

# Roanoke Valley Youth Soccer Association

Ages 3-18 Welcome

## 20 -20 Registration

1. Complete this 2-page form (includes NCYSA Waiver Form).
2. A copy of player's birth certificate is required.
3. Submit registration fee with forms.
4. Mail to: RVYSA  
PO Box 146  
Roanoke Rapids, NC 27870

**Registration Fee:** [Circle]      Spring \$45

### **Player Information:**

Player Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_      Male / Female [Circle]\_

Years of Experience: [Circle] 0 1 2 3 4 5+

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

Parent's Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Main Contact and Number: \_\_\_\_\_

T-shirt Size: [Circle] YS YM YL AS AM AL AXL AXXL

### **Request for Program Volunteers:**

Please indicate if you are willing to volunteer as Coach, Assistant Coach, or help with the program as needed. Volunteers are always needed, and any help would be appreciated.

\_\_\_\_\_

### **Sponsorship Request:**

Please indicate if you can sponsor a team. Sponsorship is \$500 per team.

Contact Name and Number:

\_\_\_\_\_

\_\_\_\_\_

# 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 parent/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 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

[Copies To: Original Team & RVYSA]