



2009 3 V 3 SOCCER PROGRAM REGISTRATION FORM

Player Name: _____ M or F Birth Date: _____

Address: _____

Home Phone: _____ E-mail: _____

Preferred Uniform Size (circle one): YXS YS YM YL AS AM AL AXL

Mother's Name: _____ Cell Phone: _____

Father's Name: _____ Cell Phone: _____

Volunteer Opportunities (check below):

- Volunteer Opt Out Fee: \$20
(I can not volunteer and prefer to pay the Opt Out Fee)
- Coach (\$25 registration discount once selected)
- Concession Stand (2hour session on Sat)
- Field Marshall (1 game)
- Field Set Up/Break Down (1 set of games)
- Field Maintenance (1 project work session; 2-4 hrs)
- Tournament (April 18th & 19th) various tasks avail.
- Fund Raising
- Certified First Aid Assistants (2 hour session on Sat.)

Payment Terms:

Registration Fee: **\$150**
 Multi-sibling Discount: **\$140**
 (applies to 2nd + siblings in current 3v3 program)
 I have also registered the following siblings:

- _____
- Cash _____
 - Check _____
 - Credit Card Confirm # _____
(\$2 convenience Fee)

_____ + _____ = _____
 Reg. Fee (Vol. opt out) Total Due

INSURANCE - WAIVER - CODE OF ETHICS

All Injuries must be reported within 90 days of the date of injury. Benefits will be provided for eligible expenses not paid by other insurance health plans after the FYSA deductible has been satisfied. Do you have other medical insurance?

____ Yes ____ No Insurance Company - _____

I, the undersigned parent/guardian of the registrant, acknowledge that I am completely aware of the inherent risks associated with soccer, and hereby waive, release and discharge the state association (FYSA), the local association (VAYSA) and all of its affiliated organizations as well as their officers, directors, employees and agents (collectively, the "Released Parties"), from any and all liability and responsibility in the event that my minor child, named above, becomes injured in any way during their participation in soccer events or activities associated with Released Parties. I further state that I and/or my child takes full responsibility for any injury that may occur as a result of my child's participation and that neither I nor my child will hold the Released Parties responsible for any aggravation of pre-existing injuries prior to or during my child's participation in any soccer events or activities associated with the Released Parties.

In addition, as a parent/guardian I will read, acknowledge and uphold the VAYSA Code of Ethics and understand that any violation by me or the registrant may result in suspension from VAYSA.

Parent's Signature/Date

Player's Signature/Date

Player Pass #: _____ Team Code: _____ Age Group: U -