

South Mason Youth Soccer Club

Fall / Spring Soccer Registration

Open to all Youth ages 8 - 18

Registration opens July 1st (Fall Season) and January 1st (Spring Season) each year

ONLINE REGISTRATION: <http://www.smysc.org/current-programs>

MAIL-IN REGISTRATION: SMYSC, P.O. Box 2273, Shelton, WA 98584.

FEE SCHEDULE: \$80 PER PLAYER

Discounts available for online registration

U9 - U18 TEAMS MUST BE FORMED EARLY TO BE TURNED INTO THE LEAGUE. IF THERE IS NOT ENOUGH PLAYERS SIGNED UP IN AN AGE BRACKET BY THIS DATE, THERE WILL BE NO TEAM FOR THIS AGE BRACKET. SIGN-UP EARLY!

Parent Last Name:	Parent First Name:	Home Phone:		Cell Phone:
Street Address (mailing):	City:	State:	Zip:	Parent E-Mail:
Second Parent Name:		Relationship to Player:		Emergency Phone:
Emergency Contact Name:		Relationship to Player:		Emergency Phone:
Family Physician:		Physician Phone:		Preferred Hospital:

PARENT PARTICIPATION

Realizing that it takes many people to provide a successful program, I am willing to participate in the following capacity: Coaches are vital to the success of this program. Without coaches, teams may be limited. Training will be eagerly provided.

COACH: _____ ASSISTANT COACH: _____ CLUB OFFICER: _____ GARBAGE/FIELD CLEANUP: _____ FIELD LINING: _____ EQUIPMENT: _____ CONCESSIONS: _____

Player1

Last Name: _____ First Name: _____ Date of Birth: _____ Gender: _____ Returning: _____
 School: _____ Grade: _____ Shirt Size: _____ Request to play with: _____

Player2

Last Name: _____ First Name: _____ Date of Birth: _____ Gender: _____ Returning: _____
 School: _____ Grade: _____ Shirt Size: _____ Request to play with: _____

IMPORTANT

Parent/Guardian Consent: I/we, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the WYS, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the WYS accepting the registrant for its soccer programs and activities (the "Programs"). I hereby release, discharge and/or otherwise indemnify the WYS, 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 I hereby authorize. I/we understand that participation constitutes my/our approval for the use of photographs for publicity and promotion of South Mason Youth Soccer Club and its affiliate organizations.

CONCUSSION COMPLIANCE: I (we) acknowledge that I(we) have read and agree to the terms and conditions that govern involvement with South Mason Youth Soccer Club. The terms and conditions of this contract are available at <https://smysc.org/content/19723/Concussion-Compliance-Statement>.

CODE OF CONDUCT: I (we) acknowledge that I(we) have read and agree to the terms and conditions that govern involvement with South Mason Youth Soccer Club. The terms and conditions of this contract are available at <https://smysc.org/content/17806/Spectator-Code-of-Conduct>.

REFUND POLICY: NO REFUND AFTER THE ABOVE PARTICIPANT HAS PARTICIPATED IN A PRACTICE OR PLAYED IN A SANCTIONED GAME.

By Signing below, I confirm that all information is complete and accurate.

*** Signature: _____ Date: _____

CONSENT FOR MEDICAL TREATMENT (MINOR) As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

List any medical problem, prohibition or allergies the player has: _____

PLEASE NOTE: A YOUTH SOCCER PLAYER CAN ONLY PLAY ON THEIR REGISTERED TEAM. Coaches that allow an illegal player to play in a scheduled game are subject to Disciplinary Action. **ALL FEES MUST BE CURRENT FROM PREVIOUS SEASONS FOR THE PLAYER & SIBLING(S) TO BE ELIGIBLE TO PARTICIPATE IN THE CURRENT SEASON. THERE IS A \$30.00 FEE ON ALL DISHONORED CHECKS AND MAYBE PUT INTO COLLECTION. A REFUND OF THE REGISTRATION FEE LESS AN ADMINISTRATIVE HANDLING FEE OF \$10.00 WILL BE ISSUED PRIOR TO PARTICIPATING IN A PRACTICE OR PLAYING IN A SANCTIONED GAME.**