

# Valley View Youth Soccer Association

## 2018 Fall Season Registration

Forms can be printed from [vvysa.net](http://vvysa.net) and mailed with payment to: V.V.Y.S.A., P. O. Box 245, Germantown, Ohio 45327

### 2018 Fall Season Fees

Born between 2010-2015: \$45/player & 2004-2009: \$55/player

Late fee of \$10 per player applies after June 16, 2018

Late fee of \$20 per player applies After June 30, 2018

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

Registrations received after June 30, 2018 does NOT

Guarantee placement on a team

Questions? Contact:

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

Sign – Ups: Saturday April 28<sup>th</sup> (VVBase Opening Day)

@ Kercher Park, 10-2

Saturday May 5th @ Triangle Station, 10-2

Check out our website at [vvysa.net](http://vvysa.net) (Registration Forms)

# Valley View Youth Soccer Association

(Please Print)

## Player Information

Name \_\_\_\_\_ Boy Girl (Circle)

Birthday \_\_\_\_/\_\_\_\_/\_\_\_\_

### Division (Circle)

Candy Minor: Born 2014 – 2015, Candy Major: Born 2012-2013, Passer: Born 2010-2011,

Wings: Born 2008-2009, Strikers – Born 2006-2007, Kickers – Born 2004-2005

\*Parents May Request A Child Moving Up A Division

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 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 AXL

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

**VOLUNTEER:** Coach \_\_\_\_\_ Shirt Size \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

Years Coaching VVYSA \_\_\_\_\_ Other Years Coaching Soccer \_\_\_\_\_

Assistant Coach \_\_\_\_\_ Shirt Size \_\_\_\_\_

Phone # \_\_\_\_\_ Email \_\_\_\_\_

There will be a coaches' meeting scheduled for all coaches. Coaches are required to have a concussion certificate, complete a volunteer form, & complete Sudden Cardiac Arrest training

**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** Candy Minor(Coed): Born 2014-2015,\_\_\_ Candy Major(Coed): Born 2012-2013\_\_\_, Passer (Boys): Born 2010-2011\_\_\_, Passer (Girls): Born 2010-2011\_\_\_, Wing (Boys): Born 2008-2009\_\_\_, Wing (Girls): Born 2008-2009\_\_\_, Striker (Boys): Born 2006-2007\_\_\_, Striker (Girls): Born 2006-2007\_\_\_, Kicker (Boys): Born 2004-2005\_\_\_, Kicker (Girls): Born 2004-2005\_\_\_

Received by \_\_\_\_\_ Date \_\_\_\_\_

Cash \_\_\_\_\_ Check # \_\_\_\_\_ # of Family Members \_\_\_\_\_ Fee Paid \$ \_\_\_\_\_

**Special Notes:** \_\_\_\_\_

