



**SPRING 2010
(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		

SPRING 2010 REGISTRATION DATES: (Register early, space is limited):

Register **on-line** at www.vys.org, beginning December 15, 2009, or stop by a **VYS Spring Walk-in Registration** on: Saturday, January 23 or February 6, 2010 from 10:00 a.m. to 2:00 p.m., at Thoreau Middle School, 2505 Cedar Lane, Vienna. Registration deadline is February 15, 2010.

SPRING 2010 REGISTRATION FEES:

One Adult VYS Player	\$90.00	Check No: _____
Spouse's Name (If playing): _____		Amount Pd: _____
Non-Fairfax County Resident Fee	\$30.00	Date Received: _____
Late Fee: (if registration is postmarked after February 15)	<u>\$25.00</u>	
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 April 10, 2010.**

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:** _____