

Vernon Youth Soccer Association - Player Application

Questions? Email: registrar@soccervernon.org or Call: 860-870-7788

Complete a separate copy of this section for each player.

BC verified:

Last Name: _____ First Name: _____ Date of Birth: _____ Gender: _____

Address: _____ City: _____ ST: CT Zip: 06066 Home Phone: _____

Medical Notes: _____ Emergency Contact: _____ Phone: _____

Comp/Travel: Rec: Micro: born in 2006
Other Notes/Requests: _____

Parent Name: _____ Phone: _____ Cell or Work Phone: _____ Email: _____

Would you like to coach or volunteer?

Parent Name: _____ Phone: _____ Cell or Work Phone: _____ Email: _____

Would you like to coach or volunteer?

Recognizing the possibility of physical injury associated with soccer and in consideration for the Vernon Youth Soccer Association and its affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the Vernon Youth Soccer Association, its affiliated organizations and sponsors, their employees and associated personnel, including the owner 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. **Consent for Medical Treatment:** As parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions are necessary to preserve life limb, or well being of my dependent.

Signature: _____ Print Name: _____ Date: _____

Complete this section once per family.

Number of children playing Micro soccer (age 5) _____ X \$35 = _____ \$85 max for
 Number of children playing Rec soccer _____ X \$40 = _____ these two lines
 Number of children playing Comp soccer _____ X \$65 = _____
 Would you like to purchase a medical kit for use by a VYSA team? _____ X \$5 = _____
 Would you like to make a donation to VYSA? \$ _____
Registrations received after July 8 will incur a \$15 (per child) late fee. Total \$= _____ Check # _____

Mail completed form and payment to:
VYSA Soccer
PO Box 2295
Vernon, CT 06066
 Or bring to VCMS
May 3, 9, or 19
6:00-8:00PM

VYSA CANNOT GUARANTEE A ROSTER SPOT FOR PLAYERS REGISTERED AFTER JULY 8

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