



Nelson Youth Soccer Association
308 Cedar St. Nelson, BC V1L 2B9
Website: www.nys.ca Email: admin@nys.ca Phone: 250-551-6974
2016 Winter Tournament Registration

Register & pay by **DECEMBER 22** to secure your team placement

_____/_____/_____
First Name Last Name Birth date mm/dd/yy Gender: Male Female

Phone# E-mail BC Medical Number

Mailing Address City Postal Code

Emergency Contact Contact Phone #

Identify any Medical Condition (including Allergies and Medications)

Category	Date	Team	Early Bird Price (by Dec 22)	Full Price (after Dec 22)	Payment
Coed Rec Ladies 30+ Men 35+	Dec 26/27		\$42.50	\$50	
Coed Open Ladies 16+ Men 16+	Dec 26/27		\$42.50	\$50	

REFUND POLICY

Refunds must be requested in writing by Dec. 22, 2016 and will be subject to a \$10 admin fee. The Board will only consider refunds after this date in exceptional circumstances.

WAIVER

In consideration of acceptance in this program, I, the undersigned do hereby waive, remit and release any and all manners of action, claim or demands, which I may have against the Nelson Youth Soccer Association or their agents, representatives and successors. In the case of injury, I recognize that it is the responsibility of the player or player's guardian to make any claim for insurance coverage that may be available. I also approve the publication of photos of myself and my child by Nelson Youth Soccer Association. Furthermore, I agree to read and abide by the NYS Code of Conduct.

Signature: _____ Date: _____