



St. Charles County Youth Soccer Association

Fall 2015 Outdoor Recreational Soccer Registration Form

Instructions:

Registration Deadline: July 17, 2015

<p>FEE STRUCTURE:</p> <p>Born between Aug 1, 09 and Nov 1, 11 \$75</p> <p>Born between Aug 1, 97 and July 31, 09 \$90</p> <p>Second and Third Player Discount \$5</p> <p>Forth or more Player Discount \$10</p> <p>Returning Player Late Fee \$15</p>	<ol style="list-style-type: none"> Complete and sign this form Include check or money order payable to SCCYSA Include a copy of the players birth certificate if not already on file with SCCYSA Drop off or Mail to SCCYSA, 221 Spencer Rd, Suite A, St. Peters, MO 63376 	<p>Date Rec'd: _____</p> <p>Ck#: _____</p> <p>Amt: _____</p>
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Player Information:

Birth Certificate state filing number (ex. 124-94-000000) _____ **REQUIRED**

Player's Name: _____ Gender: M F

Address: _____ City: _____ State: _____ Zip: _____

E-MAIL ADDRESS: _____ Home Phone: (____) _____

DOB: _____ Grade: _____ School: _____

Grade for fall 2015 *Player's school or the nearest public school in your area*

Seasons of Soccer Experience: _____ Does this player currently play on a Club team? Y N

Name of Club: _____

- I request to remain on same SCCYSA team from Spring '15 Season - Coach Name: _____
- Place this returning player on a **different** team than Spring '15 - You must list Coach Name: _____ (DO **NOT** PLACE WITH)
- I have a **REQUEST**. Coach Name: _____ Reason for Request: _____

Other Requests: _____ play up, rec-plus, play with a friend etc.
(ALL Requests are honored as space permits and at the discretion of the SCCYSA Board.)

Parent/Guardian Information:

Father's Name _____ Cell Phone (____) _____ Business Phone (____) _____

Mother's Name _____ Cell Phone (____) _____ Business Phone (____) _____

▶ **SCCYSA relies on parents who are willing to donate their time and efforts to be a coach. Please select a parent support box below.** ◀

- I will Coach My first name: _____
- Assistant Coach My first name: _____
- I will be a Team Parent – assist coach with phone calls, etc.
- I will be a Team Sponsor – tax deductible \$200 donation My business/organization name: _____

Emergency Contact other than parents: Name _____ Home Phone (____) _____ Cell Phone (____) _____

List of other children from family presently in REC league: Name _____ Age _____ Name _____ Age _____

Allergies or Other Medical Conditions _____

Commitment: SCCYSA is committed to providing a safe and healthy environment. By participating in SCCYSA, the player and parent/guardian agree to abide by the rules and regulations established by the SCCYSA. The player and parent/guardian agree that they will conduct themselves in a manner that creates and maintains a safe and healthy environment for all participants. The player and parent/guardian also agree to treat all players, coaches, referees and SCCYSA volunteers with respect. The player and parent/guardian understand that unsportsmanlike conduct is prohibited and subjects the player, parent and/or spectator to a red card. Red card offenses result in ejection from the game and shall prohibit the offending party from attending the next game. The parent/guardian further agrees not coaching/yelling from the sideline. Players must bring proper equipment to practices and games. In addition players must be good listeners at practices and games and learn from mistakes and work hard to improve. The player and parent/guardian understand that failure to abide by this commitment may result in player's removal from the SCCYSA program with no refund of any fees paid. Due to weather conditions and field availability we cannot guarantee that a full season will be completed. SCCYSA is not responsible for loss of services due to City Parks and Recreation decisions and schedules or acts of God. I further grant the SCCYSA Parties the right to use the Player's name and/or picture in printed, broadcast and other material concerning the Programs.

Waiver: Recognizing the possibility of injury or illness, and in consideration for US Youth Soccer and members of US Youth Soccer accepting my son/daughter as a player in the soccer programs and activities of US Youth Soccer and its members (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify US Youth Soccer, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs. I hereby authorize the transportation of my son/daughter to or from the Programs. My player son/daughter has received a physical examination by a licensed medical doctor and has been found physically capable of participating in the sport of soccer. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Programs. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

Parent/guardian Signature constitutes agreement with Commitment and Waiver

Date