

Vernon Youth Soccer Association - Player Application

Complete a separate copy of this section for each player.

VYSA use only

BC verified:

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

Address: _____ ST: _____ Zip: _____ Home Phone: _____

Medical Notes: _____ Emergency Contact: _____ Phone: _____

Travel: Rec: Micro: **Shirt Size:** _____ **Other Notes/Requests:** _____
born 8/1/02-7/31/04 CS CM CL AS AM AL

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 (birthdate 8/2/2002 - 7/31/2004)	_____ X \$35 = _____	\$85 max for these two lines
Number of children playing Rec soccer (birthdate 8/1/1995 - 7/31/2002)	_____ X \$40 = _____	
Number of children playing Travel soccer	_____ X \$60 = _____	
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 17 will incur a \$15 (per child) late fee.		
	Check # _____	Total \$ _____