

Sheridan Youth Soccer Association Fall 2009 Registration

Taking registrations now! Deadline for registration is June 30, 2009.

Practices will begin in August 2009.

Ages 4-17 \$65.00 (Fall and Spring Season included) Players must be age 4 by August 1, 2009

Player Information

First Time Player w/ SYSA?

Last Name _____ First Name _____ Male or Female
Address _____ City _____ Zip _____ Phone (____) - ____ - ____
Date of Birth ____/____/____ Approximate Weight _____ Physician _____

Parent/Guardian Information (Circle preferred contact number)

Father's Name _____ Email _____
Home Phone _____ Cell Phone _____
Mother's Name _____ Email _____
Home Phone _____ Cell Phone _____
Mother's month/day of birth ____ / ____ (for ID purposes only)
Would you like to **volunteer** to be a: ____ Coach ____ Asst. Coach ____ Field Helper ____ Referee ____ Board Member?
Would you be interested in attending a "Laws of the Game Session" prior to the start of the season? ____ Yes
Would you like to be contacted about Corporate Sponsorship Opportunities? ____ Yes Phone #: _____

Player Uniform

Shorts	Youth	S	M	L	Adult	S	M	L	XL
Shirt	Youth	S	M	L	Adult	S	M	L	XL

FEES DUE/POSTMARKED BY JUNE 30, 2009

(Fees Include Spring Season, ASSA State Registration with Insurance, Coaching Fees, Trophy, and Uniform)

\$_____ Player registration fee (Ages 4 – 17 = \$65.00)
\$_____ Late registration fee (\$20.00 for each registration postmarked after June 30, 2009.)
\$_____ Donation (\$65 sponsors a scholarship for a needy player) - Any amount is appreciated for field and equipment improvements. **SYSA is a Not-for-Profit organization so your Donation is Tax Deductible.**
\$_____ Total Payment Included

Options for Registration and Payment:

- 1) **Mail to:** Sheridan Youth Soccer Association, P.O. Box 702, Sheridan, AR 72150
- 2) **OR:** Drop off registration and fees to the **Sheridan Recreation Center** (870-942-7000).
- 3) **OR:** Go to www.sheridanysa.org for online registration options and instructions.

For Club Use Only

Date/By: _____

Amount: _____

Check#: _____

Division: _____

For more information visit our website (www.sheridanysa.org) or contact Beau Crawford (942-4625).

Please read & sign the release and consent statements below

I, the undersigned parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Programs"). I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors their employees associated personnel, including owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Name of parent or legal guardian (*please print*)

Signature of parent or legal guardian

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 licensed Doctor of Medicine or Dentistry. Care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Name of parent or legal guardian (*please print*)

Signature of parent or legal guardian

Date