



## SYA Soccer Registration/Spring 2012

### Soccer Team Information:

Team: U8 \_\_\_ U10 \_\_\_ U12 \_\_\_  
Gender: Boy \_\_\_ Girl \_\_\_ Returning Player \_\_\_ New \_\_\_

### Payment Information:

Registration Fee: \_\_\_\_\_  
Cash or Check (# \_\_\_\_\_ / Name on Check: \_\_\_\_\_)  
Shirt Deposit Fee: \_\_\_\_\_ # Assigned: \_\_\_\_\_

### Player Contact Information:

Player's Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
Parent/Guardian's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cell: \_\_\_\_\_  
Email Address: \_\_\_\_\_

### Medical Information:

Name of Medical/Hospitalization Insurance Co. \_\_\_\_\_  
Main Insurance Holder's Name: \_\_\_\_\_  
Group Numbers: \_\_\_\_\_

In case of injury or emergency do we have your permission to take your child, at our discretion, to a Doctor or hospital? Yes or No

### Soccer Guidelines:

All players must have a parent/guardian present at all related practices and games for the child to be able to participate. All players must have the necessary equipment for all practices and games in order to participate as a member of the team.

**Fundraising Information:**

When registering your child for soccer, you automatically become a member of the SYA association. All players registered in the program are expected to participate in the fundraising efforts to offset the operating costs. Members are obligated to fulfill a minimum of 6 hours of volunteer service to the program throughout the season.

Fundraising Event: \_\_\_\_\_

Participating: Yes or No Buyout: \$\_\_\_\_\_ Paid: Cash or Check # \_\_\_\_\_

**Agreement to Terms of Soccer/ SYA Organization Rules:**

I, the parent/guardian of the registrant(s) agree that I and the registrant will abide by the rules of the SYA, its affiliated organizations, and sponsors. I recognize the possibility of physical injury associated with soccer. I hereby release, discharge and/or otherwise indemnify the SYA, its affiliated organizations, and sponsors, their employees and associated personnel, including the owners of fields and facilities used, against any claim by or on behalf of the registrant(s) as a result of participation in the program.

I have read the above and agree to all terms and conditions. Please sign below.

Signature of parent/guardian of player: \_\_\_\_\_

**SYA Contact Information:**

If you have any questions, please contact Lou Kucsan.

Phone : 610-317-9740 Email: [lek2557@rcn.com](mailto:lek2557@rcn.com)

Address: Lou Kucsan, 750 Gottwald Drive, Bethlehem, PA 18015