



Register online at leagues.bluesombrero.com/stevensvillesoccer! You can still pay by cash/check.

STEVENSVILLE YOUTH SOCCER FALL REGISTRATION

REGISTRATION DEADLINE: AUGUST 10, 2016
(postmarked by August 10 – NO late registrations will be accepted)

Coaches will contact you by August 31 with field and practice date/time.
Practices begin September 6 & 7 - games begin week of September 19.

Name of Player (one form per player)		Date of Birth (please include birth year)	Age as of 12/31/15 (born 2002-2011, to grade 8)
Parent/Guardian Name		School Attending	Grade Level (2016-2017)
Address		# Years Played Soccer	Circle Gender Male Female
Phone Number	Cell Phone	Email Address	
Emergency Contact Name		Phone Number	Cell Phone

Please note any medical conditions or required medication: Please note any other important information, including behavioral concerns:	I hereby grant Stevensville Youth Soccer permission to publish photos of the SAY Soccer season, which may include pictures of my child. I understand that if names are listed, it will be my child's first name only, in an attempt to comply with the National Child Protection Act. Further, I understand that every attempt will be made to prevent unauthorized access to online information and hold SAY Soccer harmless for the accidental dissemination of information. If neither box is checked, consent will be assumed. <input type="checkbox"/> YES <input type="checkbox"/> NO
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Players will receive a jersey, shorts, soccer socks, team photo, and award. Fee includes field development and maintenance, equipment and insurance.	Registration (circle one) Single player \$40 2 players \$70 3 players \$90 Please choose uniform size on back of form.	With full knowledge of the risks of injury in the game of soccer, I, the Parent/Guardian of _____, give permission for emergency medical treatment of my child for illness or accident, if I cannot be first contacted. We hereby agree that the Soccer Association for Youth (SAY), its members, coaches, and officers shall not be liable for any injury or loss which my child may sustain while participating in activities of any kind, whether sponsored by, or under the supervision of SAY and we agree to indemnify and to hold harmless SAY, its members, the coaches, officers, and designates of any claim whatsoever.
I would like to donate to SYS for field development .	\$5 \$10 Other \$ ____	SIGNATURE _____ DATE _____
I would like to donate to SYS for player scholarships .	\$5 \$10 Other \$ ____	
TOTAL Amount Due (add all registration fees & donations)		
Check #	Date Received	

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SIGN UP FOR VOLUNTEER OPPORTUNITIES
CHOOSE UNIFORM SIZE

We accept all school districts, including homeschool.

PARENTS – We need your help! Check the tasks below. No experience is necessary, just enthusiasm!

- Coach*
- Assistant Coach*
- Equipment Maintenance
- Referee*
- Field Prep
- Fundraising
- Team Sponsor
- Board Member
- Awards Banquet Prep
- Other: _____

***mandatory Coaches meeting on August 23 @ 6pm**

SHIRT SIZE (circle one)

- | | |
|----------------------|---------------|
| Youth X-Small (4-5) | Adult Small |
| Youth Small (6-8) | Adult Medium |
| Youth Medium (10-12) | Adult Large |
| Youth Large (14-16) | Adult X-Large |

SHORTS SIZE (circle one)

- | | |
|----------------------|---------------|
| Youth X-Small (4-5) | Adult Small |
| Youth Small (6-8) | Adult Medium |
| Youth Medium (10-12) | Adult Large |
| Youth Large (14-16) | Adult X-Large |

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Scholarships are available based on need and availability (call Dianna Chaplin at 777-0788 or dianna.chaplin@gmail.com).

Coaches will contact you by August 31 with practice date/time.

Practices begin September 6 & 7.

Shin guards and long socks are required. Soccer cleats (no spike on toe) are recommended, but not required.

Jewelry, hard casts, baseball caps, and metal hair tiebacks are NOT allowed.

Games begin week of September 19.

Please do not contact Stevensville Schools regarding this program. Do not drop off registration forms at the school. SYS is not a school sponsored event.

For more information, contact Cathi Cook at 240-3705 or stevissoccer@gmail.com or

www.facebook.com/StevensvilleYouthSoccer



Make checks payable to Stevensville Youth Soccer (SYS).

Send check with completed application to:
**Stevensville Youth Soccer (SYS)
PO Box 383
Stevensville, MT 59870**

Did you remember to select player's uniform size?