

Valley View Youth Soccer Association

2019 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

2019 Fall Season Fees

Born between 2011-2016: \$45/player & 2005-2010: \$55/player

Late fee of \$10 per player applies after June 16, 2019

Late fee of \$20 per player applies After June 30, 2019

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

Registrations received after June 30, 2019 does NOT

Guarantee placement on a team

Questions? Contact:

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

Sign – Ups: Saturday May 4th (VVBase Opening Day)

@ Kercher Park, 10-1

Saturday May 11th @ Triangle Station, 10-1

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

Valley View Youth Soccer Association

(Please Print)

Player Information

Name _____ Boy Girl (Circle)

Birthday ____/____/____

Division (Circle)

Candy Minor: Born 2015 – 2016, Candy Major: Born 2013-2014, Passer: Born 2011-2012,

Wings: Born 2009-2010, Strikers – Born 2007-2008, Kickers – Born 2005-2006

*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 2015-2016,___ Candy Major(Coed): Born 2013-2014___, Passer (Boys): Born 2011-2012___, Passer (Girls): Born 2011-2012___, Wing (Boys): Born 2009-2010___, Wing (Girls): Born 2009-2010___, Striker (Boys): Born 2007-2008___, Striker (Girls): Born 2007-2008___, Kicker (Boys): Born 2005-2006___, Kicker (Girls): Born 2005-2006___

Received by _____ Date _____

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

Special Notes: _____

