



2011 REGISTRATION FORM – Shawnee Youth Soccer Assoc. SYSA

First Name	Middle Initial	Last Name	M / F (circle one) Sex
Address		Zip	Telephone
Date of Birth		Legal Guardian's Name	
Mother's Name		Father's Name (or)	
School Attending	Email Address	Grade (Fall 2011)	

Youth: YXS(4-6) YS(6-8) YM(10-12) YL(14-16) Adult: AS AM AL AXL SHIRT/Jersey SIZE (circle one)

Youth: YXS(4-6) YS(6-8) YM(10-12) YL(14-16) Adult: AS AM AL AXL SHORTS SIZE (circle one)

This is a recreational league focused on growing fundamentals, passion for soccer and overall sportsmanship, please emphasize and assist thru leading by example. *Thanks in advance.*

Player Skill Level: *goal is team parity.*

New (1)
 Average (2)
 Advanced (3)

PARENTS – Please sign up for one of the following:

- | | | | |
|---|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Boys Head Coach | <input type="checkbox"/> Boys Asst. Coach | <input type="checkbox"/> Team Parent | <input type="checkbox"/> Concessions |
| <input type="checkbox"/> Girls Head Coach | <input type="checkbox"/> Girls Asst. Coach | <input type="checkbox"/> Referee | <input type="checkbox"/> Sponsor |

WE HEREBY AGREE THAT THE SOCCER ASSOCIATION FOR YOUTH (SAY) ITS MEMBERS, COACHES OR OFFICERS SHALL NOT BE LIABLE FOR ANY INJURY OR LOSS IN WHICH MY CHILD MAY SUSTAIN WHILE PARTICIPATING IN ACTIVITIES OF ANY KIND WHETHER SPONSORED BY OR UNDER THE SUPERVISION OF SAY AND WE AGREE TO INDEMNIFY AND TO HOLD HARMLESS SAY, ITS MEMBERS, COACHES AND OFFICERS OR DESIGNATES OF ANY KIND FROM ANY CLAIM WHATSOEVER.

I HEREBY GRANT West Central Ohio Soccer Association & SYSA permission to publish photos of the SAY Soccer season, which may include pictures of my child. I understand names will not be listed in an attempt to comply with the National Child Protection Act. Further, I understand that every attempt will be made to prevent unauthorized access to online information and hold SAY Soccer harmless for the accidental dissemination of information

I also certify all information is correct and the West Central Ohio Soccer Association may verify any information by any method they deem appropriate. I understand false information will lead to disciplinary action up to and including expulsion. I also agree to comply by the player, coach and parent code of behavior and exemplify good sportsmanship.

PARENT OR GUARDIAN SIGNATURE _____ Date _____

DO NOT WRITE BELOW – SOCCER ORGANIZATION USE ONLY

Player's Age (as of August 1 2011) _____ Division _____

Fee Paid \$ _____ Cash Check # _____ Rec'd. By _____ Date _____

Team Assigned _____ Coach _____

MUST BE KEPT FOR 2 YEARS.