



# Southeastern Stokes Youth Soccer Association

## Registration Form

Spring 2010

Players Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_ # of Seasons Played: \_\_\_\_\_  
 Fall 2009 Coach: \_\_\_\_\_ Check here if child did not play fall 2009: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Mother: \_\_\_\_\_ Work or Cell: \_\_\_\_\_  
 Father: \_\_\_\_\_ Work or Cell: \_\_\_\_\_  
 Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\*Please circle the preferred person/method of contact above\*

Special Needs: \_\_\_\_\_

Name as it should appear on trophy: \_\_\_\_\_

### Uniform (if child did not play Fall 2009):

Shirt Size: YS \_\_\_\_\_ YM \_\_\_\_\_ YL \_\_\_\_\_ AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_ AXL \_\_\_\_\_  
 Shorts Size: YS \_\_\_\_\_ YM \_\_\_\_\_ YL \_\_\_\_\_ AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_ AXL \_\_\_\_\_

### Registration Fees:

U6 -U13 \_\_\_\_\_ \$65 Spring 2010 Season  
 U14 and up \_\_\_\_\_ \$85 Spring 2010 Season  
 \_\_\_\_\_ \$20 Late Fee (if registration is received after February 5th)

**\*\* For Parents\*\***

Copy of Birth certificate is required for all new players.

Having been informed of the organization of Southeastern Stokes Youth Soccer Association (SSYSA) to provide supported soccer games for our children, I/we the parents of the so named candidate do hereby give my/our approval to his/her participation in any and all activities. I/we understand the nature of the insurance coverage provided through the registration fee. However, I/we do assume all additional responsibility for hazards incurred in the conduct of the activities, transportation to and from activities, and I/we do further hereby release, absolve, indemnify, and hold harmless the SSYSA, and also the others listed hereafter: Organizers, Officers, Sponsors, Landowners permitting use of their land for soccer activities: any and all of them. I/we also agree to furnish a birth certificate if requested by SSYSA. In case of injury to my/our child, I/we waive all claims against the organizers, sponsors, coaches or referees appointed by them. Additionally, I/we give permission for our child's first name and last initial to be published on the SSYSA website along with a photo of the child taken during team play, formal team photo, or award recognition ceremony.

### Parent Participation Contract:

*I will respect the opposing team and its players and will not engage in any disrespectful conduct.*

*I will respect the referees and will not challenge or show opposition to their officiating.*

*I will respect our team coaches and abide by their direction and leadership.*

*If I violate any of the above provisions I will accept the following discipline:*

1. Disrespect to player on the opposing team .....1 game suspension
2. Ejection from game (first offense).....1 game suspension
3. Ejection from game (second offense).....1 season suspension
4. Ejection from game (third offense).....Life Time suspension
5. Verbal assault/ hostile challenge of a referee, coach or player.....One Year suspension from attending any games.
6. Physical assault of referee, coach or player.....Lifetime suspension from participating in SSYSA.

*Please be aware that the SSYSA board, as well as the Discipline and Appeals committee record the offense occurrences. In the event of an ejection from the game, the parent/guardian must leave the soccer field, out of sight and sound, and cannot return until one hour after the team's next game. If the parent does return before this time, an additional two game suspension will be incurred .*

**PARENT(S) SIGNATURE: \_\_\_\_\_ (REQUIRED!!!)**

I am interested in being a: coach \_\_\_\_\_, assistant coach \_\_\_\_\_, Board member \_\_\_\_\_, soccer volunteer \_\_\_\_\_.

Please complete this form, with required fee, information and mail to: **SSYSA P.O. Box 1185 Walnut Cove, NC 27052**