

Valley View Youth Soccer Association

2017 Fall Season Registration

Forms can be printed from vvysa.net and mailed with payment to:

V.V.Y.S.A., P. O. Box 245, Germantown, Ohio 45327

2017 Fall Season Fees

Ages 4 - 7 \$45 per player Ages 8 – 13 \$55 per player

Late fee of \$10 per player applies after June 17, 2017

Late fee of \$20 per player applies After June 30, 2017

Discounts: 2 Players - \$15 3 Players - \$20 4+ Players - \$30

Registrations received after June 30, 2017 does NOT

Guarantee placement on a team

Questions? Contact:

Tom Geglein (Treasurer) 855-4981, 304-7366

Sign – Ups: Saturday May 6th @ Kercher Park, 10-2

Saturday May 13th @ Triangle Station, 10-2

Check out our website at vvysa.net (Registration Forms)

Valley View Youth Soccer Association

(Please Print)

Player Information

Name _____ **Boy Girl (Circle)**

Birthday ____/____/____ **New Divisions This Year: Mini - 2014**

Candy - 2011-2013
 Passers - 2009-2010
 Wings - 2007-2008
 Strikers - 2005-2006
 Kickers - 2003-2004

Address _____ Zip Code _____

*Primary Contact Phone # _____

*Primary Contact Email _____

***IMPORTANT - Please Complete**

Mother _____ Cell # _____

Father _____ Cell # _____

New Player _____ Experienced Player (Years) _____

****Is there a sibling (or step), who is born in the division years, who needs to be on the same team?**

Name _____ Year Born: _____

****Players in the candy and passer division may request a coach or a teammate.**

Uniform Size (VVYSA provides shirt, short and socks)

Shirt Size (circle one): Youth XS YS YM YL Adult S AM AL AXI

Short Size (circle one): Youth XS YS YM YL Adult S AM AL AXI

VOLUNTEER: Coach _____ Shirt Size _____

Phone # _____ Email _____

Years Coaching VVYSA _____ Other Years Coaching Soccer _____

Assistant Coach _____ Shirt Size _____

Phone # _____ Email _____

Consent For Emergency Medical Treatment

We, the parents of _____ give the permission for emergency medical treatment of our child for illness or accident if we can not be contacted

Emergency Contact:

Name _____ Relationship _____

Phone _____ Phone _____ Doctor _____

Hospital _____

Important Medical Information:

Allergies _____ Physical Impairments _____

Current Prescribed Medication _____

We hereby agree the Soccer Association for Youth (SAY), its members, coaches, and officers shall not be liable for any injury or loss which my child or children may sustain while participating in activities of any kind whether sponsored by or under the supervision of SAY. And, we agree to indemnify and hold harmless SAY, its members, coaches, officers or designates of any kind from any claim whatsoever.

Parent/Guardian Signature _____ Date _____

For VVYSA Use Only Mini (Coed): Born 2014 Candy (Coed): Born 2011-2013

Passer (Boys): Born 2009-2010 Passer (Girls): Born 2009-2010

Wing (Boys): Born 2007-2008 Wing (Girls): Born 2007-2008

Striker (Boys): Born 2005-2006 Striker (Girls): Born 2005-2006

Kicker (Boys): Born 2003-2004 Kicker (Girls): Born 2003-2004

Received by _____ Date _____
 Cash _____ Check # _____ # of Family Members _____ Fee Paid \$ _____

Special Notes: _____