



# 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  # \_\_\_\_\_

Registration for NEW PLAYERS is not complete until Proof of Birth is received.  
Registration does not guarantee placement on a specific team!

**Welcome to NYSA!** This is a volunteer organization run by parents just like you. Please volunteer your time where you can. NYSA has 7 member 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  Asst Coach  Team Manager  Referee  Club Officer

\*\*\*\*\*Please submit your volunteer hours to your employer if they offer a "matching funds" program!

Player Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Address \_\_\_\_\_ Primary Phone (\_\_\_\_) \_\_\_\_\_  Girl  Boy

City \_\_\_\_\_ Zip \_\_\_\_\_ Fall Grade \_\_\_\_\_ T-shirt size (U6 - U8 only) YS YM YL AS  
(Circle one)

Nearest Public Elementary \_\_\_\_\_ Current School \_\_\_\_\_

Played last season?  NYSA  Other If Other, where ? \_\_\_\_\_

Play With: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

First Name	Last Name	Primary Phone	Secondary Phone	Email
Parent 1 _____	_____	(____) _____	(____) _____	_____
Parent 2 _____	_____	(____) _____	(____) _____	_____
Parent 3 _____	_____	(____) _____	(____) _____	_____

## PARENT AGREEMENT

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 online 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 also acknowledge that I have read and have reviewed with my child/player the materials displayed on the Sudden Cardiac Arrest portion of the online NYSA Parent Agreement. 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 online NYSA Parent Agreement. I understand I can retrieve the Parent Agreement at any time by logging on to [www.northshoresoccer.org](http://www.northshoresoccer.org) with my SiteName and password.

Signature \_\_\_\_\_ (Parent or Guardian) Date \_\_\_\_\_

**Go to [www.northshoresoccer.org](http://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 . 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.