



Fall 2009 Soccer Registration

Nashville Youth Soccer Association
P.O. Box 140454, Nashville, TN 37214
(615) 268-6349 or (615) 944-4271
Email: nysa.soccer@netzero.com
Website: <http://www.nysa-soccer.org>

Mail this form, along with check or money order made payable to:
Nashville Youth Soccer Association
ALL SPACES MUST BE FILLED IN COMPLETELY AND CORRECTLY.
Si no inscribe se completamente y correctamente, la NYSA devolvera la a usted
Complete the FRONT and the BACK of this form.

PLAYER INFORMATION:

Player First & Last Name: _____ Sex: M _____ F _____

Street Address: _____ City _____ State _____

Zip _____ Home Phone: _____ Date of Birth: _____ Age: _____

School: _____ Grade: _____ Returning NYSA player: YES NO

If yes, previous coach: _____ Coach Requested: _____

NOTE: Requests for a coach are honored on a first-come first-serve basis. Returning team members are given first priority over new players or coaching change requests. If you are requesting a coach, registration and fees must be received on or before August 1, 2009. Coach requests received after August 1, 2009 will NOT be considered. NYSA can not and does not guarantee all requests for a coach will be honored.

PARENT/GUARDIAN INFORMATION:

Mother's Name/Legal Guardian: _____ E-mail: _____

Mother's birth month and day – not year (required by TN State Soccer): _____ Mother's cell phone: _____

Fathers Name/Legal Guardian: _____ E-mail: _____

Father's cell phone: _____ Other contact number (either parent): _____

If you have an email address, please provide it to us. This is how NYSA will help keep you informed about the league, and many coaches use e-mail to communicate with their parents. NYSA does not ever sell or share our email address list.

Registration Fees:

This price includes jersey, shorts, socks, participation award, registration and liability insurance with TN State Soccer Association. Parents/players must provide a ball, cleats, and shin guards.

____ Early Registration \$75 - Registration Deadline: May 16, 2009

____ Registration \$85 - Until August 1, 2009

____ Late Registration \$110 - Received after August 1, 2009
(NYSA can not guarantee that your child will be placed on a team.)

CANCELLATION POLICY – Fall 2009

Received on or before August 1, 2009: Full Refund
Received on or before August 22, 2009: \$25 Cancellation Fee
Unused uniform must be returned by this date as well or no refund will be made
Received after August 22, 2009: No Refund
Refund request **MUST** be by letter and sent U.S. Mail – e-mailed requests will not be honored.
LATE FEE is non-refundable.
No refund will be provided to those who break the rules or the policies of NYSA.

AGE DIVISIONS:

Please note the birth date information. It determines the Age Division for the player.

| | |
|--------------|------------------|
| Under 4 | 8/1/05 – 7/31/06 |
| Under 5 | 8/1/04 – 7/31/05 |
| Under 6 | 8/1/03 – 7/31/04 |
| Under 8* | 8/1/01 – 7/31/03 |
| Under 11* | 8/1/98 – 7/31/01 |
| Under 15* | 8/1/94 – 7/31/98 |
| High School* | 8/1/90 – 7/31/94 |

I, the parent/guardian of the registrant, a minor, agree that I will abide by the rules and policies of NYSA, the USYSA, its affiliated organizations and sponsors. Recognizing possibility of physical injury with soccer and in consideration for the NYSA accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify NYSA, the USYSA, its affiliated organizations and sponsors, their employees, and associated personnel, including the OWNERS OF THE FIELDS and facilities used for the programs, against any claim by or on behalf of the registrant as a result of registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. I hereby give my 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 life, limb or well-being of my dependent. To keep the cost of the program down, I understand that NYSA is an All-Volunteer organization and will do my best to volunteer one hour during the season or help with fundraisers. I will do my best to support these events when asked. I further acknowledge that the programs of NYSA are primarily administered by parents, who volunteer their time, rather than paid professionals.

***A copy of child's birth certificate is REQUIRED and must be submitted with registration or mailed to league PO Box (shown at top of form) by 8/01/2009.**

Signature of Parent/Guardian: _____ Date: ____/____/____

OFFICE USE ONLY

Initials: _____ Date Received: _____ Amount Paid: _____ Check #: _____ Birth Certificate Checked: Yes No

Fall 2009 Parent Volunteer Opportunity Form

NYSA is operated with people who volunteer their time for the sole purpose of providing a safe and fun recreational soccer environment for our children and the children of our community. Volunteers are necessary for the operation of NYSA. **You are vital to the success of NYSA.** In an effort to keep our registration fees low, we ask each parent to **VOLUNTEER** at least **ONE HOUR** during the season. Please indicate where you can volunteer. Training is available.

Volunteer #1 Name _____ Relationship to Player _____

Home Phone _____ Cell Phone _____ Email _____

Volunteer #2 Name _____ Relationship to Player _____

Home Phone _____ Cell Phone _____ Email _____

**NYSA does not share or sell our email address list.*

Please indicate the area(s) in which you would like to assist. You will be contacted with specific details.

- _____ 1. Coach -- *The Director of Coaches will contact you about coaching a team.*
- _____ 2. Asst. Coach – *The Director of Coaches will contact you.*
- _____ 3. Referee – *If certified in the State of Tennessee check here _____ and the Referee Assignor will contact you.*
- _____ 4. Team Parent
- _____ 5. Concession Stand
- _____ 6. Field Maintenance Day
- _____ 7. Board/Referee Building & Concession Stand – *Pre-season cleaning, etc.*
- _____ 8. Game Day Set-up (*Saturday mornings at 8:00am*)
- _____ 9. Field Clean-up (*Saturday afternoons*)
- _____ 10. End of Season Festivities -- *Provide Adult Supervision at various activities on the Final Game Day.*
- _____ 11. Registration – *The Registrar will contact you with details regarding dates, times and locations where NYSA will accept registrations.*
- _____ 12. Board Member (*Check for open positions*)
- _____ 13. Board Member Assistant (*Helping Board Members with their jobs*)
- _____ 14. Tournaments – *Volunteers are needed to help with Field Marshalling, Concession Stand, Parking Lots, etc. Details to be provided once dates and times are established for upcoming tournaments. This is for tournaments that are to be held at NYSA.*

Unless noted otherwise, the Director of Volunteer Services and Special Events will contact you about the area in which you have indicated you can volunteer your time.

Thank you for your support of NYSA.