

## JKYSC Select Soccer Player Registration Form

By completing this form and submitting with a registration deposit of \$50.00 a player can register as a member in good standing with the JKYSC Select Soccer program. The completed registration will entitle the member to the same benefits afforded those registered as a member of a JKYSC Rec team or club. Full payment of the entire registration fee is required to maintain registration.

Name: \_\_\_\_\_  
(Last) (First) (MI)

Address: \_\_\_\_\_  
(Street) (Apt #)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_ Shirt size: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Day Phone: \_\_\_\_\_

Address (if different): \_\_\_\_\_  
(Street) (Apt #)

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ E-mail: \_\_\_\_\_

*I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the US Youth Soccer Association, Jefferson Kiwanis Youth Soccer Club, and all affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for JKYSC and US Youth Soccer accepting the registrant for its soccer programs and activities (the Program), I hereby release, discharge and/or otherwise indemnify Jefferson Kiwanis Youth Soccer Club and US Youth Soccer, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.*

Parent/Legal Guardian Name (print): \_\_\_\_\_

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

Player Name (print): \_\_\_\_\_

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Send Check** payable to JKYSC- Note Select Soccer in the memo) to: 79 Anthony Drive, Wintersville, OH 43953

Office Use: Fee: \_\_\_\_\_ Cash: \_\_\_\_ Check #: \_\_\_\_\_ ID #: \_\_\_\_\_