

DCYSA Fall 2010 Registration Form
 Register online at www.dcyasa.com. Registration opens July 2010.

Gender (circle one): Male Female	Team type (circle one): Mixed All Girls (U8 & Above)
(Birth year chart available at www.dcyasa.com on Player Registration page)	
Experience of player (Circle One): Beginner Intermediate Experienced Advanced	
Number of Years Played: _____	

All Information must be completed for accurate and timely processing. Incomplete registrations WILL BE delayed. Failure to provide accurate contact information (especially EMAIL addresses) can adversely affect DCYSA's ability to provide notices regarding events, changes, game cancellations, etc.

PLAYER Last Name _____ First _____ M.I. _____
 Street _____ City _____ State _____ Zip _____
 Phone _____ School Child Attends _____ Grade _____
 Likely High School you will attend (for U8 and older): _____
 Date of Birth ___/___/___ Last four digits of **Social Security No.** _____

List all known allergies or medical conditions _____

Player Jersey Size (circle one): YS YM YL AS AM AL XL XXL

Name of siblings playing with DCYSA _____
 Yes, move my younger child to play with Sibling
 No, keep my children in their designated age groups

PRIMARY GUARDIAN: Last Name _____ First Name _____

Address (if different from players) _____

Daytime Phone _____ Cell Phone _____

Email Address _____

SECONDARY GUARDIAN: Last Name _____ First Name _____

Address (if different from players) _____

Daytime Phone _____ Cell Phone _____

Email Address _____

Volunteer Information:							
Name: _____	Coach	Asst. Coach	Referee	Team Parent			
Name: _____	Coach	Asst. Coach	Referee	Team Parent			
Coach or Referee License Level _____				Date of License _____			
Number of seasons coaching soccer _____							
Coach Jersey Size (circle one): YS	YM	YL	AS	AM	AL	XL	XXL

Divisions	Rate
U6, U8, U11, U14 and Upper (U15-U19)	\$50 each
U4 players (born Aug 1, 2006 – December 1, 2007)	\$30 each

I HAVE READ, UNDERSTOOD, AND AGREED WITH THE MEDICAL WAIVER AND CODE OF CONDUCT.	
Signature: _____	Date: _____

Mail registration form and payment to: **DCYSA, P.O. Box 902 Owensboro, KY 42302-0902.** Must be postmarked by **Aug 6, 2010**