South Mason Youth Soccer Club

Summer Soccer Registration

Open to all Youth ages 3 – 17 <u>Note must be 3 BY January 1 this year</u> REGISTRATION STARTS April 1 each year

MAIL-IN REGISTRATION: SMYSC, P.O. Box 2273, Shelton, WA 98584. ONLINE REGISTRATION BY CREDIT CARD & CHECK @ http://smysc.org/current-programs In-Person Registration is available at the Soccer Park, Shelton Library, and Denny's Auto Service

FEE SCHEDULE: \$60.00 PER PLAYER Save \$10 and register by May 1st

Practice Starts: 2nd week in June Games Start: 3nd week in June Season Ends: End of July Games are Monday through Thursday only

Complete one form per player. A copy of birth certificate is required for a player. Each registered player will receive a T-shirt to keep. Shin-guards are required to play. Players will be assigned to a team in their age group by a random selection process.

Last Name	First Name	MI	Home Phone	Cell Phone
Street Address (mailing)	City	State	Zip	E-Mail Player
Sex (circle one) M F	Age on January 1 this year	Date of Birth	E-Mail Parent	
YOUTH Shirt Size Small Medium	Large	ADULT SHIRT SIZE	SMALL MEDIUM	LARGE X-LARGE
Father's Name		Emergency Phone		
Mother's Name		Emergency Phone		
Other Emergency Contact	Emergency Phone			
Realizing that it takes many people to prov Coaches are vital to the success of this COACH:	program. Without them, tean	ns may be limited. Tra	ining eagerly provided.	LEANUP FIELD LINING:
Parent/Guardian Consent: I/we, the parent/guardian of Recognizing the possibility of physical injury associate release, discharge and/or otherwise indemnify the US the Programs, against any claim by or on behalf of the I/we understand that participation constitutes my/our a	of the registrant, a minor, agree that I ar ed with soccer and in consideration for YSA, its affiliated organizations and sp e registrant as a result of the registrant?	the USYSA accepting the reg onsors, their employees and s participation in the Program	sistrant for it soccer programs and associated personnel, including as and/or being transported to or	d activities (the "Programs"). I hereby the owners of fields and facilities utilized fo from the same, which I hereby by authoriz
CODE OF CONDUCT: I (we) will read and agre www.smysc.org .	e to abide by the South Mason Yo	uth Soccer Club "code of	conduct" for coaches, parents	s, and spectators which is available a
REFUND POLICY: NO REFUND AFTER THE	ABOVE PARTICPANT HAS PART	ICIPATED IN A PRACTIC	CE OR PLAYED IN A SANCT	IONED GAME.
*** Signature:		Date:		
CONSENT FOR MEDICAL TREATMENT care prescribed by a duly licensed Doctor of the life, limb or well-being of my dependent	of Medicine of Doctor of Dentist			
List any medical problem, prohibition or alle				
Doctor to notify in emergency:		Phone:		

Dentist to notify in emergency: _____ Phone: _____ Phone:

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. THERE IS A \$30.00 FEE ON ALL DISHONORED CHECKS AND MAYBE PUT INTO COLLECTION. A REFUND OF THE REGISTRATION FEE LESS AN ADMINISTRATIVE HANDLEING FEE OF \$10.00 WILL BE ISSUED PRIOR TO PARTICIPATING IN A PRACTICE OR PLAYING IN A SANCTIONED GAME.