



St. Charles County Youth Soccer Association

Phone: 636-498-1056 Fax: 636-498-5485 Email: office@sccysa.org

SPRING 2020 REGISTRATION FORM

GROUP	BORN BETWEEN	COST
U4 - U5	Aug 1, 2014 & July 31, 2016	\$90
U6 - U18	Aug 1, 2001 & July 31, 2014	\$105
Sibling Discount : Each sibling receives \$5 off after the first child		

Player Information

Player's Name: _____

Gender: M F DOB: _____ Grade '19/'20 School Year: _____

School: _____

Parent/Guardian Name(s): _____

Address: _____

Phone Number: _____

Email Address: _____

Allergies: _____ Medical Conditions: _____

Names of other children from family presently in SCCYSA league: _____

(Must be currently playing to receive Sibling Discount)

NEW U3 PROGRAM

DoB: January 1, 2017- March 1st 2018

This is an instructional class program for the 2-3 year old player which includes a soccer game at the end of each 45 minute session.

Players must be at least 2 years old in order to participate.

Cost is \$75 for 6 classes and includes a t-shirt.

Soccer Experience: (Circle One)

Beginner: Never Played **Rec:** Intermediate **Rec+:** High Skill

Does this player currently play for a Club? Y N Name of Club: _____

Special Requests (Requests are honored as space permits and at the discretion of the SCCYSA Board.)

Uniform Request: Jersey Size _____ Shorts Size _____ Jersey #'s (list 3) _____

I request to remain on same SCCYSA team from Last Season - Coach Name/Team #: _____

Place on a different team from Last Season -Must list Coach Name: _____

Coach Request: _____ **Teammate Requests:** _____

Insurance Information (Required by MYSA)

Insurance Policy Holder: _____ Insurance Policy #: _____

Insurance Company Phone #: _____ Insurance Group #: _____

Insurance Company Name: _____

Player's Physician: _____ Physician's Phone #: _____

Emergency Contact Name: _____

Emergency Contact Phone #: _____

Date Rec'd:

Ck#: _____

Cash: _____

CC: _____

Amt: _____

Volunteer Opportunities (Please circle one)

Head Coach

Assistant Coach

Team Parent

Name of person(s) volunteering: _____



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Commitment & Waiver

Commitment: SCCYSA is committed to providing a safe and healthy environment. By participating in SCCYSA, the player and parent/guardian agree to abide by the rules and regulations established by the SCCYSA. The player and parent/guardian agree that they will conduct themselves in a manner that creates and maintains a safe and healthy environment for all participants. The player and parent/guardian also agree to treat all players, coaches, referees and SCCYSA volunteers with respect. The player and parent/guardian understand that unsportsmanlike conduct is prohibited and subjects the player, parent and/or spectator to a red card. Red card offenses result in ejection from the game and shall prohibit the offending party from attending the next game. The parent/guardian further agrees not coaching/yelling from the sideline. Players must bring proper equipment to practices and games. In addition, players must be good listeners at practices and games and learn from mistakes and work hard to improve. The player and parent/guardian understand that failure to abide by this commitment may result in player's removal from the SCCYSA program with no refund of any fees paid. Due to weather conditions and field availability we cannot guarantee that a full season will be completed. SCCYSA is not responsible for loss of services due to City Parks and Recreation decisions and schedules or acts of God. I further grant the SCCYSA Parties the right to use the Player's name and/or picture in printed, broadcast and other material concerning the Programs.

Waiver: Recognizing the possibility of injury or illness, and in consideration for US Youth Soccer and members of US Youth Soccer accepting my son/daughter as a player in the soccer programs and activities of US Youth Soccer and its members (the "Programs"), I consent to my son/daughter participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify US Youth Soccer, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs. I hereby authorize the transportation of my son/daughter to or from the Programs.

My player son/daughter has received a physical examination by a licensed medical doctor and has been found physically capable of participating in the sport of soccer. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that may impact my child's participation in the Programs. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.

* If a physical examination has not been administered, please check box and initial on the line. _____

Parent / Guardian Signature constitutes agreement with Commitment & Waiver

Date

Age Matrix for the 2019/2020 Season

- U4 - August 1, 2015 - July 31st 2016
- U5 - August 1, 2014 - July 31st 2015
- U6 - August 1, 2013 - July 31st 2014
- U7 - August 1, 2012 - July 31st 2013
- U8 - August 1, 2011 - July 31st 2012
- U9 - August 1, 2010 - July 31st 2011
- U10 - August 1, 2009 - July 31st 2010
- U11 - August 1, 2008 - July 31st 2009
- U12 - August 1, 2007 - July 31st 2008
- U13 - August 1, 2006 - July 31st 2007
- U14 - August 1, 2005 - July 31st 2006
- U15 - August 1, 2004 - July 31st 2005
- U16 - August 1, 2003 - July 31st 2004
- U17 - August 1, 2002 - July 31st 2003
- U18 - August 1, 2001 - July 31st 2002