

St. Charles County Youth Soccer Association

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

SPRING 2024 REGISTRATION FORM

Group		Cost		
U4 - U18	Early Bird Registration Before 12/31/2023	\$115		
U4 - U18	Registration Fee After 01/01/2024	\$130		
Sibling Discount : After first child, each sibling receives \$5 off Volunteer Discount: \$5 for each child (register online)				

Primary Account Holder Inf Name:		Relationship to r	olaver:	
Address:			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Zip:		
Phone Number: (Email:			
Secondary Account Holder Name: Phone Number: () Address:		Gender: M F Rela		
City:	State:			
Registration Information (Req	uests are honored as space permits a	nd at the discretion of	the SCCYSA League.)	
Player's Name: School: _			OOB:/_	
Skill Level (circle one) Beg Does this player currently play for a	ginner: Never Rec: Inte		•	
Team Request (Requests not guara	nteed)			
Yes, I request to remain on sar No, I request to move to a diff N/A, I'm a new player to SCCY	erent team from Last Season		niform is needed)	
Coach Request:	Teammate Requ	est:		
Uniform Request: Jerseys and Shorts	s come in sizes YXXS-YL and AS-	-AXXXL Jersey#	(not guaranteed!)	
Jersey Size: Youth or Adult	_ Shorts Size: Youth_	or Adult	Sock Size: S	M L
Extra Uniform or Training Kit (\$25 Yes, I want to purchase a 2nd	•	•	•	
Medical Information (forms requirements Form: Covid Waiver submitted: Yes	=	Medical Release	submitted: Yes	_ No
Allergies:	Physical Conditi	ons:		
Has your player had a physical exa Yes , My Player has had a phys		• •		
No, My Player has not had a pl	hysical 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 unsportsmanlikeconduct 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 consentto 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 trætment.



Parent / Guardian Signature constitutes agreement with Committment & 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 2023/2024 Season

U4 - August 1, 2019 - July 31st 2020
U5 - August 1, 2018 - July 31st 2019
U6 - August 1, 2017 - July 31st 2018
U7 - August 1, 2016 - July 31st 2017
U8 - August 1, 2015 - July 31st 2016
U9 - August 1, 2014 - July 31st 2015
U10 - August 1, 2013 - July 31st 2014
U11 - August 1, 2012 - July 31st 2013
U12 - August 1, 2011 - July 31st 2012
U13 - August 1, 2010 - July 31st 2011
U14 - August 1, 2000 - July 31st 2010
U15 - August 1, 2008 - July 31st 2009
U16 - August 1, 2007 - July 31st 2008
U17 - August 1, 2006 - July 31st 2008

U18 - August 1, 2005 - July 31st 2006