



Recreational Player Registration Form

PO Box 4212
 Victoria, TX 77903
 www.vyso.org
 877-936-8873

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				Verified by:		Gender (circle one)		List any medical problems or prohibitions player has:				
	Month / Day / Year						Male or Female						
	/ /												
	UNIFORM SIZES								Other children from family in VYSO				
	YOUTH						ADULT				Age		
	Shirt	XS	S	M	L	XL	S	M	L	XL	Age		
	Shorts	XXS	XS	S	M	L	XL	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			() -												
	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 border="0"> <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"/> 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 border="0"> <tr> <td><input type="checkbox"/> I do NOT want to play my team from last season</td> <td><input type="checkbox"/> Play up one age level</td> </tr> <tr> <td><input type="checkbox"/> I want to play on the same team from last season</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 my team from last season	<input type="checkbox"/> Play up one age level	<input type="checkbox"/> I want to play on the same team from last season	<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 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>						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>						PAYMENT RECEIVED:																
PARENT/GUARDIAN SIGNATURE						Cash \$		Check #														
Signature						Check \$		Last name on check														
Printed Name			Date:																			