

Shelton Youth Soccer Organization Registration Form – Spring 2016

P.O. Box 2375, Shelton, CT 06484 WWW.SYSONET.ORG

Registrations postmarked after February 15th, 2016 will be subject to team availability and a \$25 late fee

Register Online at WWW.SYSONET.ORG



see web site for further information.

ONE FORM PER CHILD - PLEASE PRINT LEGIBLY

Last Name: _____ First Name (as on Birth Cert): _____ New to SYSO

Street Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Date of Birth: Month ____ Day ____ Year ____ Male Female

Player must be born on or before 7/31/2011 to be eligible. ALL registrants now required to submit Birth Cert one time

Email Address: _____ (for SYSO and coach use only PLEASE PRINT LEGIBLY)

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)

Coach Assistant Coach Field Preparation Concessions Other _____

Name: _____ name: _____ 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.

SYSO has provided me with information regarding concussions on their website sysonet.org "concussion awareness page"

Name of Parent or Legal Guardian (please print) _____

Signature: _____ Date: _____

Initial to acknowledge receipt of the Concussion awareness document _____

If you did not receive it with this form, it is available at www.sysonet.org

FEES (Please X)

- Rec. Player **\$ 75**
- Non-resident **\$ 85**

- Trav. player-Rec. Also **\$ 25**
 - For Late Fee Add \$ 25**
- if postmarked after 02/15/16**

One Late fee per Family
-Registrations postmarked and received after the late date without the late fee will be returned.

-Late fees are non-refundable unless there is no room in the league

-Refund requests of registration fees must be in writing or email to registrar@sysonet.org and prior to participation in any games and before the 2nd week.

Refunds requested after Apr 1st are reduced by CJSA insurance fee(\$7)

Email refund requests acknowledged in 24 hours

Amount Enclosed: _____

Please make checks payable to SYSO

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

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

Same team as prior season Different team Notes: _____