



For more SSLYSA  
information, visit:  
www.ssllysa.org

## SOCCKER REGISTRATION

SSLYSA is affiliated with Ohio Youth Soccer Association North (OYSAN) and US Youth Soccer Association (USYSA)

### SECTION 1

### PLAYER DATA

Player's Name:   Male Birth Date (MM/DD/YYYY):

Address:   Female Phone Number:

City/State/Zip:  Email Address:

School:

Years of soccer experience:  Prior SSLYSA Member?  Yes  No Past Coach(es):

"It is the intent of SSLYSA to create girls teams for 9 yr. old girls and above, whenever possible."

### SECTION 2

### UNIFORM INFORMATION

Select INHOUSE T-SHIRT Size(Fall season only, unless new in spring):  YS  YM  YL  AS  AM

Select FULL TRAVEL Uniform Size (Age U-9 and above, 1st travel season only)(add \$30):  YL  AS  AM  AL  AXL

(optional) Replacement TRAVEL Jersey Size (add \$18):  YL  AS  AM  AL  AXL

(optional) Replacement TRAVEL Shorts Size (add \$15):  YL  AS  AM  AL  AXL

### SECTION 3

### MEDICAL CONSENT (Minor)

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of USYSA, OYSAN their affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for USYSA and OYSAN accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, the OYSAN, their affiliated organizations, officers, directors, board members, coaches, officials, sponsors, other participants, 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 transportation I hereby authorize. I acknowledge that I have carefully read and understand this Parental Consent and Release form.

Parent/Guardian Name(s) (please print):  Phone:

Allergies / medical conditions, if any:

Emergency contact- Name:  Phone:

Signature:  Date:

As the parent or legal guardian of the above named player, I hereby give consent to have a Coach, Athletic Trainer, Emergency Personnel and/or Doctor of Medicine or Dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Signature:  Cell/Other Phone:

Preferred Hospital Name:

Doctor's Name and Phone:

Dentist's Name and Phone:

### SECTION 4

### PARENTAL SUPPORT

- Coach or Assistant  
 Field Preparation  
 Concession Stand  
 Board Member  
 Fund Raising

### REGISTRATION FEES (In-house/Travel)

- Standard Registration \$30  
 Late Registration \$40

"NO REFUND POLICY"

Questions? Call Deborah at 934-5794 or Holly at 949-5996

- CASH  
 CHECK

--TRAVEL ONLY--  
 BIRTH CERT.  
 PHOTO

Check #  Date

This document was created with Win2PDF available at <http://www.daneprairie.com>.  
The unregistered version of Win2PDF is for evaluation or non-commercial use only.