

# McCracken County Youth Soccer Registration Form – Fall, 2010

Details of the Fall Calendar and Register online at <http://www.mccrackensoccer.com>

Player Name: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_

Parent / Guardian: \_\_\_\_\_

Last 4 digits of SS #: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Sex: Male or Female

Cell Number: ( ) \_\_\_\_\_

Work Number: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Do you want the:

Same Team as **Spring 2010** Season: \_\_\_ or Open Draw \_\_\_

**PREFERRED TEAM AREA** (Area can not be guaranteed, please give a **1<sup>st</sup>** and **2<sup>nd</sup>** choice to balance teams) \_\_\_ **No Preference**

\_\_\_ Reidland \_\_\_ Heath \_\_\_ Lone Oak \_\_\_ Paducah \_\_\_ Illinois

Please list the names of your other children playing MCYSA Soccer:

\_\_\_\_\_  
\_\_\_\_\_

**YOUR CHILD'S BIRTHDAY MUST BE EARLIER THAN 8/01/2006 TO BE ELIGIBLE TO PLAY.**

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

**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"/> Coach (returning from Spring season) # _____ | <input type="checkbox"/> Board Member   | <input type="checkbox"/> Soccer Tournament / Soccer Academy |
| <input type="checkbox"/> Asst. Coach to _____                         | <input type="checkbox"/> Referee  |   |
| <input type="checkbox"/> New Coach (new or not from Spring season)    | <input type="checkbox"/> Field Preparation (work day, field lining, general clean up, etc.) |   |
| Age Level _____ Assigned based on need                                | <input type="checkbox"/> Fundraising / Publicity / Concessions                              |   |

## 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

This player plans to attend the Soccer Academy on **Saturday, August 28, 2010:** (Circle one) YES NO

**COMPETITIVE PLAYERS** - Turn your forms into your coach.

**DO NOT MAIL FORMS.**

- |                          |                                      |              |
|--------------------------|--------------------------------------|--------------|
| (Check)                  | <b>Competitive Teams</b>             | <b>FEES:</b> |
| <input type="checkbox"/> | Base Competitive Fee                 | \$60         |
| <input type="checkbox"/> | Sibling Discount (after first child) | - \$ 5       |
| <input type="checkbox"/> | Volunteer Discount                   | - \$10       |

Check one or more of the boxes in the **Volunteering** section to take advantage of the Volunteer discount for each player.

- Optional donation to Sports Park \$ \_\_\_\_\_  
(Tax-deductible)
- Total Fee (fill in amount) \$ \_\_\_\_\_

(Check) **Recreational Teams** **FEES:**

- |                          |   |         |
|--------------------------|---|---------|
| <input type="checkbox"/> | Base Recreational Fee                                   | \$60    |
| <input type="checkbox"/> | Jersey Fee (see above – if needed)                      | + \$20  |
| <input type="checkbox"/> | ← <b>Check here if this player already has a jersey</b> |         |
| <input type="checkbox"/> | Sibling Discount (after first child)                    | - \$ 5  |
| <input type="checkbox"/> | Early Bird Discount                                     | - \$ 10 |

Register prior to **08/01/2010** to take advantage of the Early Bird discount for each family member.

- Volunteer Discount** (for each child) - \$10

Check one or more of the boxes in the **Volunteering** section to take advantage of the Volunteer discount for each player.

- Optional donation to Sports Park \$ \_\_\_\_\_  
(Tax-deductible)
- Total Fee (fill in amount) \$ \_\_\_\_\_

**\*\*\* NOTICE \*\*\* A LATE FEE OF \$25 IS REQUIRED FOR ANY FORM POSTMARKED AFTER 08/15/2010. NO EXCEPTIONS !!!**

**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 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 who have not registered with McCracken County Youth Soccer in the past 2 years. Your registration will not be processed without a copy of your birth certificate if it is required. **Hospital, baptismal, and religious certificates will not be accepted.**

**Paducah, KY 42002**  
**P. O. Box 8062**  
**MCYSA**

