



Recreational Player Registration Form

Please include a copy of player's birth certificate if new!

PO Box 4212
Victoria, TX 77903
www.vyso.org
361-574-VYSO (8976)
Fax: 844-270-5490

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

Parent & Emergency Information	PARENT'S INFORMATION			PARENT'S INFORMATION												
	Name			Name												
	Relationship to Player			Relationship to Player												
	Email address			Email address												
	Cell Phone Number		() -	Cell Phone Number		() -										
	CODE OF CONDUCT															
	<p>VYSO has adopted a code of conduct for behaviors, comments, and actions that could result in unsafe play, or are not aligned with the principles of good sportsmanship.</p> <ul style="list-style-type: none"> VYSO has a policy of <u>zero tolerance</u> for the use of any foul language or abusive or derogatory comments directed towards referees, coaches, players, parents, or board members while at the VYSO soccer fields or VYSO sanctioned events. Such offenses may lead to dismissal from the VYSO facilities, and/or from the Victoria Youth Soccer Organization. Local law enforcement officials will be called, if necessary, to handle any issues that result in physical altercations involving players, referees, coaches, or parents. VYSO will enforce this code of conduct in support of players, referees, volunteers, and any other individuals attending or participating in any VYSO sponsored event. VYSO is committed to creating an environment of teamwork, good sportsmanship, and a high quality of play. Please help us maintain a safe and respectful environment for our children to learn the game of soccer, and have fun while doing it. 															
	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 style="width: 100%;"> <tr> <td><input type="checkbox"/> Coach</td> <td><input type="checkbox"/> Concessions</td> </tr> <tr> <td><input type="checkbox"/> Assistant 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"/> Assistant 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
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NOTICE OF PHOTOGRAPHY RELEASE			SPECIAL REQUESTS													
<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>The following special requests are allowed. Please check the box below and write your specific request on the back of this registration form.</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> I do NOT want to play on my team from last season</td> <td><input type="checkbox"/> Play up one age level</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Don't want a specific coach</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Buddy Request: same team as friend</td> </tr> <tr> <td> </td> <td><input type="checkbox"/> Put on same team as sibling</td> </tr> </table>			<input type="checkbox"/> I do NOT want to play on my team from last season	<input type="checkbox"/> Play up one age level		<input type="checkbox"/> Don't want a specific coach		<input type="checkbox"/> Buddy Request: same team as friend		<input type="checkbox"/> Put on same team as sibling			
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REFUND POLICY			PAYMENT INFORMATION													
<p>Refund requests must be submitted in writing (email, fax or mailed letter) to the 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 expenses that have been paid or incurred by VYSO. You can read full refund policy at www.vyso.org.</p>			Registration Fee		\$											
		Discount or Fee		\$												
			TOTAL DUE: \$													
CONSENT FOR MEDICAL TREATMENT			RECEIVED BY:		DATE:											
<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>																
PARENT/GUARDIAN SIGNATURE			PAYMENT RECEIVED:													
Signature			Cash		\$											
Printed Name		Date:	Check		\$											
			Check #													
			Last name on check													

MK12017P

Notice: VYSO Charges a \$30 returned check fee.