



FALL 2011

(VYS) PARENT LEAGUE

REGISTRATION AND MEDICAL RELEASE FORM

Please complete the following registration form for EACH adult player

PLEASE PRINT:

Name: _____ Birth Date: _____ Age: _____

Street: _____ Sex: ___ Female ___ Male

City: _____ State: _____ Zip: _____ Home Phone: _____ Work Phone: _____

E-mail: _____

RELATIONSHIP to VYS: (Must satisfy at least one relationship requirement to be eligible.)

___ VYS Parent (Name of Child): _____

___ VYS Youth Coach (Identify Team/Age): _____ / _____

___ VYS Youth Assistant Coach (Identify Team/Age): _____ / _____

___ VYS House League Volunteer Position: (Please indicate selection below.)

Volunteer Information - Please indicate 1st and 2nd choices.

___ Commissioner ___ Coach ___ Assistant Coach ___ Team Parent

___ Registration Help ___ Division Equipment Coordinator

FALL 2011 REGISTRATION DATES: (Register early, space is limited):

Register on-line at www.vys.org, beginning June 4, 2011 or stop by a VYS Fall Walk-in Registration on: Saturday, June 25, or July 23, 2011, from 10:00 a.m. to 2:00 p.m., at Thoreau Middle School (cafeteria), 2505 Cedar Lane, Vienna. Registration deadline is July 25, 2011.

FALL 2011 REGISTRATION FEES:

One Adult VYS Player	\$75.00	Check No:	_____
Spouse's Name (if playing): _____		Date Received:	_____
Non-Fairfax County Resident Fee	\$30.00	Amount Paid:	_____
Late Fee: (if registration is postmarked after July 25)	\$25.00		
Total Due:	_____		

MAKE CHECK PAYABLE TO VYS. Please mail to: VYS Adult Soccer, P.O. Box 993, Vienna, VA 22183-0993.

REFUND POLICY: \$10 administrative fee before season starts, no refund after September 17, 2011.

MEDICAL RELEASE AND EMERGENCY INFORMATION

I certify that I am physically fit to play soccer this season. VYS has my permission, in an emergency, to take me to the emergency room of a hospital or medical facility if I cannot request this service myself. The medical staff has my authorization to provide treatment when a physician deems it necessary to my well-being. I assume all risk and hazard incidental to soccer participation, including, but not limited to, transportation to and from the activity. I hold blameless VYS Inc., the organizers, sponsors, supervisors, participants, and persons transporting me to or from the activity for any claim rising out of any injury this season.

Doctor: _____ Doctor's Phone: _____

Medical Information (Allergies, etc.): _____

Insurance Name/Group/ID: _____

Player's Signature: _____ Date: _____