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| FOR OFFICIAL USE ONLY: Fee Paid _____ [B/G] Birth Cert ___ Med Waiver ___ Volunteer ___: [club/team] FBP: YES / NO OK _____ Notes: _____ |
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ROANOKE VALLEY YOUTH SOCCER ASSOCIATION

www.rvysa.org

2018-19 YEAR – RECREATION FALL REGISTRATION

1. Complete this 2-page form [includes NCYSA Waiver Form]
2. **A COPY OF THE BIRTH CERTIFICATE IS REQUIRED!**
3. Submit Registration Fee with this form: **\$85** - players born before Jan 1, 2012; – For players born on- or-after Jan 1, 2012 the fee is \$50. No one will be placed on a team until the fee and all paperwork submitted. ‘Late’ placement onto teams is contingent upon available openings & assignment by the Recreation Program Commissioner.
4. Submit to **RVYSA, PO BOX 146, Roanoke Rapids, NC 27870.** Include: [1] Registration Form, [2] NCYSA Waiver Form, [3] birth certificate, and [4] Registration Fee

Player Information:

Player Full Name _____ Male/Female [Circle]

Date of Birth: _____ Country of _____ Date of Entry _____
 mm/dd/yyyy: ___/___/____; BIRTH: _____ To the US: _____

‘T’ Shirt Size [Circle]: YS YM YL AS AM AL AXL AXXL

Home Address: _____

Email Address: _____

Home Phone: _____

Father’s Name _____ Cell Phone _____

Mother’s Name _____ Cell Phone _____

Request for program Volunteer:

Please indicate if you are willing to volunteer as Coach, Assistant Coach, Notary, League Coordinator, Website or Computer Assistance; or help with the program as needed. [Please circle].

Instruction for all Coaches: ALL MUST BE APPROVED BY RISK MANAGEMENT & HAVE COMPLETED THE CHILD ABUSE PREVENTION COURSE.

Sponsorship Request: Please indicate if you are able to sponsor a team. U7 and older sponsorships: \$500. U3 thru U6/Tiny Tots: \$300.

Business Name: _____ Bus Phone _____

NORTH CAROLINA Medical Consent/Waiver of Liability and Release

[Submit with Registration Form To RVYSA)

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

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

NCYSA Policy # _____ Excess 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 Assn.

Player First Name Middle Last Name Full Association's Name
 Academy Challenge Classic Recreation Male Female

Birth Date Level Sex

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.

Insurance Company: _____

ID: Number

Confirmation Number

Parent/Legal Guardian Signature "NO ELECTRONIC SIGNATURE PERMITTED"

Date

[Copies To: Original Team & RVYSA