



St. Charles County Youth Soccer Association

Phone: 636-4981056 Email: office@sccysa.org

SPRING 2023 REGISTRATION FORM

Group		Cost
U4 - U18	Early Bird Registration Before 01/08/2023	\$115
U4 - U18	Registration Fee After 01/08/2023	\$130
Sibling Discount : After first child, each sibling receives \$5 off		
Volunteer Discount : \$5 for each team (register online)		

Player Information

Player's Name: _____ Gender: M F DOB: _____

Account Holder Name: (Parent/Guardian) _____

Address: _____

City: _____ State: _____ Zip : _____

Phone Number: _____ Email: _____

Additional Account Holder Name: _____

Registration Information (Requests are honored as space permits and at the discretion of the SCCYSA League.)

Grade: (2022/2023) _____ School: _____

Skill Level (circle one) Beginner: Never Rec: Intermediate Rec+: High Skill

Does this player currently play for a club? Y__ N__ Name of Club: _____

Team Request (Requests not guaranteed)

____ Yes, I request to remain on same SCCYSA team from Last Season

____ No, I request to move to a different team from Last Season

____ N/A, I'm a new player to SCCYSA

Coach Request: _____ Teammate Request: _____

Uniform Request: Jersey # List three (request not guaranteed!) _____

Jersey Size ____ Youth or Adult Shorts Size ____ Youth or Adult Sock Size: S M L

Extra Uniform/Training Kit (\$25 each) :

____ Yes, I want to purchase a 2nd Uniform/Training Kit

____ No, I only need the included items

Medical Information:

Covid Waiver submitted: Yes ____ No ____ USYS Medical Release submitted: Yes ____ No ____

Allergies: _____ Physical Conditions: _____

Has your player had a physical exam/been cleared to play by a physician?

____ Yes, My Player has had a physical exam and is cleared to play.

____ No, My Player has not had a physical exam.

Special Requests / Comments: _____



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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.



Parent / Guardian Signature constitutes agreement with Commitment & Waiver

Date

Office Use Only

Received by: _____ Date Rcvd: _____

Method: Mail Dropbox In Office Email Third Party

Birth Cert Provided: Yes No Verified in System

Discount: Volunteer _____ Sibling _____

Coupon Code: _____ Payment Amount: _____

Payment Method: Cash _____ Check # _____ CC _____ Square _____

Age Matrix for the 2022/2023 Season

U4 - August 1, 2018 - July 31st 2019
U5 - August 1, 2017 - July 31st 2018
U6 - August 1, 2016 - July 31st 2017
U7 - August 1, 2015 - July 31st 2016
U8 - August 1, 2014 - July 31st 2015
U9 - August 1, 2013 - July 31st 2014
U10 - August 1, 2012 - July 31st 2013
U11 - August 1, 2011 - July 31st 2012
U12 - August 1, 2010 - July 31st 2011
U13 - August 1, 2009 - July 31st 2010
U14 - August 1, 2008 - July 31st 2009
U15 - August 1, 2007 - July 31st 2008
U16 - August 1, 2006 - July 31st 2007
U17 - August 1, 2005 - July 31st 2006
U18 - August 1, 2004 - July 31st 2005