

Henry County Youth Soccer

Player's Name: _____ Gender: _____

Date of Birth: _____ Age : _____

Parent(s) Name: _____

Address: _____

City: _____ School: _____

Phone: (Home) _____ (Cell) _____

Email: _____

Known Allergies: _____

Team/Coach Last Played For: _____ Needs to be with: _____

*We will attempt to accommodate these requests, but placement cannot be guaranteed.
Players will be organized based on ages.

Shirt/Short Size: (circle one) YXS YS YM YL AS AM AL AXL A2X

HCYSA requires all players wear shin guards for play/practice, which are not provided by the league.

The league needs help with coaching, please circle if you are willing to help:

COACH

ASSISTANT COACH

CONSTENT FOR MEDICAL TREATMENT AND LIABILITY RELEASE

As the parent/legal guardian of the player named above, I hereby give consent for emergency medical treatment. This care may be under whatever conditions are necessary to preserve life, limb, or wellbeing of the dependent.

I acknowledge that any physical activity or sport presents risk. By signing below, I relieve any and all individuals affiliated with the Henry County Youth Soccer Association of all responsibilities and/or liabilities regarding the risk involved with their child playing soccer.

SIGNATURE OF PARENT/LEGAL GAURDIAN: _____
THIS MUST BE SIGNED TO PLAY AND/OR PRACTICE.

LEAGUE SIGN-UP: \$60

Amount Paid: _____ Cash: _____ Check #: _____ Initials: _____

Want to be a soccer angel? Donate \$5, \$10, or \$20 o help a child play.

UNIFORMS WILL NOT BE ISSUED UNTIL BALANCE IS PAID IN FULL.