St. Charles County Youth Soccer Association

Spring 2012 Outdoor Recreational Soccer Registration Form

Instructions: **Registration Deadline: Jan 13, 2012**

1. **Complete and sign** this form
2. Include check or money order payable to SCCYSA
3. Include a **copy of the players birth certificate** if not already on file with SCCYSA
4. Drop off or Mail to **SCCYSA, 221 Spencer Rd, Suite A, St. Peters, MO 63376**

RETURNING PLAYER FROM FALL 11 ONLY:	
Born between Aug 1, 05 and March 4, 08	$65
Born between Aug 1, 93 and July 31, 05	$80
Max. Per Family	$230
Second Player Discount	$5
LATE FEE	**$15**

ALL OTHER PLAYERS FEE STRUCTURE:	
Born between Aug 1, 05 and March 4, 08	$75
Born between Aug 1, 93 and July 31, 05	$90
Max. Per Family	$260
Second Player Discount	$5

Date Rec'd: _____

Ck#:_____

Amt:_____

*****PLAYERS REQUESTING A DIFFERENT TEAMS MUST PAY OTHER PLAYER FEE STRUCTURE - FOR A NEW UNIFORM*****

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 spring 2012 *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

☐ I request to remain on same SCCYSA team from Fall '11 Season - Coach Name:_____

☐ Place this returning player on a **different** team than Fall '11 -You must list Coach Name: _____(DO **NOT** PLACE WITH)***

*****PLAYERS REQUESTING A DIFFERENT TEAM MUST PAY OTHER PLAYER FEE STRUCTURE - FOR A NEW UNIFORM*****

☐ I have a REQUEST. Coaches 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: _____ and/or ☐ 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. St. Charles County Youth Soccer Association is not responsible for loss of services due to City Parks and Recreation decisions and schedules or acts of God.

Waiver: I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted**.** I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, US Club Soccer, their sponsors, the USSF and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in US Club Soccer programs and/or being transported to or from the same, which transportation I hereby authorize.

_____ _____

*Parent/guardian **Signature** constitutes agreement with Commitment and Waiver* *Date*