



# SPRING LEAGUE '12

## Gender

Male  
Female

## Divisions

2007 U5  
2006 U6  
2005 U7  
2004 U8  
2003 U9  
2002 U10  
2001 U11  
2000 U12  
1999 U13  
1998 U14  
1997 U15  
1996 U16  
1995 U17  
1994 U18

### PLAYER INFORMATION (Please print all info)

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_  
No. / Apt. Street City Prov Postal Code

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

E-Mail: (Our primary source of communication) \_\_\_\_\_

Jersey (Based on availability)  Adult  Youth Sm Med Lg XLg  
Please circle the appropriate size above

Guardian #1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Guardian #2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Care Card: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Month Day Year

Medical Concerns: YES / NO If Yes, briefly explain: \_\_\_\_\_

Does the player want information on our Rep Program? (U11-U18)  Yes  No

Do you live within Quesnel City Limits or in the Cariboo Regional District?  CITY  CRD

Are you a Canadian Citizen? (If no, see \*)  Yes  No

Have you played with another soccer organization, outside of BC?  Yes  No

If yes, have you been released from that organization?  Yes  No

\* International players are required by BCSA to obtain an International Transfer Certificate. \$100 fee.

## REGISTRATION FEES

Late Fee of 50% applied after April 12, 2012

U5 - U6 \$70 U7 - U10 \$90 U11 - U12 \$95 U13+ \$100

**For Office Use**

House League (two games, team jersey, team photograph, & tournament)	\$	
BCSA Insurance Fee U 6 – U10	\$	20.13
BCSA Insurance Fee U 11 - U18	\$	31.80
QYSA Family Discount (families registering 3 or more children \$50.00 total discount)	\$	-50.00
	<b>TOTAL</b>	

Paid by:  CASH  CHEQUE # \_\_\_\_\_  DEBIT CARD  CREDIT CARD  KIDSPORT Tax Receipt # \_\_\_\_\_

NSF service charge of \$25.00 will apply.

Refunds less expenses and a \$25.00 administrative fee will be issued with **medical notes only**.

MS \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

**www.qysa.ca**

**Quesnel Youth Soccer Association**  
980 Anderson Drive Quesnel, BC V2J 6N8  
Phone (250) 992-2223 Fax (250) 992-3332  
memberservices@qysa.ca



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As a parent/guardian of a registered player I understand that I am now a member of Quesnel Youth Soccer Association and therefore entitled to vote at the Annual General Meeting. I understand that as a member I must uphold the constitution and comply with Quesnel Youth Soccer Association bylaws.

## Release:

As parent/guardian of the applicant, I understand that participation in soccer can result in injury. I hereby give permission for my child to participate in Quesnel Youth Soccer Association (hereinafter referred to as QYSA) programs and agree as the parent/guardian and on my child's behalf to comply with all club rules, regulations, and the code of conduct policy.

In consideration of this application to play under the auspices of QYSA, I do hereby for myself, heirs, executors, administrators and assigns, remise, release and forever discharge QYSA, its officers, or anyone acting on their behalf from all manner of litigation, damage, claims, or demands in law or equity which I may have or acquire by reason of personal injury, loss or damage to property, which may occur during or by reason of participation in the activities of QYSA. It is hereby understood and agreed that this release and discharge is binding on the undersigned, the applicant child, parent (s) or guardian (s), heirs, executors, and assigns.

I give permission for emergency medical treatment of the applicant in case of injury and I cannot be contacted.

Yes  No

I consent to photos/videos of the applicant being taken and used for the promotional purposes of QYSA.

Yes  No

I understand all soccer programs are subject to change due to registration, attendance, weather, and funding.

Yes  No

I understand & agree to the contents of this release.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Volunteer Information – WE NEED YOU!

Want to become involved? Let us know which areas interest you!

Coach  Assistant Coach  First Aid Level: \_\_\_\_\_

Fundraising  Concession

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Child/Team \_\_\_\_\_

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