



**Nelson Youth Soccer Association**  
 Box 162 Nelson, V1L 5P9  
 Web: [www.nys.ca](http://www.nys.ca) E-mail: [nys@nys.ca](mailto:nys@nys.ca)  
 Phone: 250-551-NYSA(6972)  
**2012 Registration for House and Rep**

**Registration deadline is March 9<sup>th</sup>** to receive \$105 fee. After this date, the fee is \$135 and only accepted if space is available. You are not considered registered until payment is received. **Register Online: pay credit card or mail in check**, or fill out this form and **mail it in** accompanied with check. We do not have an office to accept drop off registrations.

**Rep registration deadline is Jan 31<sup>th</sup>.** Rep Soccer is an additional \$30 if registered by the **Rep Deadline of January 31.** After Jan. 31, Rep Soccer registration will be **subject to approval** and the additional fee, \$30.

**Season:** Our soccer season shall run April, May, June, and September. Please read the Registration News Letter on our Web for your Game and Practice time details.

**Requests deadline is March 30<sup>th</sup>:** All play up/down and practice schedule conflicts, must be submitted by March 30<sup>th</sup>. We will attempt to meet your request, but no guarantee. Car pool requests will only be considered for out of Nelson areas. Also, please let us know if your player is involved in other activities during our soccer season.

**PLAYER INFORMATION:**

_____		____/____/____	Sex: <b>Male</b> <b>Female</b>		
Player's First Name	Last Name	Birth date dd/mm/yy			
_____		_____	_____		
Mailing Address	City	Postal Code	BC Medical Number		
_____		_____	_____		
Contact Phone#	Contact e-mail	Birth Certificate # (if new member)			
_____		_____	_____		
Father's First Name	Last Name	Phone# /cell	Mother's First Name	Last Name	Phone #/cell
_____		_____	_____		_____
Person to contact if Emergency	Phone #	Alternate Emergency Person	Phone #		
_____		_____	_____		
Doctor to Notify if Emergency	Phone #	Extra Medical Plan	Extra Med. Plan. #		
_____		_____	_____		

Identify any Medical Condition (including Allergies and Medications) \_\_\_\_\_

Did you play in indoor Soccer this past season? **Y/N**

<p><b>CIRCLE PREFERRED PRACTICE LOCATION</b></p> <p>Nelson   South Slokan   Balfour   Crawford Bay          Six Mile   Bonington   Kaslo</p> <p>NYSA will attempt to accommodate regional preferences, but if regional teams are full or have insufficient players, registrants will be placed on the nearest team and we will consider car pool needs.</p>	<p><b>SPECIAL REQUEST: in writing, by March 30<sup>th</sup></b></p> <p>Do not request preferred teams or fellow players. We attempt to create teams that are balanced in terms of player ability. Check practice &amp; game times in our Registration News letter. Car Pool requests are at the discretion of the Division Manager.</p> <p>Request: _____</p>
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<p><b>Volunteers are the backbone of our organization. We need your help to make another successful season.</b></p> <p>Are you interested in volunteering? Name: _____</p> <p>What Division? _____ (i.e. U8G (girls))</p> <p>House Coach _____ House Assistant Coach _____ preferred practice day _____ preferred practice time: 4:00 or 5:00 (circle)</p> <p>House Team Manager _____ (1/team needed) Division Manager _____ (sort teams/Div)</p> <p>(for more information on these volunteers positions, check our web under About NYSA)</p>
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**NYSA FEES FOR 2012 SEASON**

<table border="0"> <tr> <td>Player</td> <td>\$135.00</td> <td>_____</td> </tr> <tr> <td>Pay by March 9<sup>th</sup> discount</td> <td>\$ -30.00</td> <td>_____</td> </tr> <tr> <td>3rd player+ family discount</td> <td>\$ -10.00</td> <td>_____</td> </tr> <tr> <td>Rep tryout fee</td> <td>\$ 30.00</td> <td>_____</td> </tr> <tr> <td>Addition Rep fee if past Jan. 31</td> <td>\$ 30.00</td> <td>_____</td> </tr> <tr> <td>Optional Kid Sport Donation</td> <td>\$ 5.00</td> <td>_____</td> </tr> <tr> <td><b>Enclose payment for total Fees Due:</b></td> <td></td> <td>_____</td> </tr> </table>	Player	\$135.00	_____	Pay by March 9 <sup>th</sup> discount	\$ -30.00	_____	3rd player+ family discount	\$ -10.00	_____	Rep tryout fee	\$ 30.00	_____	Addition Rep fee if past Jan. 31	\$ 30.00	_____	Optional Kid Sport Donation	\$ 5.00	_____	<b>Enclose payment for total Fees Due:</b>		_____	<p align="center"><b>REFUND POLICY</b></p> <p>Request for refunds must be received in writing by NYSA before the third scheduled game of the season. Refunds will be subject to a \$25.00 administration fee. The Board will only consider refunds after this date in exceptional circumstances. Once refunded, the player cannot play again this season. All refund requests will be processed by the end of May.</p>
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In consideration of acceptance in this program, I, the undersigned do hereby waive, remit and release any and all manners of action, claim or demands, which I may have against the Nelson Youth Soccer Association or their agents, representatives and successors. I also approve the publication of photos of my child by Nelson Youth Soccer Association.

Parent/Guardian signature: (if home stay or other, must attach letter of consent from Parent) \_\_\_\_\_ Date: \_\_\_\_\_