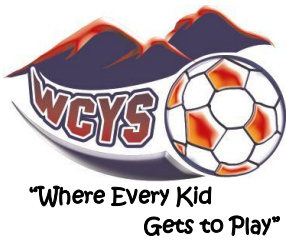
PLAYER	Last Name	First Name *(or name used on daily basis)*	Date of Birth (*M/D/Y*) / /
	How many years have you played organized soccer? _____		Gender: M F
	Please check the box if you would like WCYS to consider placing you in an older age division because of your advanced skill level. ☐		



WCYS Fall 2011 AGE DIVISIONS (and corresponding birth date ranges)

U15	U12	U10	U8	U6
1 Aug 1996 – 31 July 1999	1 Aug 1999 – 31 July 2001	1 Aug 2001 – 31 July 2003	1 Aug 2003 – 31 July 2005	1 Aug 2005 – 31 July 2007

GUARDIANS		
	Primary Guardian: ☐ Mother ☐ Father ☐ Other:_____	**Wise County Youth Soccer is an all-volunteer organization and requires your participation to function. Please consider volunteering.**
	Name (*Last, First*)	**WCYSA offers confidential financial aid in return for an in kind donation of time. If you'd like to know more about this option, please see our website or a board member for more information.**
	Address (*Street/PO Box, City, State, Zip Code*)	
	Home Telephone and cell phone ( ) - ( ) -	
	☐ WCYSA NOTIFIES OF SCHEDULE CHANGES BY EMAIL, PLEASE GIVE US YOUR EMAIL ADDRESS: PLEASE PRINT VERY CLEARLY: _____@_____._____	

WCYS Fall 2011 SEASON CALENDAR *Registration Deadline: AUG 30TH Fall Season: 8/30-10/28*

REGISTRATION

The registration fee is $30 or $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

Fee option #1-$30: If you have a current uniform kit and do not want another: _____ check here and continue below.

Fee option #2-$45: If you need a new uniform or want an extra: _____ check here and continue below.

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 are 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: