

FOR <b>OFFICIAL USE ONLY</b> :	Fees Pd; _____	Via: _____
Age a/o 1/1/17 _____	NOTES:	
Birth Cert: _____	Med Waiver: _____	

**Roanoke Valley Youth Soccer Association**

[www.rvysa.org](http://www.rvysa.org)

**WINTER INDOOR YOUTH SOCCER LEAGUE**

**Player Registration:** Birth Certificate

**Player Registration Information**

Player Full Name \_\_\_\_\_ Male/Female [Circle]

Date of Birth: MM/DD/YYYY: \_\_\_\_/\_\_\_\_/\_\_\_\_ Yrs in Soccer \_\_\_\_\_

Email address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Father's Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

**1. Cost:**

- a. Individual/Player Fee: **\$ 50**
- b. Please submit checks payable to RVYSA & mail to RVYSA, PO Box 146, RR, NC 27870
- c. Request submission prior to Nov 30<sup>th</sup>. Signup on site allowed until registration is closed.
- d. We are using Chalenor MS gym, 2100 Virginia Ave., RR

**2. DATES:** Dec: **3, 10, 17** Jan: **7, 14, 21, 28** Feb: **4**

**3. TENTATIVE TIMES/AGE GROUP BREAKDOWN: *Start times and age groupings will be adjusted based on numbers registered.***

	<b>PLAYERS BORN</b>
<b><u>START TIMES:</u></b>	<b><u>IN YEAR LISTED:</u></b>
<b>2:00 PM</b>	<b>2011, 2010, 2009</b>
<b>3:00 PM</b>	<b>2008, 2007, 2006</b>
<b>4:00 PM</b>	<b>2005 and EARLIER</b>

**4. Notes:**

- a. No cleats. Use indoor rubber soled flats or sneakers
- b. Shinguards covered by socks are required
- c. Each participant will receive a club indoor soccer "T"
- d. Training vests will be available.
- e. Code of Conduct will be followed by all

# **NORTH CAROLINA Medical Consent/Waiver of Liability and Release**

(To be given to RVYSA in concert with player registration form)

NCYSA  
PO Box 18229  
Greensboro, NC 27419  
336-856-7529

RVYSA  
PO Box 146  
Roanoke Rapids, NC 27870  
252-586-5341

NCYSA Policy # \_\_\_\_\_ Excell policy to any  
valid and collectible Insurance. If there is no primary  
Insurance on a player, this policy is primary after the deductible.

## **Roanoke Valley Youth Soccer Association**

Player First Name                      Middle                      Last Name                      Full Association's Name

DOB: \_\_\_\_\_                       Academy    Challenge    Classic    Recreation                       Male    Female

Address of Player                      City                      State                      ZIP

Parent/Legal Guardian Full Name                      [H] Phone                      {W} Phone                      {C} Phone

Additional Person to Contact in an Emergency                      Address                      [H] Phone                      [C] Phone

Date of Last Tetanus Shot                      Medications now being taken

Player is Allergic to these Medications and Substances

List any Unusual Health Information

Parent's Email for Soccer Information

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 that 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 n the advise of any physician, surgeon or dentist duly licensed to practice.

The undersigned have read and fully understand and agree to the foregoing.

Insurance information:    **Company:** \_\_\_\_\_    **ID #:** \_\_\_\_\_    **Conform #:** \_\_\_\_\_

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

\_\_\_\_\_ Date