

# Sheridan Youth Soccer Association Spring 2009 Registration

Taking registrations now! Deadline for registration is Feb 14, 2009.

Practices will begin in Feb/March of 2009.

Ages 4-13 \$55.00 (Spring Season only) Players must be age 4 by August 1, 2008

## Player Information

First Time Player w/ SYSA?

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  Male or  Female  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Approximate Weight \_\_\_\_\_ Physician \_\_\_\_\_

## Parent/Guardian Information (Circle preferred contact number)

Father's Name \_\_\_\_\_ Email \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Email \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Mother's month/day of birth \_\_\_\_/\_\_\_\_ (for ID purposes only)  
Would you like to volunteer to be a: \_\_\_\_ Coach \_\_\_\_ Asst. Coach \_\_\_\_ Field Helper \_\_\_\_ Referee \_\_\_\_ Board Member?  
Would you be interested in attending a "Laws of the Game Session" prior to the start of the season? \_\_\_\_ Yes  
Would you like to be contacted about Corporate Sponsorship Opportunities? \_\_\_\_ Yes Phone #: \_\_\_\_\_

## Player Uniform

Shorts	Youth	S	M	L	Adult	S	M	L	XL
Shirt	Youth	S	M	L	Adult	S	M	L	XL

## FEES DUE/POSTMARKED BY FEB 14, 2009

(Fees Include Spring Season, ASSA State Registration with Insurance, Coaching Fees, Trophy, and Uniform)

\$ \_\_\_\_\_ Player registration fee (Ages 4 – 13 = \$55.00)  
\$ \_\_\_\_\_ Late registration fee (\$20.00 for each registration postmarked after Feb 14, 2009.)  
\$ \_\_\_\_\_ Donation (\$60 sponsors a scholarship for a needy player) - Any amount is appreciated for field and equipment improvements. **SYSA is a Not-for-Profit organization so your Donation is Tax Deductible.**  
\$ \_\_\_\_\_ Total Payment Included

Please Send Completed Registration and Payment to:

**Sheridan Youth Soccer Association  
P.O. Box 702  
Sheridan, AR 72150**

For Club Use Only
Date/By: _____
Amount: _____
Check#: _____
Division: _____

or hand deliver registration and fees to the **Sheridan Recreation Center (870-942-7000)**.

**For more information visit our website ([www.sheridanysa.org](http://www.sheridanysa.org)) or contact Beau Crawford (942-4625).**

### Please read & sign the release and consent statements below

I, the undersigned parent/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 for 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 associated personnel, including owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

\_\_\_\_\_  
Name of parent or legal guardian (please print)      Signature of parent or legal guardian      Date

### Consent for Medical Treatment (Minor)

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

\_\_\_\_\_  
Name of parent or legal guardian (please print)      Signature of parent or legal guardian      Date