



Nelson Youth Soccer Association
308 Cedar St. Nelson, V1L 2B9
 Website: www.nys.ca Email: admin@nys.ca
 Phone: 250-551-6974



2017 Soccer Registration for House and Rep

Player First Name _____ Last Name _____ Birth date dd/mm/yy _____ Gender: Male Female _____ BC Medical Number _____

Identify any Medical Condition (including Allergies and Medications)

Main Contact Name _____ Relationship to Player _____ Main Contact E-mail _____

Main Contact Phone# _____ Mailing Address _____ City _____ Postal Code _____

Emergency Contact (spouse, relative, friend, etc) _____ Relationship to Player _____ Emergency Contact Phone# _____

NYS YOUTH OUTDOOR FEES FOR FALL 2017 SEASON - Based on 2017 Date of Birth

		Preferred Practice Days & Times Circle at least 2 preferred options (This is in place of carpooling requests)		Fall Season	BC Soccer Annual Fee	Payment Included
Youth House Leagues	U6 mixed	Game/Practices Saturdays		\$40	\$10	
	U8 & U10 boys & girls	4:00 PM - Mon Tues Wed Thurs 5:00 PM - Mon Tues Wed Thurs		\$40	\$10	
	U12 boys & girls	4:00 PM - Mon Wed 5:00 PM - Mon Wed		\$40	\$16	
	U14 boys & girls	4:00 PM Mon 5:00 PM Mon		\$40	\$16	
				KidSport Donation		
				Total		\$

REFUND POLICY

The Board will only consider refunds in exceptional circumstances. Refunds will be subject to a \$25.00 administration fee.

WAIVER

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. In the case of injury, I recognize that it is the responsibility of the player or player's guardian to make any claim for insurance coverage that may be available. I agree to review the Concussion Information on the signs and symptoms of concussions and acknowledge I have a responsibility to report concussion related injuries and illnesses to an independent medical professional and to NYSA. I hereby give my consent for all medical care necessary to preserve the life and wellbeing of my dependent. I also approve the publication of photos of myself and my child by Nelson Youth Soccer Association. Furthermore, I agree to read and abide by the NYS Code of Conduct.

Parent/Guardian signature: _____ Date: _____
 (If home stay or other, must attach letter of consent from Parent)