

VERMILLION YOUTH SOCCER LEAGUE Spring 2012 Registration
 (Spring Season: April 14- May 19)

Last Name _____ First Name _____ MI _____

Street Address _____

City _____, State _____ Zip _____

Phone _____ Sex Female Male Birth Date _____

Grade _____ School _____ T-Shirt Size: YS YM YL AS AM AL

Parent Email _____ Player Email: _____
 (For League and Coach Communications) (Only need for U14, U16 and U19 players)

Dad's Last Name _____ First Name _____ Phone _____

Mom's Last Name _____ First Name _____ Phone _____

Dad coach or referee? COACH REFEREE Mom coach or referee? COACH REFEREE

My child is interested in becoming a Referee for VYSL Yes No

Emergency Contact _____	Phone _____	Relationship _____
Doctor _____	Phone _____	Note _____

I hereby waive, release, and discharge any and all claims for damages for death, personal injury, and/or property damage which I may have or which may accrue as a result of my child's participation in the Vermillion Youth Soccer League (hereinafter "VYSL"). This release is intended to discharge in advance the sponsors, promoters, organizers, coaches, assistants, officials, referees, helpers, property owners of fields used for practice or play, and all others associated with the VYSL, including the City of Vermillion and its employees and agents, from and against all liability arising out of or connected with my child's participation in the VYSL program, even though liability may arise out of negligence or carelessness on the part of the person or persons or entities mentioned above. This release is intended to bind my child, myself, my spouse, and any other person or entity who may assert a claim as a result of my child's participation in soccer. I further warrant that I am authorized to execute this release on behalf of all concerned.

Signature of Parent or Guardian _____ Date _____

SIGNATURE IS REQUIRED BEFORE A CHILD CAN PLAY SOCCER

A Copy of a State Certified Birth Certificate must be submitted with application!

(Once you have submitted a Birth Certificate you will not need to do so again – State Policy)

Registration and Fee Chart (see detailed Matrix Age Chart on 2nd page of this form or on the back of this printed form)

U14, 16 & 19	Birthday falls before 8/1/99	\$75.00
U12	(birthday falls 8/1/99 – 7/31/01)	\$40.00
U10	(birthday falls 8/1/01 – 7/31/03)	\$35.00
U8	(birthday falls 8/1/03 – 7/31/05)	\$30.00
U6	(birthday falls 8/1/05 – 7/31/07)	\$25.00

Deadline: Must be postmarked no later than March 5th!

**Applications will be accepted at Spring Sign-Up
(last chance) at the Armory**

March 6; 3:30-6:00 PM and March 7; 2:30-6:00 PM

When you register for Fall 2011 Soccer, you are also registered for Spring 2012 soccer.

You will not need to register again in the spring. (U14-U19 must register for Spring 2012 soccer season!)

Make Checks Payable to **VYSL**; Mail payment to PO Box 174, Vermillion SD 57069 www.vermillionsoccer.org

Received by Treasurer on _____ Paid _____ Method: Cash _____ Check #: _____ Forward to Registrar _____

