

# Winston County Youth Association 2017 Soccer Registration

You may begin signing up now until the deadline at **Noon on Saturday, September 9, 2017**. Fees for all age groups are **\$55.00 per child**. There will be no refunds. Check or money order only will be accepted by mail. Late registration will be accepted up to the day before the draft for **\$85.00 per child**. Each child will be furnished a shirt, shorts, and socks for their team. **Shinguards are the responsibility of the parents and are required to play.** Please submit the form below by Saturday, September 9, 2017, and bring a photocopy of the child's birth certificate as proof of age. Registration will be accepted at the coliseum from 9:00 to 12:00 on September 9th. Cash or Checks will be accepted on September 9th at the coliseum. All forms can be mailed to WCYA P.O. Box 1093 Louisville MS 39339. For any questions, please call Clint Scrivener at 662-312-8129.

## Age Requirement: Child must turn three (3) before September 1, 2017.

Player's Name: \_\_\_\_\_ Boy or Girl (Please Circle One)

Date of Birth: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Player's Shirt Size: Youth X-Small (2-4) Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16)

Adult Small (34"- 36") Adult Medium (38"-40") Adult Large (42"-44") Adult X-Large (46"-48")

Player's Short Size: Youth X-Small (2-4) Youth Small (6-8) Youth Medium (10-12) Youth Large (14-16)

Adult Small Adult Medium Adult Large Adult X-Large

Player's Sock Size: Youth Junior Adult (Circle One)

Would you like to coach a team? If so, please give us your name. \_\_\_\_\_

Coach's Shirt Size \_\_\_\_\_

Would you like to sponsor a team for \$250.00? If so, please give us your sponsor name.

Player's doctor: \_\_\_\_\_ Any medical conditions or medicines \_\_\_\_\_

## Parent/Guardian Release

As the parent or guardian of the above named player, I verify that such child is in good health and has my permission to participate in competitive soccer with the Winston County Youth Association. I do further give my permission for such child to receive emergency and surgical treatment procedures of any kind and nature, which may be deemed advisable by any physician who may attend or treat such child at or during all soccer related activities, including going or coming from practice, activities, or games. I hereby absolutely assume all indemnity and hold harmless the City of Louisville and the Winston County Youth Association, including the person transporting my child to and from activities, and from every claim, demand, action or right of action, of whatever kind or nature, either law or inequity arising from or by reason of any know or unknown, or death to my child or property damage whether the result of negligence or any other case.

I understand that the name entered below will be regarded as the Parent's/Guardian's official signature to this form. By signing my name below and submitting this form, I am verifying that I have read and agreed to the terms of the Parent/Guardian release above.

Sign Parent's Name \_\_\_\_\_ Print Parent's Name \_\_\_\_\_