

This box is for official use only Amount Paid _____ True Age ____ U ____ B G
Birth Certificate _____ Med Waiver ____ Volunteer _____ Name _____
Sponsor Business Name _____
Team Name _____ Shirt Size _____ Color _____

Roanoke Valley Youth Soccer Association

www.rvysa.org

Recreation League Registration

Registration Instructions:

1. Complete this form (2 pages including the NCYSA medical waiver on page 2).
2. ***If your child has not registered previously with RVYSA you must attach a copy of player's birth certificate to this form.***
3. Include the registration fee. The fee is \$50 for Mighty and Mini kicks U4 to U6. The fee is \$80 for U7 and up. The fee is for both the fall and spring seasons for the league year that begins August 1. See the age chart on the web site to determine your age bracket. Make check payable to RVYSA.
4. The deadline to receive form is July 20. Mail form with waiver, fee, birth certificate (if a new player) to RVYSA, Box 146, Roanoke Rapids, NC 27870.
5. Registrations received after July 20 are subject to a \$25 late fee and placement on a team is contingent upon available openings on a team.

Player Full Name _____ Male/ Female (Circle)

Today's Date _____ Player Date of Birth MM/DD/YYYY _____

Age player will be August 1 of NEXT YEAR _____

Street or Physical Address _____

Telephone Contact Information

Home _____

Father Name _____ Cell Phone _____

Mother Name _____ Cell Phone _____

Other Contact _____ Phone _____

T Shirt Size (Circle) YS YM YL AS AM AL AXL AXXL

Please indicate if you are able to sponsor a team. U7 and older sponsorships are \$350. U3, U4, U5, U6 Mini and Mighty kicks sponsorships are \$100. Name or Business: _____

Please Indicate if you are able to volunteer as Coach, Assistant Coach, Notary, League Coordinator.

Name: _____ Position: _____

(NCYSA requires that all coaches, assistant coaches, coordinators, and administrators be assessed and evaluated in a risk management process. Please see NCYSA risk management link on the website for more information about this process.)

NORTH CAROLINA Medical Consent / Waiver of Liability and Release

(To be given to your local association)

20 ____ - 20 ____

NCYSA

PO Box 18229
Greensboro, NC 27419
336.856.7529

NCYSA Policy # _____

Excess policy to any valid and collectible insurance. If there is no primary insurance on insurance on a player, this policy is primary after the deductible.

ROANOKE VALLEY YOUTH SOCCER ASSOCIATION

Player First Name M Initial Last Name Full Association Name Jersey #
(AS APPEARS ON BIRTH CERTIFICATE)

Academy Challenge Classic Recreation Male Female

Birth Date Level Sex

Address of Player City State Zip

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

Additional Person to Contact in an Emergency Address Home Phone Cell Phone

Date of Last Tetanus Shot Medications now being taken

Player is Allergic to these Medications and Substances

List any Unusual Health Information Parent 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 USYS, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS 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 USYS, NCYSA, their affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized by 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 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 Programs with the above Team specifically to include any and all claims for personal injuries sustained while present or participating in the Programs or traveling to or from events in the Programs or while on trips sponsored by or in conjunction with the Programs.

In addition, I (we) do hereby authorize any one of the designated adults of 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 supervision of and/or on 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:
Name of Insurance Company: _____

**Parent/Legal Guardian Signature

ID Number: _____

**No Electronic Signature Permitted

Confirmation Number: _____

Date

Original (Team)

Copy (Association)