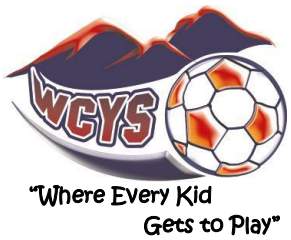
PLAYER	Last Name	First Name *(or name used on daily basis)*	Date of Birth (*M/D/Y*) / /
	How many years have you played organized soccer? _____		Gender: M F
	Please check the box if you would like WCYS to consider placing you in an older age division because of your advanced skill level. ☐		



WCYS Fall 2010 AGE DIVISIONS (and corresponding birth date ranges)

U14	U12	U10	U8	U6
1 Aug 1996 – 31 July 1998	1 Aug 1998 – 31 July 2000	1 Aug 2000 – 31 July 2002	1 Aug 2002 – 31 July 2004	1 Aug 2004 – 31 July 2006

GUARDIANS		
	Primary Guardian: ☐ Mother ☐ Father ☐ Other:_____	**Wise County Youth Soccer is an all-volunteer organization and requires your participation**. Please select at least one of the following volunteer duties for which you or your family members can participate this season:
	Name (*Last, First*)	☐ Head Coach ☐ Assistant Coach ☐ Team Parent
	Address (*Street/PO Box, City, State, Zip Code*)	☐ Field Preparation ☐ Concession Stand ☐ Mowing
	Home Telephone and cell phone ( ) - ( ) -	Name of volunteer: _____
	☐ WCYSA NOTIFIES OF SCHEDULE CHANGES BY EMAIL, PLEASE GIVE US YOUR EMAIL ADDRESS: PLEASE PRINT VERY CLEARLY: _____@_____._____	

WCYS Fall 2010 SEASON CALENDAR *Registration Deadline: AUG 24TH Fall Season: 8/19-10/23*

REGISTRATION

The registration fee is $45 per player and a separate form is required for each player. A check (made payable to WCYS) or cash must be included with all registrations. Please mail registration form(s) and fees to WCYS, P.O. Box 444, Wise, VA, 24293 or give to a WCYS representative during registration night. Confidential financial aid is available. Please visit our website for full details or contact us directly at wisesoccer@gmail.com

Note: *Registrations for fall 2010 will include one pair of shorts, socks and jersey. Extra jerseys are available for purchase.*

All players must furnish their own appropriate footwear, shin guards, ball, and water. WCYSA will provide complete uniform kit and awards. Please specify the player's shirt size (jerseys will be standard sizes):

YOUTH SIZES: S *(6-8)* ☐ M *(10-12)* ☐ L *(14-16)* ☐ **ADULT SIZES:** S ☐ M ☐ L ☐ XL ☐ XXL ☐

You may list a player preference and car pool request here. REQUESTS ARE NOT GUARANTEED – please provide a reason.

	NAME	REASON
☐ Player	_____	_____

MEDICAL

Medical Condition(s) _____

Allergy(ies) _____

Medication(s) _____

Emergency Contact Name _____ Phone Number _____

TERMS

I give my permission for _____ to participate in WCYSA. I understand that I am joining WCYSA as a member and have read and understand the terms of membership listed at www.wisecountyyouthsoccer.org.

_____ _____ _____

(Parent/Guardian's Printed Name) *(Signature)* *(Date)*

WCYS IS A PROUD MEMBER OF VIRGINIA YOUTH SOCCER ASSOCIATION DO NOT WRITE IN THIS ROW	PAID: