

requests of any type written on this form will not be honored (requests may only be done at in-person registration)



**NCYSA REGISTRATION FORM for Spring 2011**

Youth Recreational Soccer Registration Form

**Registration Deadline February 1**

mail form to **NCYSA PO Box 821 Bardstown, KY 40004** or

**REGISTER ONLINE AT <http://www.eg40004.com/soccer/>**

League use only	
Age Group	
Conc Stand no work fee paid:	Yes No
Birth Certificate on file:	Yes No
Registration Fee:	Cash Check #
Amount Received:	

Please Print all Data

**PLAYER INFORMATION** A Birth Certificate must be on file with NCYSA for this Registration to be accepted.

Last Name	First Name	Middle Name	Last 4 digits of Players SS#	Played NCYSA before? Yes <input type="checkbox"/> No <input type="checkbox"/>
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Name Must Appear as Printed on Birth Certificate

Gender: Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth Month Day Year	Shirt Size Youth <input type="checkbox"/> YS(6-8) <input type="checkbox"/> YM(10-12) <input type="checkbox"/> YL (14-16) Adult <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL
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<b>If Female:</b> Would you be willing to play on a mixed Team? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Note: U-14 and U-16 are typically mixed</b>	List siblings that play or have played for NCYSA <b>Requests to have siblings placed on the same team must be done by filling out a request form at an inperson registration.</b>
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**GUARDIAN INFORMATION**

Primary Guardian's First Name	Last Name	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	Home Phone Number	Alternate Numbers <input type="checkbox"/> Cell <input type="checkbox"/> Work
Primary Guardian: Street Address, City, State, Zip (player's primary address)			E-mail Address	

**Parental Support: NCYSA is run exclusively by volunteers.** We seek active participation of all parents as members in our program.

Check areas below where you would be willing to help.

<b>Coach or Asst Coach</b> Must fill out a coaches application and coaches background check form and mail to PO Box listed below	<b>Concessions</b> Working concessions is mandatory. A \$20 fee per child is assessed for those who choose to not work	<input type="checkbox"/> Field Care <input type="checkbox"/> Board Member	<input type="checkbox"/> Team Parent <input type="checkbox"/> Other (specify)
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Other Guardian's First Name	Last Name	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other	Home Phone Number	Alternate Numbers <input type="checkbox"/> Cell <input type="checkbox"/> Work
Other Guardian: Street Address, City, State, Zip			E-mail Address	

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**Fees** only accepted until 2/15

Registration Fee includes shirt and costs for field maintenance, league equipment, referee fees and administrative fees.  <b>Make check payable to: NCYSA</b> Mail to: NCYSA, P.O. Box 821, Bardstown, KY 40004 You must include the following with this document: <input type="checkbox"/> Registration Fee (see fee schedule at right) <input type="checkbox"/> Copy of child's birth certificate if he/she has not played before with NCYSA or does not have a copy on file with NCYSA <input type="checkbox"/> \$20 concession stand fee per child if choosing not to work	<table border="1"> <tr> <th>League</th> <th>On/Before July 1st*</th> <th>After July 1st*</th> </tr> <tr> <td>U6 (birth range 08/1/04 thru 07/31/06)</td> <td>\$35</td> <td>\$45</td> </tr> <tr> <td>U8 and above</td> <td>\$45</td> <td>\$60</td> </tr> </table>	League	On/Before July 1st*	After July 1st*	U6 (birth range 08/1/04 thru 07/31/06)	\$35	\$45	U8 and above	\$45	\$60
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	U6 (birth range 08/1/04 thru 07/31/06)	\$35	\$45							
U8 and above	\$45	\$60								
Note: *Postmark Date for mailed registrations or Date Received for in-person or on-line registration <b>FEE IS NON REFUNDABLE AFTER THE PLAYER IS ASSIGNED TO A TEAM</b>										

**CONSENT AND WAIVER AGREEMENTS**

Recognizing the possibility of physical injury associated with soccer and in consideration for the Nelson County Youth Soccer Association accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify NCYSA, 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. Further, I hereby authorize any and all emergency medical treatment deemed necessary by any physician, nurse or paramedic. By signing below, I hereby give NCYSA permission to use the name and image of this player for use in public media that has been approved by the NCYSA Board, including the NCYSA website. I understand and agree as a parent or guardian, it will be my responsibility to work at the concession stand when assigned and that the participant and I will abide by the code of conduct and rules and regulations set forth by the Nelson County Recreation Department, the NCYSA, and the KYSA (see NCYSA web site for a compilation of these rules and regulations).

Not valid without signature	Signature of Parent of Guardian if Participant is under 18	Date
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personal requests written on this form will not be honored