



St. Charles County Youth Soccer Association

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

Fall 2021 REGISTRATION FORM

GROUP		COST
U4 - U18	Registration Fee	\$105
U4 - U18	Registration Fee After July 9, 2021	\$120
Sibling Discount : Each sibling receives \$5 off after the first child		

Player Information

Player's Name: _____
 Gender: M F DOB: _____ Grade '21/'22 School Year: _____
 School: _____
 Parent/Guardian Name(s): _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Phone Number: _____ Email: _____
 Allergies: _____ Medical Conditions: _____
 Names of other children from family presently in SCCYSA league: _____
 (Must be currently playing to receive Sibling Discount)

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 League.)

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:** _____

Volunteer Opportunities (if interested, please circle one)

Head Coach **Assistant Coach** **Team Parent**

Name of person(s) volunteering: _____

Date Rec'd:

Ck#: _____
Cash: _____
CC: _____
Amt: _____



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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 2021/2022 Season

U4	- August 1, 2017	- Dec 31 st 2018
U5	- August 1, 2016	- July 31 st 2017
U6	- August 1, 2015	- July 31 st 2016
U7	- August 1, 2014	- July 31 st 2015
U8	- August 1, 2013	- July 31 st 2014
U9	- August 1, 2012	- July 31 st 2013
U10	- August 1, 2011	- July 31 st 2012
U11	- August 1, 2010	- July 31 st 2011
U12	- August 1, 2009	- July 31 st 2010
U13	- August 1, 2008	- July 31 st 2009
U14	- August 1, 2007	- July 31 st 2008
U15	- August 1, 2006	- July 31 st 2007
U16	- August 1, 2005	- July 31 st 2006
U17	- August 1, 2004	- July 31 st 2005
U18	- August 1, 2003	- July 31 st 2004