



Nelson Youth Soccer Association
308 Cedar St. Nelson, BC V1L 2B9
Website: www.nys.ca Email: admin@nys.ca Phone: 250-551-6974
2016/2017 Adult Indoor Soccer Registration

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

_____ BC Medical Number
 Phone# E-mail

_____ Postal Code
 Mailing Address City

_____ Contact Phone #
 Emergency Contact

Identify any Medical Condition (including Allergies and Medications)

ADULT INDOOR FEES FOR 2016/17 SEASON - Based on 2017 Date of Birth

Adult Leagues	Day & Time	Circle one applicable option (new players are free agents/draft)	Winter Season	Payment Included
Mens' Masters 35+	Thursday 7-10 PM	Abacus Real Nelson Red Dog Bia Boro Jackson's Hole Ted Allen's Slokan Draft	\$100	
Mens' Open 17+	Tuesday 7-10 PM	Old Dogs Innkeepers Young Guns II Oso Negro Downtown Auto LVR Free Agent	\$100	
Ladies Rec 30+	Wednesday 7-10 PM	Jackson's Hole Dirty Dozen Red Dog Telus United FC Leo's Selkirk Eyecare Draft	\$100	
Adult Co-Ed 16+	Friday 7-10 PM	A Team Neon Indians Honey Badgers Fake Madrid Young Guns Wild Cats Free Agent	\$100	
Winter Indoor starts the week of Jan. 3. All adult leagues run for 8 weeks of regular season plus playoffs. Registration available if space permits.			BC Soccer Fee - Apr /16 to Apr /17 All players must pay annually	\$17
			KidSport Donation	
			TOTAL ENCLOSED	\$

New player short history: _____

REFUND POLICY

All refunds are subject to a \$25 administration fee. Request for refunds must be received in writing prior to the draft night for Men's and Ladies Masters or prior to the first game of the season for Men's Open and Co-Ed Leagues. 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: _____