PLAYER	Last Name	First Name *(or name used on daily basis)*	Date of Birth (*M/D/Y*) / /
	How many years have you played organized soccer? _____		Gender: M F
	Would you like to tryout or play up in an older division? _____		
	Playing up is at the SOLE discretion of WCYSA Board of Directors		

WCYSA Fall 2017 RECREATION LEAGUE AGE DIVISIONS (birthdate within year listed)

U19	U14	U12	U10	U8	U6
1999	2004	2006	2008	2010	2012

GUARDIANS		
	Primary Guardian: ☐ Mother ☐ Father ☐ Other:_____	**Please sign up for text message updates by texting WCYSA to 84483. This must be done each season as the list distribution list is cleared each season.**
	Name (*Last, First*)	
	Address (*Street/PO Box, City, State, Zip Code*)	
	Email(we use email and web to make schedule changes)	
	Home or Cell phone	

WCYSA FALL 2017 SEASON CALENDAR: *Registration Deadline: August 31 Fall Season begins 8/22*

REGISTRATION

Please make check to WCYSA. Please mail registration form(s) and fees to WCYSA, P.O. Box 444, Wise, VA, 24293. Visit us at www.wisecountyyouthsoccer.org ONLINE REGISTRATION AND PAYMENT NOW AVAILABLE ON WEBSITE

**********************IMPORTANT NEW FEE INFORMATION BELOW-PLEASE READ CAREFULLY************************

If your child DOES NOT need a new uniform, registration is $40

If your child NEEDS a new uniform, registration is $50

ONLINE REGISTRATION AND PAYMENT IS $42 WITHOUT UNIFORM/$52 WITH UNIFORM

$2 additional cost to cover online payment processing

Make sure your child's uniform fits if you choose not to purchase a new one. We do not stock large quantities of uniforms.

JERSEY SIZES: YS *(6-8)* ☐ YM *(10-12)* ☐ YL *(14-16)* ☐ AS ☐ AM ☐ AL ☐ AXL ☐ AXXL ☐ ☐

MEDICAL

Medical Condition(s) _____

Allergy(ies) _____

Medication(s) _____

Emergency Contact Name _____ Phone Number _____

TERMS

I give my permission for _____ to participate in WCYSA fall 2017 season.
(Player's Name)

I have read and agree to all terms listed in the Terms of Membership at www.wisecountyyouthsoccer.org. I understanding my child and I are joining WCYSA as members.

_____ _____ _____
(Parent/Guardian's Printed Name) *(Signature)* *(Date)*

WCYS IS A PROUD MEMBER OF VIRGINIA YOUTH SOCCER ASSOCIATION
DO NOT WRITE IN THIS ROW

PAID: