

# Shelton Youth Soccer Organization Registration – Fall 15/Spring 16

P.O. Box 2375, Shelton, CT 06484    [WWW.SYSONET.ORG](http://WWW.SYSONET.ORG)

**Register Online at [WWW.SYSONET.ORG](http://WWW.SYSONET.ORG)**

see web site for further information



PLEASE PRINT LEGIBLY

**Player Last Name:** \_\_\_\_\_ **First Name:** \_\_\_\_\_  Check if New to SYSO

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Date of Birth:** Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_     Male     Female

**Email Address:** \_\_\_\_\_ (for SYSO and coach use only PLEASE PRINT LEGIBLY)

**Grade entering in Fall:** \_\_\_\_\_    **BIRTH CERT REQUIRED if NOT PREV. SUPPLIED**     Mailed with reg.     Bringing . to Tryouts

**Father's First Name:** \_\_\_\_\_ **Business Phone :** \_\_\_\_\_ **Ext.:** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Mother's First Name:** \_\_\_\_\_ **Business Phone :** \_\_\_\_\_ **Ext.:** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

List any medical problem or prohibition player has: \_\_\_\_\_

**VOLUNTEERS NEEDED – A successful SYSO depends on volunteers - Please Help** (write first name below)

**Manager**     **Field Preparation**     **Concessions**     **Other** \_\_\_\_\_

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

**IMPORTANT**

I, the parent/guardian of the registrant, a minor, agree that I, and the registrant will abide by the rules of the USYS, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYS accepting the registrant for its soccer programs and activities (the Programs), I hereby release, discharge and/or otherwise indemnify the USYS, 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.

**I understand that if placed on a team, the second installment is due by 10/1 and that incurs an additional \$25 late fee after that date.**

**Name of Parent or Legal Guardian (please print)** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

-Refunds are reduced by CJSA and Admin fees (\$25)  
Email refund requests acknowledged in 24 hours

**U8 Academy Fall/Spring**

\$300 Full Payment

\$150 Partial-Bal \$150  
Balance due by 10/1  
Late fee \$25 if paid after 10/1

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**Travel Fall/Spring**

\$750 Full payment

\$375 Partial-Bal \$375  
Balances due by 10/1  
Late fee \$25 if paid after 10/1

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**Premier Fall/Winter/Spring**

\$950 Full payment

\$475 Partial-Bal \$475  
Balance due by 10/1  
Late fee \$25 if paid after 10/1

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**High School Age – Winter/Spring**

\$550 Full payment

\$275 Partial – Bal \$275  
Balance due by 10/1  
Late fee \$25 if paid after 10/1

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Add to play Rec. also: \$ 25  
(Re-registration req'd for Spring season)

**CONSENT FOR MEDICAL TREATMENT OF MINOR**

As the parent or guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly-licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**LEAGUE USE ONLY**

<b>Player fee</b>	/
<b>Check# / Amt</b>	/
<b>Rec'd by/ Date</b>	/
<b>Processed</b>	/

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