

VERMILLION YOUTH SOCCER LEAGUE Spring 2010 Registration
(Spring Season April 10-May15)

Last Name _____ First Name _____ MI _____

Street Address _____

City _____, State SD Zip _____

Home Phone _____ Parent Cell # _____ Player Cell # _____

Sex Female Male Birth Date _____
(must be 5 years old by May 5th, 2010)

Current Grade _____ School _____

Parent Email _____ Player Email _____
(For League and Coach Communications)

No requests for teams or players (except siblings) will be honored

Dad's Last Name _____ First Name _____ Phone _____

Mom's Last Name _____ First Name _____ Phone _____

Family Member coach or referee? COACH REFEREE First Name _____ Phone _____

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)

Age Group	Fee	Applications will NOT be accepted after the Final Deadline – February 22, 2010
U6 (pre-K)	\$20	Incomplete applications without signature and copy of Birth Certificate will not be processed.
U8 (1 st & 2 nd)	\$25	
U10 (3 rd & 4 th)	\$25	
U12 (5 th & 6 th)	\$25	
U19 (7 th and Up)	\$65	

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 _____