



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



2017 Soccer Registration for House and Rep

Player First Name _____ Last Name _____ Birth date dd/mm/yy _____ Gender: Male Female _____ BC Medical Number _____

Identify any Medical Condition (including Allergies and Medications)

Main Contact Name _____ Relationship to Player _____ Main Contact E-mail _____

Main Contact Phone# _____ Mailing Address _____ City _____ Postal Code _____

Emergency Contact (spouse, relative, friend, etc) _____ Relationship to Player _____ Emergency Contact Phone# _____

NYS YOUTH OUTDOOR FEES FOR 2017 SEASON - Based on 2017 Date of Birth

		Preferred Practice Days & Times Circle at least 2 preferred options (This is in place of carpooling requests)	Early Bird Price By Mar 1	Full price After Mar 1	BC Soccer Annual Fee	Payment Included
Youth House Leagues	U4 intro mixed	Sessions: Saturdays 8:45 AM Spring Only	\$85	\$115	\$20	
	U6 mixed	Game/Practices Saturdays	\$110	\$140	\$20	
	U8 & U10 boys & girls	4:00 PM - Mon Tues Wed Thurs 5:00 PM - Mon Tues Wed Thurs	\$110	\$140	\$20	
	U12 boys & girls	4:00 PM - Mon Wed 5:00 PM - Mon Wed	\$110	\$140	\$32	
Rep U11-U12	<u>Must be registered for House</u>	Register by Jan 31 \$30	After Jan 31 \$60			
Youth House Leagues	U14 boys & girls	4:00 PM Mon 5:00 PM Mon	\$110	\$140	\$32	
	U17 coed	No Practices - Spring Only	\$110	\$140	\$32	
Rep U13-U17	Select: <u>Rep only</u> or Rep + House	Register by Jan 31 \$140	After Jan 31 \$170	\$32		
Rep U18	<u>Rep only</u>	Register by Jan 31 \$140	After Jan 31 \$170	\$32		
Circle Preferred Practice Location: Nelson Bonnington Six Mile Sunshine Bay				KidSport Donation		
Special Requests: Play Ups or Play Downs <u>ONLY</u> (We are not accepting team placement requests) Must be submitted in writing to NYSA by Mar 31. Subject to Board Approval				Total	\$	

Interested in volunteering? We need your help. Name: _____

Circle Preferred Division: U4mix U6mix U8G U8B U10G U10B U12G U12B U14G U14B U17coed

House Coach _____ House Assistant Coach _____ Division Manager _____ (sorting teams)

Circle Preferred Practice Days: Mon Tues Wed Thurs **Circle Preferred Practice Times:** 4:00 PM 5:00 PM

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)