



**SPRING 2012  
(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.)**

<b>Volunteer Information - Please indicate 1st and 2nd choices.</b>				
<input type="checkbox"/> Commissioner	<input type="checkbox"/> Coach	<input type="checkbox"/> Assistant Coach	<input type="checkbox"/> Team Parent	
<input type="checkbox"/> Registration Help	<input type="checkbox"/> Division Equipment Coordinator			

**SPRING 2012 REGISTRATION DATES:** *(Register early, space is limited):*

Register on-line at [www.vys.org](http://www.vys.org), or stop by a **VYS Spring 2012 Walk-in Registration** on: Saturday, Jan. 21 or Feb. 11, 2012, from 10:00 a.m. to 2:00 p.m., at Thoreau Middle School (Lecture Hall), 2505 Cedar Lane, Vienna. Registration deadline is February 24, 2012.

**SPRING 2012 REGISTRATION FEES:**

One Adult VYS Player	\$75.00	Check No:	_____
Spouse's Name (If playing): _____		Date Received:	_____
<b>Non-Fairfax County Resident Fee</b>	<b>\$30.00</b>	Amount Paid:	_____
Late Fee: (if registration is postmarked after Feb. 24)	\$10.00		
<b>Total Due:</b>	_____		

**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 April 14, 2012.**

**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: \_\_\_\_\_