

# South Mason Youth Soccer Club 2012 Spring Soccer Registration Open to all Youth ages 3-18

**REGISTRATION STARTS JANUARY 15, 2012.**

**MAIL-IN REGISTRATION:** SMYSC, P.O. Box 2273, Shelton, WA 98584. Deadline is **March 15, 2012.**

Late payment after 2/28/2012 \$10

ONLINE REGISTRATION BY CREDIT CARD @ WWW.SMYSC.ORG

**GAMES START MARCH 19, 2012**

**FEE SCHEDULE: \$60 PER PLAYER**

----- Keep Top Portion -----

Complete one form per player and attach a copy of birth certificate. Players will be assigned to a team in their age group by a random selection process.

Last Name	First Name	MI	Home Phone	Cell Phone
Street Address (mailing)	City	State	Zip	Years Played
Sex (circle one) M    F	Age on August 1, 2011	Date of Birth	E-Mail Player	E-Mail Parent
2011 FALL TEAM		.SCHOOL:		
Father's Name		Emergency Phone		
Mother's Name		Emergency Phone		
Other Emergency Contact		Emergency Phone		

### PARENT PARTICIPATION

Realizing that it takes many people to provide a successful program, I am willing to participate in the following capacity: Coaches are vital to the success of this program. Without them, teams may be limited. Training eagerly provided.

COACH \_\_\_ ASSISTANT COACH: \_\_\_ REFEREE \_\_\_ TEAM PARENT/MANAGER: \_\_\_ CLUB OFFICER: \_\_\_  
COMMITTEES: REGISTRATION \_\_\_: FIELDS/SOCCER PARK: \_\_\_ FUND-RAISING \_\_\_: EQUIPMENT: \_\_\_ UNIFORMS \_\_\_ CONCESSIONS: \_\_\_

### IMPORTANT

Parent/Guardian Consent: I/we, the parent/guardian of the registrant, a minor, agree that I 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 accepting the registrant for its soccer programs and activities (the "Programs"). I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for 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 I hereby authorize. I/we understand that participation constitutes my/our approval for the use of photographs for publicity and promotion of South Mason Youth Soccer Club and its affiliate organizations.

**CODE OF CONDUCT:** I (we) will read and agree to abide by the South Mason Youth Soccer Club "code of conduct" for coaches, parents, and spectators which is available at [www.smysc.org](http://www.smysc.org).

**REFUND POLICY:** Refunds available (minus a \$15 service fee prior to the season. After the first game no refunds will be issued.

\*\*\* Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**CONSENT FOR MEDICAL TREATMENT (MINOR)** As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

List any medical problem, prohibition or allergies the player has: \_\_\_\_\_

Doctor to notify in emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist to notify in emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*\*Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE NOTE:** A YOUTH SOCCER PLAYER CAN ONLY PLAY ON THEIR REGISTERED TEAM. Coaches that allow an illegal player to play in a scheduled game are subject to Disciplinary Action. **ALL FEES MUST BE CURRENT FROM PREVIOUS SEASONS FOR THE PLAYER TO BE ELIGIBLE TO PARTICIPATE IN THE CURRENT SEASON. THERE IS A \$20.00 FEE ON ALL DISHONORED CHECKS. AND MAYBE PUT INTO COLLECTION.**