



**Nelson Youth Soccer Association**  
**308 Cedar St. Nelson, BC V1L 2B9**  
**Website: [www.nys.ca](http://www.nys.ca) Email: [admin@nys.ca](mailto:admin@nys.ca) Phone: 250-551-6974**  
**2016/2017 Youth Indoor Soccer Registration**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Birth date     /    /     mm/dd/yy Gender: Male Female  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Postal Code \_\_\_\_\_ Email \_\_\_\_\_  
 Father's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Phone# /cell \_\_\_\_\_ Mother's First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Phone #/cell \_\_\_\_\_  
 Emergency Contact Name \_\_\_\_\_ Emergency Contact Phone \_\_\_\_\_ BC Medical Number \_\_\_\_\_

Identify any Medical Condition (including Allergies and Medications)

**NYS YOUTH INDOOR FEES FOR 2016/17 SEASON - Based on 2017 Date of Birth**

Program	Year of Birth	Day & Start Time	Early Bird price ends Dec. 22 Payment must be made by Dec. 22 to be eligible	Full price after Dec. 22 Winter - 10 weeks	Payment included
Mini 4/5	2013/2012	Saturday 9 am - 10 am	\$115 Winter	\$145 Winter	
Mini 6/7	2011/2010	Saturday 10 am - 11 am	\$115 Winter	\$145 Winter	
Girls 8/9/10 Boys 8/9	2009/2008/2007 2009/2008	Wednesday 4:00 pm Wednesday 5:00 or 6:00 pm	\$140 Winter	\$170 Winter	
Boys 10/11	2007/2006	Thursday - alternating times 4:00, 5:00 or 6:00 pm	\$140 Winter	\$170 Winter	
Girls 11/12/13 Boys 12/13	2006/2005/2004 2005/2004	Monday 4:00 or 5:00 pm Monday 6:00 or 7:00 pm	\$140 Winter	\$170 Winter	
Co-ed 14/15	2003/2002	Tuesday - alternating times 4:00, 5:00 or 6:00 pm	\$140 Winter	\$170 Winter	
U11 Player Development	2008/2007/2006	Girls Friday 4-5:30 pm Boys Friday 5:30-7 pm	\$155 Winter	\$185 Winter	
<b>SPECIAL REQUESTS</b> Play Ups or Play Downs: Must be submitted in writing to NYSA by Dec. 22. Subject to Board approval. Carpooling: NYS no longer accepts carpooling requests. Family members will be placed on the same team unless requested otherwise.				<b>KidSport Donation</b>	
				<b>TOTAL ENCLOSED</b>	\$

**REFUND POLICY**

Request for refunds must be received in writing by NYSA before the third scheduled game of the season. Refunds will be subject to a \$25.00 administration 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 agree to review the Concussion Information on the signs and symptoms of concussions and acknowledge I have a responsibility to report concussion related injuries and illnesses to an independent medical professional and to NYSA. I hereby give my consent for all medical care necessary to preserve the life and wellbeing of my dependent. 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.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (If home stay or other, must attach letter of consent from Parent)