

KYSC Fall 2009 Registration Form

(Recreational Soccer Club affiliated with KYSA)

Circle One: New Player Returning Player

Parent/Contact Information

Parent 1. First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Home phone _____ Cell/work phone _____ email address _____

Volunteer Position(Circle One) *Coach *Asst. Coach *Referee Team Parent Picture Day Registration

* Coach or Referee License Level _____ Date of License _____

Parent 2. First Name _____ Last Name _____

Home Phone _____ Cell/Work phone _____ email address _____

Volunteer Position (Circle One) *Coach *Asst. Coach *Referee Team Parent Picture Day Registration

* Coach or Referee License Level _____ Date of License _____

Important Information

Player must be 4 years old on or before Aug. 31, 2009 to register

Uniform sizes available Jersey Size XS YS YM YL AS AM AL XL XXL

Short Size XS YS YM YL AS AM AL XL XXL

Registration Fee **\$80.00 (U5 thru U6) born on or after 08/01/2003**

\$90.00 (U7 thru U10) 8/1/1999 thru 7/31/2003

\$100.00 (11 and up) born on or before 7/31/1999

internal use

1. Age group _____
Reg. fee _____
Birth Cert Y N

Player 1. First Name _____ M.I. _____ Last Name _____
Date of Birth ____/____/____ Gender Male Female Jersey Size _____ Short size _____
Katy ISD School to attend this Spring _____ (or nearest Katy ISD school)

Player 2. First Name _____ M.I. _____ Last Name _____
Date of Birth ____/____/____ Gender Male Female Jersey Size _____ Short size _____
Katy Isd School to attend this Spring _____ (or nearest Katy ISD school)

2. Age group _____
Reg. fee _____
Birth Cert Y N

Online Registration May 25 – June 20, 2009

Check # _____ Amount Paid \$ _____

Register online at katyyouthsoccer.com

Late Online Registration available from June 21, 2009 – July 20, 2009 subject to a \$25.00 late registration fee and subject to availability. No guarantee on team placement for late registration. You will be refunded if unable to place on a team.

Mail-In Registration May 15, 2009 – June 20, 2009.

All mail in registration forms must be postmarked by June 20, 2009. All late registration must be done online.

Mail to Katy Youth Soccer Club, P.O. Box 5206, Katy, TX. 77491-5206

Walk-up Registration June 20, 2009 Cinco Ranch Junior High 11:00 am – 3:00 PM

23420 Cinco Ranch Blvd. Located 1 mile west of Grand Parkway Blvd.

GENERAL LIABILITY RELEASE

I, the parents/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration by the USYSA, accepting the registrant for its soccer programs and activities (the "Programs"). I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and or being transported to or from the same, which transportation I hereby authorize.

Parent/Guardian Signature _____ Date ____/____/____

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above-named player(s), I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Parent/Guardian Signature _____ Date ____/____/____

KYSC PLAYER PLACEMENT & REFUND POLICY

In an effort to fairly form teams, I acknowledge that the new registrants will be placed on a team based on the KISD school they do or would attend. If those teams are full, the registrant will be placed where there is availability. KYSC will try to reform teams in the Spring based on the Fall season were possible. I acknowledge that KYSC teams are reformed in the Fall. I acknowledge that KYSC does not honor player requests or play ups. I also acknowledge that KYSC has a NO REFUND policy.

Parent/Guardian Signature _____ Date ____/____/____