



2017 SPRING Recreation Soccer
Deadline: February 17, 2017
 P.O. Box 801, Brevard, NC 28712
 online registration link at www.tysa.us

Saturday Games
 Mar 18– May 20
 Transylvania Co.
 Rec Dept and
 Ecusta fields. No
 games 4/15 & 4/22

PLAYER INFORMATION

Legal First Name: _____ **MI:** _____ **Last:** _____
Gender: (Circle one) Male / Female Experience: _____ yrs. **Date of Birth:** ____/____/____
Address: _____ **Primary Phone:** _____
City: _____ **St:** _____ **Zip:** _____

UNIFORM:

Jersey Size (Circle one): YS YM YL YXL AS AM AL AXL **Shorts Size:** YS YM YL AS AM AL AXL
Socks: Youth/ Intermediate/Adult (One full Uniform Kit Included in Registration Fee)

PARENT CONTACT & EMERGENCY INFORMATION fill all fields or list n/a if not applicable.

Parent/Guardian: _____ **Primary Phone :** _____
Cell Phone: _____ **Email:** _____
Cell Service Company (to receive text weather alerts): _____
Emergency Contact Name: _____ **Phone:** _____
Medical Conditions/Allergies/Special Needs: _____

PARENTAL CONSENT

I/we, the parent(s) of the above child, do hereby declare my/our intent to allow the child to practice, play and participate in all soccer related activities of Transylvania Youth Soccer Association (TYSA) and NCYSA. We agree to abide by the rules of TYSA and any and all of its sponsors. Recognizing the possibility of physical injury associated with soccer games and practice, I/we hereby release, discharge and indemnify the USYSA, NCYSA, TYSA, sponsors, employees and volunteers from claims associated with injury to my child. I give permission for my child to appear in action photos on the web. (No names will be associated with the pictures.) I give permission for TYSA to send meeting notices and soccer related messages via email.

PARENT SIGNATURE: _____ **DATE:** _____

Note: to keep our teams as even as possible, team/coach requests are limited to coaches' children.

VOLUNTEER INFORMATION TYSA depends on volunteers to keep our program affordable. Please check one:

- Coach** - Be the chief trainer and encourager; coaching clinics and materials ARE available
- Team Manager** - Help coach contact parents, and organize team snacks
- Administration** - Help at registration events, input player information, make telephone calls
- Concessions**
- Publicity/Photography/Social Media**
- Board Member** - Participate in the planning and execution of our soccer seasons
- Sponsorship** - Pay the fees for a player in need. Enclosed \$ _____

PAYMENT INFORMATION: Unpaid players will be on a waiting list. Make forms & checks payable to TYSA. Mail registration & payment to TYSA Director P.O. Box 801, Brevard, NC 28712 Payment or

Fees:
\$70 until Dec 23
\$80 after Dec 23

\$10 discount for additional siblings

Amount Paid _____

Balance Due _____

Check # _____
 Money Order
 Scholarship

Age Division _____

Financial Aid Request on back side of registration must be submitted with registration to insure team

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