

**Circle  
Division**

- 2005 U5
- 2004 U6
- 2003 U7
- 2002 U8
- 2001 U9
- 2000 U10
- 1999 U11
- 1998 U12
- 1997 U13
- 1996 U14
- 1995 U15
- 1994 U16
- 1993 U17
- 1992 U18

**Circle  
Gender**

- Male
- Female

# Spring 2010 Registration Form



PLEASE PRINT PLAYER INFORMATION

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_ **Email is used to communicate schedule and roster changes.**

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

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

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

Care Card: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Month Day Year

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

Is this your first time playing soccer?  Yes  No

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

Are you a Canadian Citizen? (If no, please refer to international release form)  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

## Regular Registration Fee after March 19, 2010 is \$135.00

|   |                  |  |
|---|------------------|--|
| House League ( 2 Games per week + Tournament + Jersey) <b>Early Bird Price</b>        | <b>\$ 120.00</b> |  |
| Practice Option (2 practices per week before game time)                               | \$ 55.00         |  |
| BCSA Insurance Fee U 6 – U10  | \$ 18.00         |  |
| BCSA Insurance Fee U 11 - U18   | \$ 29.00         |  |
| QYSA Family Discount (families registering 3 or more children \$50.00 total discount) | \$ -50.00        |  |
| <b>Total</b>  |                  |  |

**Late Registration Fee of \$45 will apply after April 16 /09.**

How did you hear about registration?  Newspaper  Radio  Signage  Friend  Other \_\_\_\_\_

Paid by:  Debit  Credit Card  Cash  Cheque # \_\_\_\_\_ Tax Receipt # \_\_\_\_\_ MS \_\_\_\_\_

Service charge of \$25.00 will apply to NSF cheques.

Refunds less a \$20.00 administrative fee will be issued with medical notes only. Time \_\_\_\_\_ Date \_\_\_\_\_

# www.qysa.ca

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



# Spring 2010 Registration Form

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 Please Print

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

- Coach  Assistant Coach  Office Support  Concession  Special Events  Camp/Clinic/Tournament  
 First Aid Level: \_\_\_\_\_  Field Preparation or Clean-up

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

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

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