

**NORTHEAST YOUTH SOCCER LEAGUE
REGISTRATION FORM – SPRING 2009**



Fun is our Goal!

Early Bird Registration - if paid on or before January 31st - **\$65.**

Early Bird Family Discount Registration Fees: 1 player - **\$65** 2 players - **\$120** 3 or more players - **\$175.00**

After January 31, 2009, Registration Fee is \$80 for 1 player and \$70 for each additional player in family.

Openings will be limited after February 28, 2009 – **We cannot guarantee placement of a player on a team if not registered by February 28, 2009.**

PLAYER

Last Name _____ First Name _____ Phone _____

Address _____ City _____ St _____ Zip _____

Emergency Phone Number _____ Player Lives with Parents Mother Father

Seasons Played _____ Gender Boy Girl Birth date _____ Age _____

Is Player covered by a family private health care / Medical Insurance Policy? Yes No

PARENTS

Mom Last Name _____ Mom First Name _____ Work or Cell Phone _____

Mom's Birth Date (State Association Required): Month _____ Day _____ **Year Not Required**

Address (Only if Different) _____ City _____ Zip _____

Dad Last Name _____ Dad First Name _____ Work or Cell Phone _____

Dad's Birth Date (Only if Mom's is not available): Month _____ Day _____ **Year Not Required**

Address (Only if Different) _____ City _____ Zip _____

Email Address – Please print neatly _____

Please use the space below to indicate practice night preferences, or other special requests. Coach/Teammate/Practice Night requests may be considered, but we cannot guarantee that requests can be accommodated.

Practice Night _____ Coach/Teammate _____

Volunteer

Please choose one of opportunities below NYSL *depends* on volunteers and needs your help!!

Head Coach** Mom Dad **Assistant Coach**** Mom Dad **NYSL Board**** Mom Dad

**** These positions require a background check to be filed with the Indiana State Soccer Association**

Head Coaches and Board Members will be given a discount voucher to use towards registration fees for **one player** for the next season of play: **Coaches – 25% off / Board Members – 50% off.**

Other volunteer opportunities include (circle one):

Fields Day Picture Day Trophy Distribution

Please read this form carefully. Complete the registration form and sign the waiver below. Fee includes team jersey, socks, picture, trophy, park user fee, game treats, and concession fee. Teams are formed by age level using the child's age on August 1. **To be eligible, the child must be at least 4 years of age by August 1, 2008.** Teams will be formed in the following divisions, as the number of registrants permits: U5Boys, U5Girls, U6Boys, U6Girls, U7Boys, U7Girls, U8Boys, U8Girls, U10Boys, and U10Girls. These age groups will play at NYSL home fields only. U12Boys and U12Girls, U14Boys, U14Girls, U16Coed, and U19Coed will be involved in games with other area teams as a "rec- plus" league and travel within 1 hour of Indianapolis in the central Indiana area.

Waiver: I, parent or guardian of the above child, who is participating in the activities of the Northeast Youth Soccer League (Lawrence Soccer Club, Inc., hereinafter called NYSL), hereby give my consent and approval to my child's participation in any and all activities of NYSL. I assume all risks and hazards incidental to my child's participation in the activities of NYSL and hereby release and hold harmless NYSL, City of Lawrence, Indiana Youth Soccer Association, United States Youth Soccer Association and organizers, sponsors, supervisors, coaches, referees, and agents of these organizations from any liability, claims or damages arising out of my child's participation in the activities of NYSL. I understand that it is my responsibility to satisfy myself that my child is in satisfactory physical condition to participate in the activities of NYSL. In the event that my child becomes injured or ill during any practice or game or while traveling to or from any practice or game while participant in the activities of NYSL, I authorize the child's coach or his/her representative, to secure first aid and/or the services of any physician or hospital and agree to assume all financial obligations incurred therewith. I understand that NYSL does not carry medical insurance for participants.

DATE: _____ **SIGNATURE:** _____

DO NOT WRITE IN THIS AREA - FOR NYSL USE ONLY

Age Group _____ **Cash** _____ **Check #** _____ **Amount \$** _____

Financial Donations \$ _____ **Received By** _____ (initials)