

Registration Fee Schedule				<b>(Fall 2011)</b> <b>VYS Youth Soccer</b> <b>Registration Form</b> <b>Send to:</b> <b>VYS</b> <b>P.O. Box 993</b> <b>Vienna, VA 22183</b>	Player Division: _____
# of Players	House Player	Travel Player	Non-Volunteer Fee		Player Age: _____
1 <sup>st</sup> Player	\$134.50	\$138.50	Add \$30		Family Name: _____
2 <sup>nd</sup> Player	\$134.50	\$138.50	0		Family Phone: _____
3 <sup>rd</sup> Player	\$74.50	\$78.50	0		
4 <sup>th</sup> and up	\$59.50	\$63.50	0		

PLAYER NAME AND ADDRESS	PLAYER INFORMATION
Birth Date _____ <input type="checkbox"/> Check If Grade Level Exemption Request <i>Please Print Clearly</i> Name: _____ Address: _____ City, State Zip: _____ Home Phone: _____ School Attends: _____ Grade in School (Fall 2011) _____ Number of House Players in Family This Season: _____	Sex _____ Number of Seasons Played _____ <input type="checkbox"/> Check box if First VYS Registration. (If Yes, attach a copy of Player's Birth Certificate or Passport) Is Player a Current Travel Team Member? Circle (Yes or No) List Team Name and Age _____ <b>NOTE:</b> All House players, in divisions U13 to U18, must wear a VYS uniform. A uniform kit is \$25 and includes 2 jerseys (Red/White) <b>Please make a selection below.</b> _____ Yes, I would like to buy a VYS Uniform Kit. <b>Please circle size: YL YXL AS AM AL AXL</b> _____ No, I already have a VYS Uniform. Jersey # _____

**CONTACT INFORMATION**  
Please give at least one parent's name, phone number, and Email address for VYS communications during the season.

**Contact #1 Name:** \_\_\_\_\_ **Relationship to Player:** \_\_\_\_\_  
 Work Phone : \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
**Contact #2 Name:** \_\_\_\_\_ **Relationship to Player:** \_\_\_\_\_  
 Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
**Parent's Name:** \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

If requesting Financial Aid, obtain financial aid form from [www.vys.org](http://www.vys.org), or call 703-242-3828, fill out form, and send in with registration form.  
**HARDSHIP FUND DONATION:** I would like to donate \_\_\_\$5 \_\_\_\$10 \_\_\_\$15 \_\_\_\$20 \_\_\_ Other or \_\_\_ I would like to help by sponsoring a player( \$120)  
**FIELD OF DREAMS DONATION:** I would like to donate \_\_\_\$5 \_\_\_\$10 \_\_\_\$15 \_\_\_\$20 \_\_\_ Other

**VOLUNTEER INFORMATION - Please indicate 1<sup>st</sup> and 2<sup>nd</sup> choices.**

\_\_\_ Commissioner    \_\_\_ Coach    \_\_\_ Assistant Coach    \_\_\_ Registration Help (Spring 2012)  
 \_\_\_ Team Parent    \_\_\_ Asst Uniform Coordinator    \_\_\_ Div Equipment Coordinator    \_\_\_ Non-Volunteer Fee (\$30)

**MEDICAL INFORMATION**

**Doctor's Name** \_\_\_\_\_ **Doctor's Phone:** \_\_\_\_\_  
**Medical Information (Allergies, etc.)** \_\_\_\_\_  
**Insurance Company:** \_\_\_\_\_ **Policy #** \_\_\_\_\_

I certify that this player is physically fit to play soccer this season. VYS and any of its agents and contractors have my permission, in an emergency, to take this player to an emergency care facility or a hospital emergency room if I cannot be readily contacted. Its medical staff has my authorization to provide treatment recommended by a physician for the well being of this player. I will be responsible for all associated costs. I assume all risks and hazards incidental to soccer participation including, but not limited to, transportation to and from activities. I hold blameless VYS, Inc., its contractors, including all organizers, sponsors, supervisors, participants, and persons transporting this player to and from any activity for any claim arising out of any injury to this player this season. I agree that by registering this player for soccer with VYS that the player and the parent(s)/guardian(s) will follow all policies and by-laws of VYS (available at [www.vys.org](http://www.vys.org) or call 703-242-3828).

**Parent/Guardian Signature :** \_\_\_\_\_ **Date :** \_\_\_\_\_

Registration Fee _____ Non-Volunteer Fee _____ Uniform Kit Fee _____ Voluntary Donation _____	<b>Date Received</b> _____ <b>DO NOT WRITE ON BACK OF FORM</b>	Total Paid _____ Check Number _____
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