

P L A Y E R	Last Name	First Name <i>(or name used on daily basis)</i>	Date of Birth (M/D/Y) / /
	How many years have you played organized soccer? _____		Gender: M F
	U10 and U12 travel will be organized differently this year. Is your child interested in playing U10/U12 travel locally? YES _____ NO _____		



WCYSA spring 2018 RECREATION LEAGUE AGE DIVISIONS (birthdate within years listed)

U14 7 th /8 th grade	U12 2006 & 2007	U10 2008 & 2009	U8 2010 & 2011	U6 2012 & 2013
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G U A R D I A N S	Primary Guardian: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____	Please sign up for text message updates by texting WCYSA to 84483. WCYSA makes weather related updates, scheduling changes and general info available via this service. Follow us on Twitter. @wiseyouthsoccer Ball kids get a free jersey U10/U12/U14 only -volunteers for ball kids at Central soccer games. Yes: _____
	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 Spring 2018 SEASON CALENDAR: Registration Deadline: April 3 Spring Season begins March 22

R E G I S T R A T I O N	Please make <u>check</u> 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 <u>Make sure your child's uniform fits if you choose not to purchase a new one. We do not stock large quantities of uniforms.</u>
	JERSEY SIZES: YS (6-8) YM (10-12) YL (14-16) AS AM AL AXL AXXX <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

M E D I C A L	Medical Condition(s) _____
	Allergy(ies) _____
	Medication(s) _____
	Emergency Contact Name _____ Phone Number _____

T E R M S	I give my permission for _____ to participate in WCYSA spring 2018 season. <i>(Player's Name)</i>
	I have read and agree to all terms listed in the Terms of Membership at www.wisecountyyouthsoccer.org . I understand my child and I are joining WCYSA as members of the association.
	_____ <i>(Parent/Guardian's Printed Name)</i> _____ <i>(Signature)</i> _____ <i>(Date)</i>

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

PAID: