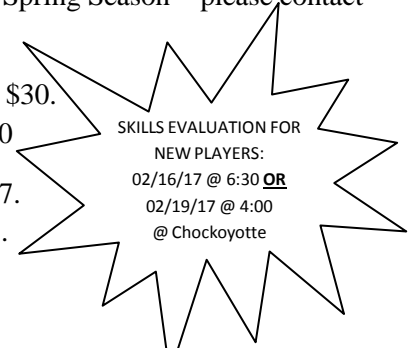


ROANOKE VALLEY YOUTH SOCCER ASSOCIATION

www.rvysa.org

2017 YEAR – SPRING RECREATION LEAGUE

1. Complete Registration & Medical Waiver. ****All 1st time players with RVYSA must also submit a copy of birth certificate.**
2. All players who played in the FALL of 2016 are automatically registered for the Spring Season – please contact the player’s Fall coach.
3. Registration Fee: Players who are or will be 4 years old in 2017 (and younger): \$30.
Players who are or will be 5 years old in 2017 (and older): \$50
4. Age groups are by birth year: Example: Any child born in 2004 is U13 in 2017.
Any child born in 2013 is U5 in 2017.
* Exceptions to this are made at the parent & RVYSA’s discretion.
* Please make checks or money orders payable to: R V Y S A
5. Submission deadline is FEBRUARY 11, 2017. A late registration fee of \$15.00 will be enforced.
*****GAMES BEGIN MARCH 5th*****
6. ‘Late’ placement on a team will be at the discretion of the RVYSA Recreation Program Commissioner.
7. Submit Registration, Wavier, Fee and birth certificate (if applicable) to:



RVYSA
P.O. Box 146
Roanoke Rapids, NC 27870

PLAYER REGISTRATION INFORMATION:

Player’s Full Name:		Circle: MALE or FEMALE	
Date of Birth: / /	Years of soccer experience:	Shirt Size:	YS YM YL AS AM AL AXL
Mother’s Name:		Cell Phone: ()	
Father’s Name:		Cell Phone: ()	
Home Phone: ()		E-mail Address:	

Request for Program Volunteers: (Please circle if interested!)

Coaches – Asst. Coaches – Notary – Coordinators – Website Assistance – General Volunteers

*Age-appropriate coaches’ training will be available prior to start of the season.

SPONSORSHIP REQUEST: SPRING ONLY:

Sponsor a U7 & UP team for \$350.

Sponsor a U3 – U6 (Mini & Mighty Kicks Teams) for \$100.

BUSINESS NAME: _____ Contact Name & Phone # _____

ROANOKE VALLEY YOUTH SOCCER ASSOCIATION

2017 YEAR - SPRING RECREATION LEAGUE

Medical Consent

NCYSA
P. O. Box 18229
Greensboro, NC 27419
(336) 856-7529

RVYSA
P.O. Box 146
Roanoke Rapids, NC 27870
(252) 586-5341

NCYSA Policy # _____
Access policy to any valid and collectible Insurance. If there is no primary insurance, this policy is primary after the deductible.

Player's Full Name: _____ / /
FIRST MIDDLE LAST DATE OF BIRTH
Address: _____
STREET ADDRESS CITY STATE ZIP
 Male
 Female

Parent/Legal Guardian's Full Name Home Phone Cell Phone Work Phone

Additional Person to Contact in an Emergency Home Phone Cell Phone

Date of last Tetanus Shot Current Medications

Player is Allergic to: Known Medical Concerns:

I (we) the undersigned, residing in the county of _____ state of _____, the parents/legal guardian of the above Registrant, a minor, who resides with us, do hereby declare our intent to allow said child to practice, train, play and participate in all soccer related activities with the above mentioned soccer team affiliated with the North Carolina Youth Soccer Association and the United States Youth Soccer Association.

I (we) agree that we 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 and NCYSA accepting the Registrant for their soccer programs and activities (the "Programs"), we hereby jointly and severally release, discharge and/or otherwise indemnify the USYSA, NCYSA, their affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized by the Programs, against and 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 we hereby authorize.

I (we) further, jointly and severally, as parents and legal guardians of the Registrant, release, discharge, and agree to hold harmless and indemnify the above-named individuals or any of the designated coaches of the above Team from any and all liability, claims or demands arising from the Registrant participating in the Program with the above Team specifically to include any and all claims for personal injuries sustained while present or sponsored by or in conjunction with the programs.

In addition, I (we) do hereby authorize anyone of the designated adults on the Team, if after a reasonable attempt has been made to reach a parent or guardian to obtain consent or if sound medical practice decrees that there is not time to make such an attempt, to consent to any x-ray examination, anesthetic, medical or surgical procedure, treatment, and/or hospital care, to be rendered to the Registrant under the general or special advice of any physician, surgeon or dentist duly licensed to practice.

Insurance Company: _____ ID: Number Confirmation Number

Parent/Legal Guardian Signature **"NO ELECTRONIC SIGNATURE PERMITTED"**

Date