Mail Forms to:

Fulton Youth Soccer P.O. Box 224 Fulton, NY 13069



Office Use:	Spring
U-	Fall
Paid	S&F
Check#	Kickers
	U13-U17

2018 Player Registration Form

Player Informat	ion:									
Last Name:				First Name:				М	or	F
Birthdate:			Age:							
Phone#			Grade:		School:					
Address:				State:		ZIP Code: _				
Please lis	st Previo	us years of	experience:		Trav	vel &/or Indo	or Experier	ice:		
			Approxima	ite shirt size. F	Please circle	e:				
	YS	YM	YL	AS	AM	AL	AXL			
		N	ights availab	ole for practice	e. Please ci	rcle:				
		Mon.	Tues.	Wed.	Thurs.	Any				
Guardian Inforn	nation:	(Please list	in contact o	order.)						
1st Guardia	n Name:					Relation:				
Phone#				E-Mail:						
2nd Guardia	n Name:					Relation:				
Phone#				E-Mail:						
Emergency Con	tact:									
						-				
,				·						
Doctor Informat	tion:									
Name:						-				
Phone#				Notes:						
Fees:				-		rs who are signe				
Spring	\$65		_		discounted \$5.00 for each player after the first. For example; 1st player pays \$90, 2nd player pays \$85, 3rd player pays \$80 and so on.					
Fall	\$65		=	\$90 , 2	nu piayer pay	ys 385 , 3ra piaye	ır pays Ş80 an	u so or	1.	
S & F	\$90		=							
*Lil Kickers	\$30		_							
U13-U17	\$25					Please se	<u>e reverse si</u>	<u>:- sk</u>	-===	===>

FYS Parents Pledge

Fulton Youth Soccer's board of directors developed this Parents' Pledge to help promote fair play and respect among all its' members. It is expected that all parents and/or guardians within FYS will read and understand the Parents' Pledge and continue to observe and follow all the principles contained within it, throughout the season.

- * I will inform the coach of any physical disabilities or ailment that may affect the safety of my child or the safety of others.
- * I (and my guests) will be positive role model for my child and encourage sportsmanship by showing respect, courtesy and by demonstrating positive support for all players, coaches, officials and spectators at every game, practice or sporting event.
- * I (and my guests) will not engage in any kind of unsportsmanlike conduct with any official, coach, player or parent such as booing or taunting, refusing to shake hands or using profane language or gestures.
- * I will not encourage any behaviors or practices that would endanger the health and well-being of the athletes.
- * I will teach my child to play by the rules and to resolve conflicts without resorting to hostility or violence.
- * I will never ridicule or yell at any child or particpant for making a mistake.
- * I will respect the officials and/or coaches authority during games and practices and will never question or confront them on the field and will take time to speak with them at an agreed upon time and place.
- * I will refrain from coaching my child or other players during games and practices, unless I am one of the officials and/or coaches of the team.
- * Violations of the Parents Pledge may result in, but are not limited to:

Warnings

Suspension

Expulsion

* All Suspension and expulsions will be made at the FYS Board Level.

I have read and understand the FYS Parents' Pledge and agree to abide by its guidelines for all team activites. I understand that if I do not follow these guidelines I will be subject to the disciplinary actions as noted above.

Name:		Date:
Signature:		
I hereby voluntarily permit	t me or my child to participate in the	Fulton Youth Soccer. I UNDERSTAND AND
FULLY ACCEPT THAT THE	RE ARE RISKS INVOLVED IN SPORTS, A	ND THAT ACCIDENTS AND INJURIES ARE
COMMON AND ARE ORDINA	RY OCCURRENCES OF SPORTS. I HERE	BY AGREE TO ACCEPT ANY AND ALL RISKS OF
INJURY OR DEAT	TH, AND VERYIFY THIS STATEMENT BY	PLACING MY SIGNATURE HERE.
	· 	DATE:
	Parents/Guardians will help w	with:
	Coaching a Team	
	Assisting a Coach	
	2 Hours of field he	elp
	Other	•
	Future Board Men	nber