



Northshore Youth Soccer Association

Player Registration

For Registrar Use:

G B U - _____ Club # _____

Team Number _____

BC/Pass _____

Registration Fee _____

Late/Reduced _____ / _____

Total Paid _____

CC Check # _____

Please Print Clearly

Welcome to NYSA! This is a volunteer organization run by parents just like you. Please volunteer your time where you can. NYSA has 10 different clubs. Most clubs are formed around elementary school attendance areas. Every effort is made to place players on a team with others from the same elementary school.

I am willing to help as:

Coach Assistant Coach Team Manager Referee Club Officer Field Help

*****Don't forget to submit your volunteer hours to your employer if they offer a "matching funds" program.

Player Name _____ Birth Date _____

Address _____ Home Phone (____) _____ Girl Boy

City _____ County _____ Zip _____ Fall Grade _____

Nearest Public Elementary _____ Current School _____

Played last season? NYSA Other If Other, where ? _____

Play With: 1 _____ 2 _____ 3 _____

	<u>First Name</u>	<u>Last Name</u>	<u>Primary Phone</u>	<u>Cell Phone</u>	<u>Email</u>
Parent 1	_____	_____	(____) _____	(____) _____	_____
Parent 2	_____	_____	(____) _____	(____) _____	_____
Parent 3	_____	_____	(____) _____	(____) _____	_____

PARENT AGREEMENT

Registration does not guarantee placement on a specific team!

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will read and abide by the rules of the NYSA (including the NYSA Parent Agreement). Recognizing the possibility of physical injury associated with soccer, and in consideration for NYSA accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify NYSA, its affiliated organizations, member clubs and sponsors, their employees, associated personnel and volunteers, including the owners of fields and facilities utilized for any such program, against any claim by or on behalf of the registrant as a result of the registrants participation in the program and/or being transported to or from the same, which transportation I hereby authorize. By signing this "I agree" I am providing informed consent relating to the nature of the risk of concussion or head injury as required by the Zackery Lystedt Law (WA State House Bill 1824).

I certify the above information is true and accurate to the best of my knowledge and that I have read, understand, and agree to the contents of the NYSA Parent Agreement.

Signature _____ (Parent or Guardian) Date _____

Go to www.northshoresoccer.org for details on how to log on as a Parent to see rosters, schedules & more!

(Rosters available sometime after July 1; schedules are usually posted by late August.)

- Reduced Fee available for hardship situations. Attach Reduced Fee Application and supporting documentation.
- There will be a \$30 charge on checks returned for insufficient funds.
- **Requests for refunds are subject to a \$20 handling fee. Requests MUST be submitted in writing or by email to NYSA and be postmarked by August 15th.**