

## Washington County Youth Soccer Association Fall 2019 Registration Form

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

Male [ ] Female [ ]

Address \_\_\_\_\_

\_\_\_\_\_

Phone # (home)

Phone # (primary contact cell)

\_\_ \_\_ - \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_

\_\_ \_\_ - \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_

Primary Contact E-mail \_\_\_\_\_

Parent(s) or Guardian Name (Printed): \_\_\_\_\_

Address-(if different than child) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Birth date: \_\_ \_\_ - \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_

Age declaration by year of birth: (circle one below)

In-house:  U5 - 2015     U6 - 2014     U7 - 2013     U8 - 2012     U9 - 2011     U10 - 2010

Travel:  U11 - 2009     U12 - 2008     U13 - 2007     U14 - 2006     U15 - 2005

High School:  U16 - 2004     U17 - 2003     U18 - 2002

### Informed Consent & Parental Behavior Disclosure:

I hereby give my permission for the above named player to participate in any and all activities of the Washington County Youth Soccer Association (WCYSA). I assume all risks and hazards incidental to such participation, including transportation to and from such activities. Further, I give my permission to WCYSA to seek emergency treatment of an injury or illness of my child. I hereby wave, release, absolve, indemnify and agree to hold harmless WCYSA and its organizers, officers, directors, sponsors, supervisors, volunteers, coaches, officials, participants and persons transporting my child to or from activities from all claims arising out of injury to my child. My child and I are aware that participating in soccer is a potentially hazardous activity. I assume all risks associated with participation in this sport, including but not limited to, falls, contact with other participants, the effects of weather, traffic and other risks associated with sports. All such risks to my child are known and understood by me. I understand this informed consent form and agree to its conditions on behalf of my child and myself.

I also understand that the referee is in charge of the match and that I, as a parent, will not challenge the referee about any calls during a match. I also understand that my actions can and will be used against me if WCYSA needs to hold any disciplinary hearings due to my behavior on or off of any field. WCYSA fully supports all of our referees, and will take action to protect them from any type of abuse.

Parent - Print name: \_\_\_\_\_

Parent - Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**In-House Registration Form  
REGISTRATION/UNIFORM INFORMATION**

\$80.00 - Registration with uniform ( )  
\$50.00 - Registration without uniform ( )

**\*\*\*Multi-Player Family Discount\*\*\***

2 Players - Deduct \$5.00    3 Players - Deduct \$10.00  
4 Players - Deduct \$15.00    5 Players - Deduct \$20.00

**MAKE CHECKS PAYABLE TO BCYSA.**

**UNIFORM:** (Please order larger sizes)

Shirt Size: \_\_\_\_\_ Short Size: \_\_\_\_\_  
YS YM YL AS AM AL AXL  
Socks: Youth or Adult (Circle One)

PLAYER NUMBER (U9 & U10 Only) \_\_\_\_\_  
Last Season Team/Coach \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Relationship: \_\_\_\_\_

**MEDICAL INFORMATION**

Medical Problems: \_\_\_\_\_

Allergies (bee stings): \_\_\_\_\_

Medications: \_\_\_\_\_

Other: \_\_\_\_\_

**BCYSA REGISTRATION CONTACT:**

Amanda Davey BCYSA Registrar  
PO BOX 106, Fredericktown, PA 15333

724-562-5261/ araedavey@gmail.com

**BCYSA RELEASE - READ & SIGN BELOW**

By signing this form I agree to the following:

1. I hereby release PA West, WCYSA, BCYSA, its officers and agents, and the Bethlehem-Center School District from all responsibility for physical injuries or damages that may occur during this activity. The Bethlehem-Center School District shall not be liable for injuries sustained by any person or any property damage or loss.
2. I understand that "If a parent or child displays inappropriate behavior that is detrimental to other players, parents or referees at any point during the season, the BCYSA Board reserves the right to dismiss that individual and/or their child from ALL functions related to the organization."
3. I am aware that shin-guards are mandatory anytime a player is on the field (practice or game).
4. I understand that each family is required to participate in the BCYSA Fundraiser and Work Concessions during the Spring 2018 Season.
5. Registration will not be accepted until ALL required documentation and fees are submitted.

\_\_\_\_\_  
Parent/Guardian Signature

**REQUIRED EQUIPMENT**

Soccer Spikes (no front toe spike)  
Shinguards Water Bottle  
Age Appropriate Ball:  
U5, U6, U7 & U8 Size 3  
U9 & U10 Size 4

**NEW PLAYERS**

Must turn 4 years old on or before December 31, 2018.  
Must provide COPY of Birth Certificate

**VOLUNTEER OPPORTUNITIES**

COACH \_\_\_\_\_  
OFFICER \_\_\_\_\_  
TEAM MOTHER \_\_\_\_\_  
PICNIC COMMITTEE \_\_\_\_\_  
FIELD COMMITTEE \_\_\_\_\_  
CONCESSIONS \_\_\_\_\_

**BCYSA USE ONLY**

Amount Received: \_\_\_\_\_

Received on: \_\_\_\_\_

Received by: \_\_\_\_\_

Registration Check #: \_\_\_\_\_

**Siblings:**

U6: \_\_\_\_\_

U7/U8: \_\_\_\_\_

U9/U10: \_\_\_\_\_

U11/U12: \_\_\_\_\_

U13/U14: \_\_\_\_\_

**BCYSA CONTACT:**

Jessica Lawrence - President  
412-496-0621 / jes7239@gmail.com