



For official use Amt Paid \_\_\_\_\_ True Age \_\_\_\_\_ U \_\_\_\_\_ division B G Birth Cert \_\_\_\_\_ Med Weaver \_\_\_\_\_ Code \_\_\_\_\_

Volunteer Position \_\_\_\_\_ name \_\_\_\_\_ Sponsor \_\_\_\_\_ Co. Name \_\_\_\_\_

Team name \_\_\_\_\_ Shirt size \_\_\_\_\_ Color \_\_\_\_\_ Spring Only \_\_\_\_\_

### Roanoke Valley Youth Soccer Association Recreation Registration Form 07/08 season

Fall dead line **JUNE 20, 2007** Spring only dead line **February 1, 2008** **\$25.00** late fee will apply for ALL applications postmarked after dead line  
 (positions for late registrations will only be available to fill a roster late registration is not garneted a position)

\*\*Complete this Form, **Sign Waiver & have notarized**, (first time players send a Copy of Birth Certificate) with registration Fee plus any additional late fees to RVYSA, P. O. Box 146, Roanoke Rapids, NC 27870

Soccer Experience (circle please) Recreational league and/or Classic or Challenge /None / Limited (1-2 yrs) /Experienced (2+ yrs.).

Name of Child \_\_\_\_\_ Birth Date \_\_\_\_\_  
 (Last) (First) (MI) (Nickname) (mm/dd/yy)

Male / Female \* **If female**, circle the division preference When available Girls Boys/co-ed

Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone # \_\_\_\_\_

Special Instructions \_\_\_\_\_

Recreation	League	Per Player fall	Per Player Spring only	Per Player Mini Kicks	Classic/ Challenge Player Playing Recreation Also	
					Plus Rec Fall	Spring Only
<b>Budget</b>	Yearly total					
RVYSA Membership	\$100.00	\$0.20	\$0.10	\$0.20		
Referee Fees	\$18,000.00	\$35.00	\$17.50		\$35.00	\$17.50
Field Cutting	\$7,000.00	\$15.00	\$7.50	\$5.00		
Field Lining	\$1,900.00	\$3.40	\$1.75	\$1.75		
Equipment	\$6,000.00	\$9.50	\$4.75	\$15.00		
NCYSA REG FEE	\$4,000.00	\$10.00	\$10.00	\$10.00	\$2.00	\$2.00
Uniforms	\$6,000.00	\$15.50	\$15.50	\$15.50	\$15.50	\$15.50
Awards	\$2,000.00	\$3.83	\$3.00	\$3.00	\$3.00	\$3.00
League Development	\$5,000.00	\$10.00	\$5.00	\$10.00		
Risk Mgmt	\$3,000.00	\$5.75	\$2.90	\$5.75		
Actual Cost	\$53,000.00	\$108.18	\$68.90	\$67.20	\$55.50	\$37.50
<b>Player Registration</b>						
<b>Circle one</b>		<b>\$80.00</b>	<b>\$60.00</b>	<b>\$50.00</b>	<b>\$50.00</b>	<b>\$30.00</b>

T-shirt Size YS YM YL AS AM AL AXL (please circle one)

BELOW ARE THE ROLES AND TALENTS NEEDED IN THE RVYSA For all children to get the most out of each season. Please circle preferred position you are available to help with, **Coaches and assistant coaches are needed BADLY** (we will train and provide coaching tools)

**Coach Assistant Coach Age Level Coordinator Team Parent Clerical, computer input**

Sponsorship and Fundraising Committee Website design and assistance Publicity & PR Notary **Registration Committee**

Equipment Manager Name of Volunteer \_\_\_\_\_

Roanoke Valley Youth Soccer is a non profit Organization that depends on member dues and outside sponsor contributions

**I or the company I work for, would like to sponsor a team (100.00 Mini Kicks U5 and U6 / or \$350.00 for all other ages) for the RVYSA** \_\_\_\_\_ The league will contact you with additional information  
 (company name/sponsor name)

\_\_\_\_\_ U \_\_\_\_\_ girls or boys  
 (parent or contact name for Sponsorship) (phone number) (age and division)

Also Available opportunity to sponsor in any amount for Coach education, equipment purchases, Clinics and fun days, Classic or Challenge teams or league discretion circle one \_\_\_\_\_ amount. Thank you

We will be posted pictures of various games on the website from time to time. Please initial  if you consent to having your child's picture posted on the website if he/she happens to be in one of the pictures.

**INFORMATION ABOUT THE FAMILY:**

Father/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Cell Phone \_\_\_\_\_

Where Employed \_\_\_\_\_ Business Phone \_\_\_\_\_

Mother/Guardian's Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Cell Phone \_\_\_\_\_

Where Employed \_\_\_\_\_ Business Phone \_\_\_\_\_

**E-mail Address** \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Home Phone \_\_\_\_\_  
Needed for league communication  
(other than parents)

Relation to Player \_\_\_\_\_

Address \_\_\_\_\_ Zip Code \_\_\_\_\_ Cell Phone \_\_\_\_\_

**PLAYER'S MEDICAL INFORMATION**

Medical Conditions \_\_\_\_\_

Medications \_\_\_\_\_

Known allergies \_\_\_\_\_

I (we) agree that we and the registrant will abide by the rules of United States Youth Soccer Association, 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 Program), we 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 transportation we hereby authorize.

I, (we) further, jointly and severally, as parents and legal guardians of the minor child, release, discharge, and agree to hold harmless and indemnify the above-named individuals or any of the designated coaches of the Team from any and all liability, claims or demands arising from the Registrant participating in the soccer Programs with the Team specifically to include any and all claims for personal injuries sustained while present or participating in said soccer Program or traveling to or from events in said soccer Program or while on trips sponsored by or in conjunction with said soccer Program.

In addition, I, (we) do hereby authorize \_\_\_\_\_ or \_\_\_\_\_ or any one of the designated adults of the Teams, 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 diagnosis or treatment, and hospital care, to be rendered to the Registrant under the general or special supervision and on the advise of any physician or surgeon duly licensed to practice and do consent to any x-ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care, to be rendered to the Registrant by any dentist duly licensed to practice.

I, (we) \_\_\_\_\_ being the parents/legal guardians of a minor child, wishing \_\_\_\_\_  
Parent/legal guardian full name Child's full name

To participate in the North Carolina Youth Soccer Association program have read and fully understand and agree to this WAIVER OF LIABILITY.  **(Initial box)**

Insurance Information:  
Name of Insurance Company: \_\_\_\_\_ Parent/Legal Guardian \_\_\_\_\_

ID Number: \_\_\_\_\_

Confirmation Number: \_\_\_\_\_

Notary Stamp Here

County of \_\_\_\_\_, State of \_\_\_\_\_

SUBSCRIBED AND SWORN TO (or affirmed) BEFORE ME ON THIS

THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

Notary Stamp Here My Commission Expires \_\_\_\_\_