



**2012 Spring Recreation Soccer**  
**Deadline: February 29<sup>th</sup>, 2012**  
 1078 Ecusta Rd. ~ Brevard, NC 28712  
[www.tysa.us](http://www.tysa.us)

Games will start  
 March 10-April 28  
 with NO GAMES  
 on April 14 for  
 spring break. The  
 Spring Season will  
 last 7 weeks.

**PLAYER INFORMATION**

**Legal First Name:** \_\_\_\_\_ **MI:** \_\_\_\_\_ **Last:** \_\_\_\_\_  
**Nickname:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender: (Circle one) Male / Female**  
**Shirt Size: (Circle one) YS YM YL AS AM AL or REUSE**  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **St:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Insurance Provider:** \_\_\_\_\_ **ID Number:** \_\_\_\_\_  
**Medical Conditions:** \_\_\_\_\_

**CONTACT INFORMATION**

**Parent/Guardian:** \_\_\_\_\_  
**Phone #'s: Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_  
**Primary Email:** \_\_\_\_\_  
**Other Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**PARENTAL CONSENT**

I/we, the parent(s) of the above child, do hereby declare my/our intent to allow the child to practice, play and participate in all soccer related activities of TYSA and NCYSA. We agree to abide by the rules of TYSA and any and all of its sponsors. Recognizing the possibility of physical injury associated with soccer games and practice, I/we hereby release, discharge and indemnify the USYSA, NCYSA, TYSA, sponsors, employees and volunteers from claims associated with injury to my child. I give permission for my child to appear in action photos on the web. (No names will be associated with the pictures.) I give permission for TYSA to send meeting notices and soccer related messages via email. I HAVE READ AND AGREE TO ABIDE BY THE GUIDELINES FOR PARENT BEHAVIOR PRINTED ON THE BACK OF THIS FORM.

**PARENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

**VOLUNTEER INFORMATION**

**TYSA depends on volunteers to make this program available to our children. How you can help:**

- Coach** - Be the chief trainer and encourager; coaching clinics and materials ARE available
  - Board Member** - Participate in the planning and execution of our soccer seasons
  - Sponsor a Player** - Pay the fees associated with a player that is not financially able. Enclosed \$ \_\_\_\_\_
- \_\_\_\_\_
- |                       |           |                  |
|-----------------------|-----------|------------------|
| <b>Legal 1st Name</b> | <b>MI</b> | <b>Last Name</b> |
| _____                 | _____     | _____            |
- Team Manager** - Help coach contact parents, and organize team snacks
  - Administration** - Help at registration events, input player information, make telephone calls

**For Office Use**  
**\$60 per child**  
**\$50 per extra child**  
**\$10 discount for reusing uniform**

Amount Paid \_\_\_\_\_  
 Money Order  
 Check # \_\_\_\_\_  
**NO cash will be accepted**

Balance Due \_\_\_\_\_  
 Division \_\_\_\_\_  
 Team \_\_\_\_\_