

# Shallotte Youth Soccer, Inc.

## Fall 2010/Spring 2011 Registration Form –

- Registration Fee: **\$50.00** (covers both Fall and Spring registrations, cost of jersey, shorts, socks, and trophy)
- Mail this form, along with a check made payable to: **Shallotte Youth Soccer, Inc.,**  
**PO Box 716, Shallotte NC 28459.**
- Questions? Call the SYS hotline at **253-7311**.

Player's Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_  
Player's Date of Birth (including year) \_\_\_\_\_ Age on August 1, 2010 \_\_\_\_\_  
Name of Parent(s) or Guardian(s) \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Parent's E-mail Address \_\_\_\_\_  
Player's School or Pre-school \_\_\_\_\_ Grade ('10/'11) \_\_\_\_\_  
Team/coach of previous season \_\_\_\_\_ Keep the Same? \_\_\_\_\_  
Medical restriction(s) \_\_\_\_\_  
Other special circumstances/conditions \_\_\_\_\_

*As a parent or guardian of the above-named minor child, I give my consent for him/her to participate in soccer and its related activities. Therefore, I release Shallotte Youth Soccer, Inc. and Brunswick County Parks and Recreation, their officers, employees, agents or volunteers from all liability and responsibility for any illness, injury, accidental death, or damage to personal property sustained in the aforementioned activity. I further agree that I, my spouse and any guests attending my child's game or practices will abide by the decisions made by SYS representatives and conduct ourselves in a manner beneficial to the well-being of minor children.*

\_\_\_\_\_ **X** \_\_\_\_\_  
Printed Name of Parent/Guardian (Firma del Padre) Signature of Parent or Guardian Date

Age Groups: U-6 (players cannot turn 6 years old before Aug. 1, 2010; teams are co-ed)  
U-8 (players cannot turn 8 years old before Aug. 1, 2010; teams are gender-specific)  
U-10 (players cannot turn 10 years old before Aug. 1, 2010; teams are gender-specific)  
U-12 (players cannot turn 12 years old before Aug. 1, 2010; teams are gender-specific)  
For information on older age groups and team availability, please call SYS at 253-7311.

Children born between August 1 and October 15, inclusive, may be allowed to play up one year into the next age group. If your child's birthday is in this category and you want him/her to play up one year, please check here: \_\_\_\_\_

### Circle the Appropriate Uniform Sizes:

Shirt: Youth Sm. Youth Med. Youth Lg. Youth XL Adult Sm. Adult Med. Adult Lg.  
Shorts: Youth Sm. Youth Med. Youth Lg. Youth XL Adult Sm. Adult Med. Adult Lg.

### Parental Volunteerism

**Coaching:** The number of teams and players per team is directly affected by the number of coaches in each age bracket. Parent volunteers are a vital element regarding the success of this program. Please consider offering your time as a coach or assistant coach. SYS will offer training for new, inexperienced coaches.

\_\_\_\_\_ **Yes, I will coach.**  
\_\_\_\_\_ Yes, I will assist a coach.  
\_\_\_\_\_ No, I will not coach.

**Sponsorship:** The league is dependent upon its generous sponsors and without them, the maintenance of operations would be impossible. Please consider donating \$350, for which your name/company will be placed on the back of a team's jerseys.

\_\_\_\_\_ **Yes, I can/will sponsor a team.**