



Player Registration Form

| | | |
|----------------------------|--|-----------------------------------|
| FOR OFFICE USE ONLY | | Local <input type="checkbox"/> |
| Division: _____ | | Affinity <input type="checkbox"/> |
| Team: _____ | | |

| | | | | | | | | | | | | |
|-----------------------------|-----------------------------------|-----|---------------------|--|-----------------------|--|-----------------|--------------|----|------------|------------|--|
| Player's Information | Player's Last Name | | First Name | | Middle Initial | | Nickname | | | | | |
| | Mailing Address | | | | City | | Zip | | | | | |
| | Home Phone Number () - | | | Last season played in VYSO | | School | | Grade | | | | |
| | Date of Birth | | | Gender (circle one) Male or Female | | List any medical problems or prohibitions player has: | | | | | | |
| | Month / Day / Year | | Verified by: | | | | | | | | | |
| | UNIFORM SIZES | | | | | Other children from family in VYSO | | | | | | |
| | YOUTH | | | | | ADULT | | | | | | |
| | Shirt | XS | S | M | L | S | M | L | XL | Age | | |
| | Shorts | XXS | XS | S | M | L | S | M | L | XL | Age | |

| | | | | | | | | | | | | | | | | | |
|---|--|--|-------|--|---|--------------|-------|--|--------------------------------|--------------------------------------|-------------------------------------|----------------------------------|--------------------------------------|---------------------------------------|--|------------------------------------|---------------------------------------|
| Parent & Emergency Information | FATHER'S INFORMATION | | | | MOTHER'S INFORMATION | | | | | | | | | | | | |
| | Father's Name | | | | Mother's Name | | | | | | | | | | | | |
| | Email address | | | | Email address | | | | | | | | | | | | |
| | Cell Phone Number | | () - | | Cell Phone Number | | () - | | | | | | | | | | |
| | Occupation/Employer | | | | Occupation/Employer | | | | | | | | | | | | |
| | Work Phone Number | | () - | | Work Phone Number | | () - | | | | | | | | | | |
| | Person to notify in emergency | | | | Doctor to notify in emergency | | | | | | | | | | | | |
| | Telephone Number | | () - | | Telephone Number | | () - | | | | | | | | | | |
| | PARTICIPATION CONSENT | | | | PARENTAL SUPPORT | | | | | | | | | | | | |
| | <p>By signing below, I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration by the USYSA, accepting the registrant for its soccer programs and activities (the "Programs"). I, together with my heirs, spouse, children, and all others claiming a recognized relation to me hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. I acknowledge and recognize that this waiver includes any and all negligence committed by VYSO or any person acting in concert with VYSO, including any and all employees, invitees, or board members.</p> | | | | <p>We ask for active participation of all parents in our program.</p> <p>Check area(s) in which you would be willing to help.</p> <table> <tr> <td><input type="checkbox"/> Coach</td> <td><input type="checkbox"/> Concessions</td> </tr> <tr> <td><input type="checkbox"/> Asst Coach</td> <td><input type="checkbox"/> Referee</td> </tr> <tr> <td><input type="checkbox"/> Team Parent</td> <td><input type="checkbox"/> Fund Raising</td> </tr> <tr> <td><input type="checkbox"/> Field Preparation</td> <td><input type="checkbox"/> Publicity</td> </tr> <tr> <td><input type="checkbox"/> Board Member</td> <td><input type="checkbox"/> Donor</td> </tr> </table> <p>Other area (s):</p> | | | | <input type="checkbox"/> Coach | <input type="checkbox"/> Concessions | <input type="checkbox"/> Asst Coach | <input type="checkbox"/> Referee | <input type="checkbox"/> Team Parent | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Field Preparation | <input type="checkbox"/> Publicity | <input type="checkbox"/> Board Member |
| <input type="checkbox"/> Coach | <input type="checkbox"/> Concessions | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Asst Coach | <input type="checkbox"/> Referee | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Team Parent | <input type="checkbox"/> Fund Raising | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Field Preparation | <input type="checkbox"/> Publicity | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Board Member | <input type="checkbox"/> Donor | | | | | | | | | | | | | | | | |
| NOTICE OF PHOTOGRAPHY RELEASE | | | | REFUND POLICY | | | | | | | | | | | | | |
| <p>I, the parent/guardian of the registrant, by signing below, grant VYSO permission to publish in print or electronic format the likeness or image of the registrant, a minor child. I release all claims against VYSO with respect to copyright ownership and publication including any claim for compensation related to the use of the materials. VYSO will not use identifying information such as names, street or mailing addresses, email addresses or phone numbers.</p> | | | | <p>Refund requests must be submitted in writing or by email to the organization registrar. Refund requests will be accepted through the second scheduled game of the applicable season. A full refund shall be given less the cost of any uniforms or player fees that have been paid by VYSO. A letter explaining any and all refund deductions will be included with the refund.</p> | | | | | | | | | | | | | |
| CONSENT FOR MEDICAL TREATMENT | | | | PAYMENT INFORMATION | | | | | | | | | | | | | |
| <p>By signing below, as the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.</p> | | | | Registration Fee | | : \$ | | | | | | | | | | | |
| | | | | Discount or Fee | | : \$ | | | | | | | | | | | |
| | | | | Discount or Fee | | : \$ | | | | | | | | | | | |
| | | | | TOTAL DUE: : \$ | | | | | | | | | | | | | |
| | | | | RECEIVED BY: | | DATE: | | | | | | | | | | | |
| PARENT/GUARDIAN SIGNATURE | | | | PAYMENT RECEIVED: | | | | | | | | | | | | | |
| Signature _____ | | | | Cash | | \$ | | | | | | | | | | | |
| Printed Name _____ | | | | Check | | \$ | | | | | | | | | | | |
| Address _____ | | | | Check # | | | | | | | | | | | | | |
| City _____ State _____ Zip _____ | | | | Last name on check | | | | | | | | | | | | | |