

Player's Last Name: _____ First Name: _____ MI _____



Paid: \$ _____ cash _____ or ck# _____

TIOGA COUNTY YOUTH SOCCER ASSOCIATION

c/o Sally Marx, P.O. Box 723, Spencer NY 14883

Phone 589-6311



ELIGIBILITY Boys and girls age 5 but not yet 15 years old on December 31 of this year. Kindersoccer (5 year olds) will have its own, age-appropriate program.

DONATION IF PAID BY JUNE 1: 1 child=\$25, 2 children=\$50
3 or more children=\$60
AFTER JUNE 1: each child=\$30

Donation includes insurance, shirt and socks. No child is excluded for inability to pay the suggested donation, but child MUST register on time to be placed on a team. ALL late registrations (after 6/1) will be placed on a "space-available" basis.

PLAYER INFORMATION

Last Name: _____ First Name: _____ Middle Initial: _____

Birthdate: Month/Day/Year ____ / ____ / ____ Age as of 12/31/2008: _____ Gender: Male _____ Female _____

Address: _____ Town: _____ Zip: _____

Area Code: _____ Telephone Number: _____ Email: _____

School Grade Now: _____ Jersey Size: (circle one) YS YM YL AS AM AL AXL

Soccer Experience: _____

PARENT/GUARDIAN INFORMATION:

Father's Name: _____ Occupation: _____ Bus. Phone: _____

Email Address: _____ Cell Phone: _____ Home Phone: _____

Mother's Name: _____ Occupation: _____ Bus. Phone: _____

Email Address: _____ Cell Phone: _____ Home Phone: _____

MEDICAL INFORMATION:

List any medical problem or prohibition player has: _____

Medical Insurance Carrier: _____ or None: _____

COMMENTS: If two kids must be on same team, give their names, birth years and the reason here. We will attempt to honor the request. No promises are made! _____

TCYSA CANNOT GUARANTEE THAT YOUR CHILD WILL BE PLACED ON A TEAM WITHOUT YOUR HELP!

TCYSA is run entirely by volunteers. Please circle where you can help. Training is FREE and we offer lots of support!

FUNDRAISING - team candy person DATA ENTRY - Type in registration information.

GROUNDINGS - Lining fields / field maintenance, litter, nets up/down, weight goals, weed, brush hog, mowing, etc.

TEAM MANAGER - help organize snacks, car pooling, party, announcements - so the coach can just coach!

REFEREE LINESMAN COACH ASST. COACH

Please state the name of the volunteer for the above position(s): _____

I, _____ as parent/guardian of the player named above, give permission for my child to play soccer and will not hold the Tioga County Youth Soccer Association (TCYSA) or any of its officers, coaches, referees, other volunteers or it's sponsors responsible for injuries which may occur. In my absence, I give TCYSA permission to provide or obtain medical attention as TCYSA may find appropriate. I also understand that it will be my responsibility to see that my child attends practices and games. I also understand that squared cleats with sharp corners or cone-shaped, pointed cleats are not acceptable footwear for soccer. METAL CLEATS ARE NOT ACCEPTABLE IN TCYSA.

Parent/Guardian Signature: _____ Today's Date: _____

PLEASE RETURN ALL COPIES TO REGISTRAR