations are due by July 15thth. Everything received after that date will be considered a late registration and will be \$55 per player. Travel players have additional fees the coaches will explain.

Travel versus Intramural: our intramural program is primarily a teaching league. Sure we keep score and have referees out there, but we want the kids to learn how to play the game the right way. If a child makes a mistake on throw ins, we are going to have the refs give them a “do over,” so that they learn the right way to do this. Each child should play, not just the best kids. Again, this is a teaching league. They can only learn by playing, so we have our coaches play them. If winning is important, then we would recommend for you, Travel soccer. It is a different commitment, but one that is fun and rewarding. Email me for more information at upperdarbyyouthsoccer@gmail.com. Based on the turn out for sign ups and try outs, we will know how many boys and girls travel teams we will field. Tryouts will be the weekend of June 13/14 so please check our website (www.udysa.com) for details.

Intramural leagues are broken down as illustrated in the table below. All games are played on Saturday’s beginning right after Labor Day. Teams are randomly selected in an effort to maintain a level of equality between players, and to give players a chance to play with and meet others players in the club. Coaches play half price for their children, so if you are interested in coaching, please fill in a separate form.

Division	Age	League	Played at
F	4-5	Co-ed	Hillcrest
E	6-7	Co-ed	Hillcrest
Boys D	8-9	Boys	DHMS
Girls D	8-9	Girls	Hillcrest
Boys C	10-11	Boys	DHMS
Girls C	10-11	Girls	Hillcrest
Boys B	12-13	Boys	DHMS
Girls B	12-13	Girls	Hillcrest
A	14-16	Co-ed	DHMS

This is a volunteer organization. Any coaching help is greatly appreciated. Also, if your business would like to sponsor a team, forms for that and all other information will be available on our website at www.udysa.com.

Once again, thank you for your participation. We are working to make this our finest season ever and with your help will do so.

For any questions, please call me at 610.755.7819.

Thank you,

Bob Robinson
President



Upper Darby Youth Soccer Association

P.O. Box 651
Drexel Hill, PA 119026

FALL REGISTRATION FORM

**[Please complete one form for each player and/or coach, photocopy for additional copies]
\$45 per player, \$55 after July 15, 2009**

Please select one: Player: Returning New
Coach: Returning New

Player Last Name: _____ First Name: _____

Parent Name: _____ School: _____ Grade: _____

Player Birth Date: ____/____/____ Age: _____ Gender: Male Female

Email Address: _____@_____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Please read and sign the Medical Consent and Release of Liability below to complete registration.

I, the undersigned parent/guardian of the individual named above, a minor, do hereby agree that I and the registrant will abide by the rules of UDYSA and EPSYA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the EPYSA accepting the registrant for its soccer programs and activities, I hereby release, discharge and otherwise indemnify UDYSA, EPYSA, it's affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities used for the Programs, against any claim by or on behalf of the registrants as a result of the registrants' participation in the Programs, and/or being transported to or from the same, which transportation I hereby authorize. I agree that pictures taken during the Program may be used for future promotional purposes. In the absence of a parent/guardian's signature below, payment of the fees and participation in the Program shall constitute acceptance of the conditions set forth in the release. UDYSA will not provide health and/or accident insurance for program participants.

Signature: _____ Print Name: _____ Date: _____

Mail registration form and fees to: Upper Darby Youth Soccer Association
Post Office Box 651
Drexel Hill, PA 19026

Make checks payable to: Upper Darby Youth Soccer Association

For more information please call: 610.755.7819 or email at upperdarbyyouthsoccer@gmail.com