

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: _____

Travel Registration Form
REGISTRATION/UNIFORM INFORMATION

\$105.00 - Registration with uniform ()
\$75.00 - 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 _____
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:
U11, U12: Size 4
U13 and up: Size 5

NEW PLAYERS

Must turn 10 years old on or before December 31, 2018.

Must provide COPY of Birth Certificate
Recent Photo emailed to araedavey@gmail.com

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