

McCracken County Youth Soccer Recreational Registration Form – Spring 2012

Online Discount → **REGISTER ONLINE AT www.mccrackensoccer.com and SAVE \$10!!!**

YOUR CHILD'S BIRTHDAY MUST BE EARLIER THAN 8/01/2008 TO BE ELIGIBLE TO PLAY.

Player Name: _____

Address _____

City _____ State _____ Zip _____

Home Number: () _____

Parent/Guardian _____

Email _____

Cell Number: () _____

Work Number: () _____

Last 4 digits of SS #:
Birth Date:
Sex: Male or Female

Parent/Guardian _____

Email _____

Cell Number: () _____

Work Number: () _____

** Names of your other children playing MCYSA Recreational Soccer: _____

Volunteering: We ask for the active participation of all parents in our program. Check areas in which you would be willing to help.

****ONE (1) FREE PLAYER REGISTRATION WILL BE PROVIDED FOR EACH ASSIGNED HEAD COACH. (Refunded)**

- | | |
|--|---|
| <input type="checkbox"/> *Head Coach (returning from Fall) | *Requested Asst Coach _____ |
| <input type="checkbox"/> *New Head Coach | <input type="checkbox"/> Work Day, March 24 (Measure/Line Fields) |
| <input type="checkbox"/> Asst. Coach | <input type="checkbox"/> Field Prep (Line Fields) |

(Check)	Recreational Players	FEES:
<input type="checkbox"/>	Base Recreational Fee	\$60
<input type="checkbox"/>	Jersey Fee (U4 players only, 3 yr olds)	+ \$0
<input type="checkbox"/>	Jersey Fee (U6 – U16 players)	+ \$20
<input type="checkbox"/>	Sibling Discount (after first child)	- \$ 5
<input type="checkbox"/>	Volunteer Discount	- \$10
<input type="checkbox"/>	Optional donation to Sports Park (Tax-deductible)	\$ _____
	TOTAL FEE (fill in amount)	\$ _____

Same Team as Fall 2012 Season: _____ **OR**

Open Draw _____

PREFERRED TEAM AREA (Area cannot be guaranteed, please give a **1st** and **2nd** choice to balance teams)

___ **No Preference**

___ **Reidland**

___ **Heath**

___ **Lone Oak**

___ **Paducah**

RECREATIONAL LEAGUE JERSEYS

All recreational players MUST have a LEAGUE JERSEY. These jerseys are reversible with the MCYSA logo on both sides. These jerseys can be used each season until the player outgrows it. The cost for the jersey is \$20.

Please **circle** the size that the player needs: Y-S Y-M Y-L A-S A-M A-L A-XL A-XXL

Please circle here if this player does not need a jersey → **THIS PLAYER HAS A LEAGUE JERSEY**

***** NOTICE *** NO FORMS POSTMARKED AFTER MARCH 24, 2012 WILL BE ACCEPTED. NO EXCEPTIONS!!!**

****** YOU MUST SIGN THE WAIVER AND CONSENT FOR MEDICAL TREATMENT ON THE BACK OF THIS FORM ******

**MAKE CHECKS PAYABLE TO:
MCYSA
P.O. Box 8062
Paducah, KY 42002-8062**

OFFICE USE ONLY

Date: _____ Check # _____
Amount: _____ Cash _____
BC Enclosed? Y N Special _____

TEAM FORMATION

All Recreational Teams, except U4, are two age year teams. KYSA rules require that all teams must be formed at random. We cannot allow player requests to be placed on a specific team. Players can be placed on the same team as the prior season as long as they are staying in the same age group. We make every attempt to place players on teams according to the preferred practice area. Coaches' (and Assistant Coaches') children as well as siblings in the same age group are placed on the same team. Any exceptions must be addressed to the Board.

I, the Parent / Guardian of the registrant, a minor, agree that I and the registrant will abide by the rules on the McCracken County Youth Soccer, its affiliated organizations and sponsor. Recognizing the possibility of physical injury associated with the soccer programs and activities (The Program), I hereby release, discharge, and/or otherwise indemnify the McCracken County Youth Soccer, 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 while being transported to or from the same, which transportation I hereby authorize.

Player's Name

Parent/Legal Guardian Signature

CONSENT FOR MEDICAL TREATMENT OF A MINOR:

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

Player's Name

Parent/Legal Guardian Signature

BIRTH CERTIFICATE

A photocopy of your child's **state issued** birth certificate is required at the time of registration for new players or players who have not previously registered with McCracken County Youth Soccer. Your registration will not be processed and your child will not be assigned to a team without a copy of this birth certificate if it is required. **Hospital, baptismal, and religious certificates will not be accepted.**

MCYSA
P. O. Box 8062
Paducah, KY 42002

