



**Nelson Soccer Association**  
**308 Cedar St. Nelson, BC V1L 2B9**  
**Website: [www.nvs.ca](http://www.nvs.ca) Email: [admin@nvs.ca](mailto:admin@nvs.ca) Phone: 250-551-6974**  
**2017/2018 Youth Indoor Soccer Registration - Winter**

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

\_\_\_\_\_ City Postal Code Email  
 Mailing Address

\_\_\_\_\_ Phone# /cell \_\_\_\_\_ Phone #/cell  
 Father's First Name Last Name Mother's First Name Last Name

\_\_\_\_\_ Emergency Contact Name \_\_\_\_\_ BC Medical Number  
 Emergency Contact Phone

Identify any Medical Condition (including Allergies and Medications)

**NYS YOUTH INDOOR FEES FOR 2017/18 SEASON - Based on 2018 Date of Birth**

Program	Year of Birth	Day & 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	BC Soccer Annual Fee	Payment included
Mini 4/5	2014/2013	Saturday 9-10 am	\$115 Winter	\$145 Winter	\$10	
Mini 6/7	2012/2011	Saturday 10 -11 am	\$115 Winter	\$145 Winter	\$10	
Girls 8/9 Boys 8/9	2010/2009	Tuesday 4:00 pm Tuesday 5:00 or 6:00 pm	\$140 Winter	\$170 Winter	\$10	
Girls 10/11 Boys 10/11	2008/2007	Wednesday 4:00 pm Wednesday 5:00 or 6:00 pm	\$140 Winter	\$170 Winter	\$10	
Girls 12/13 Boys 12/13	2006/2005	Thursday 4:00 pm Thursday 5:00 or 6:00 pm	\$140 Winter	\$170 Winter	\$16	
Girls 14+ Boys 14+	2004/2003/2002	Friday 4:00 pm Friday 5:00 or 6:00 pm	\$140 Winter	\$170 Winter	\$16	
U11 Player Development	2009/2008/2007	Girls Sunday 4-5:30 pm Boys Sunday 5:30-7 pm	\$140 Winter	\$170 Winter	\$10	
SPECIAL REQUESTS Play Ups or Play Downs: Must be submitted in writing to NSA . Subject to Board approval. Carpooling: NYS no longer accepts carpooling requests. Family members will be placed on the same team unless requested otherwise.					KidSport Donation	
					<b>TOTAL ENCLOSED</b>	\$

**REFUND POLICY**

Request for refunds must be received in writing by NSA 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 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 NSA. 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 Soccer Association. Furthermore, I agree to read and abide by the NSA Code of Conduct.

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