



Nelson Youth Soccer Association
308 Cedar St. Nelson, BC V1L 2B9
Website: www.nys.ca Email: admin@nys.ca Phone: 250-551-6974
2017/2018 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
Emergency Contact Name		Emergency Contact Phone	BC Medical Number	

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 Sept. 25 Payment must be made by Sept. 25 to be eligible	Full price after Sept. 25 Fall - 10 weeks Fall & Winter - 20 weeks	BC Soccer Annual Fee	Payment included
Mini 4/5	2014/2013	Saturday 9-10 am	\$115 Fall \$200 Fall & Winter	\$145 Fall \$230 Fall and Winter	\$10	
Mini 6/7	2012/2011	Saturday 10 am-11 am Saturday 11 am-12 pm	\$115 Fall \$200 Fall & Winter	\$145 Fall \$230 Fall and Winter	\$10	
Girls 8/9 Boys 8/9	2010/2009	Tuesday 4:00 pm Tuesday 5:00 or 6:00 pm	\$140 Fall \$250 Fall & Winter	\$170 Fall \$280 Fall and Winter	\$10	
Girls 10/11 Boys 10/11	2008/2007	Wednesday 4:00 pm Wednesday 5:00 or 6:00 pm	\$140 Fall \$250 Fall & Winter	\$170 Fall \$280 Fall and Winter	\$10	
Girls 12/13 Boys 12/13	2006/2005	Thursday 4:00 pm Thursday 5:00 or 6:00 pm	\$140 Fall \$250 Fall & Winter	\$170 Fall \$280 Fall and Winter	\$16	
Co-ed 14/15	2004/2003	Friday - alternating times 4:00, 5:00 or 6:00 pm	\$140 Fall \$250 Fall & Winter	\$170 Fall \$280 Fall and Winter	\$16	
U11 Player Development	2009/2008/2007	Girls Sunday 4-5:30 pm Boys Sunday 5:30-7 pm	\$280 Fall & Winter	\$310 Fall & Winter	\$10	
SPECIAL REQUESTS Play Ups or Play Downs: Must be submitted in writing to NYSA by Sept 25. 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	
					TOTAL ENCLOSED	\$

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)