

**Jackson Hole Youth Soccer**  
**Fall 2010 Recreational Programs Application**

**Please Check One**

**Fall Recreation league: August 30 - October 16<sup>th</sup>**

- 3 ½ Years-4 years** (Players born between August 1, 2005 and January 1, 2007)  
Cost is \$150.00 / Days (*Mondays & Wednesdays* 4:15-5:00 & Saturday games @ 11:15)\*
- U5/U6** (Players born between August 1, 2003 and July 31, 2005)  
Cost is \$150.00 (*Mondays & Wednesdays* 4:15-5:15 & Saturday games @ 11:15)\*
- \*\* No games Labor Day weekend & Minis/grassroots games Sept. 11<sup>th</sup>**  
**(OLD BILLS) are at 1:30pm @ the synthetic fields.**

**Fall Recreation league: August 30- October 23<sup>rd</sup>**

- U-7, U-8, U-9, U-10** (Players born between August 1, 2000 - July 31, 2003)  
Cost is \$185.00 (*Mondays & Wednesdays* 5:30-6:45 & Saturday games at 10:00 am)
- U-10 Travel team** (August 1, 2000- July 31, 2001) Separate Boys & Girls team with an  
Additional Practice Thursdays, time TBD...will compete in our Jackson Fall Classic  
tournament September 25 & 26<sup>th</sup>) Cost is and additional \$15.00 for a total of \$200.00.
- \* No games Labor Day Weekend & U-7 and above games Sept. 11<sup>th</sup> (OLD BILLS) are at 2:30 @ the synthetic fields.**

Player's Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
Past playing experience: How many years played \_\_\_\_\_ Last season played: \_\_\_\_\_  
Same team request for carpooling or other reasons: \_\_\_\_\_  
\_\_\_\_\_ (JHYS will try to accommodate these requests)

\*EMAIL (for club communication) \_\_\_\_\_

Shirt Size (Circle One)    Youth S    Youth M    Youth L    Adult S    Adult M    Adult L

Parents Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ Cell Phone \_\_\_\_\_ / \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

**Please circle Yes or No to the following questions about your child. If you answer yes please explain below:**

- |   |     |    |
|---|-----|----|
| 1. Do you have allergies (food, pollen, insects, medicines, etc)?   | Yes | No |
| 2. Have you ever passed out during exercise or after exercise?  | Yes | No |
| 3. Have you ever had chest pain after exercise?   | Yes | No |
| 4. Do you have any current skin problems (blisters, warts, itching, rash, etc)                                | Yes | No |
| 5. Have you ever had a head injury or concussion?   | Yes | No |
| 6. Have you ever become ill from exercising in the heat?  | Yes | No |
| 7. Do you have asthma or exercise-induced asthma?   | Yes | No |
| 8. Do you use any special protective or corrective equipment (knee brace, ankle brace, head protection, etc)? | Yes | No |
| 10. Do you currently have any injuries?   | Yes | No |

Please Explain Any Yes Answers: \_\_\_\_\_

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Please mail Recreational Programs Application and check to:  
Jackson Hole Youth Soccer  
P.O. Box 8554  
Jackson, WY 83002