



KOOTENAY SOUTH YOUTH SOCCER ASSOCIATION PLAYER REGISTRATION FORM



PLAYER INFORMATION

Player's Name: _____
First *Last* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

_____ *Province* *Postal Code*
City

Home Phone: () _____ Alternate Phone: () _____

E-mail Address: _____

Birth Date: (YYYY-MM-DD) _____

Gender: _____ Male _____ Female

Citizenship: Canada USA Other
 (please circle one)

Association: Beaver Valley Soccer Association Castlegar Minor Soccer Association Trail Youth Soccer Association Rossland Football Club

Would your player like to try out for a competitive travel team? ____ Yes ____ No

Does your player have any allergies or medical conditions? ____ Yes ____ No
 Please provide information: _____

Would your player like to have game updates texted to their phone? ____ Yes ____ No Phone # _____
 (This option can be added or removed by updating your information electronically)

Is your player interested in becoming a referee or upgrading their referee status? ____ Yes ____ No

PARENT/GUARDIAN INFORMATION

Parent's Name: _____
First *Last*

Address: _____
Street Address *Apartment/Unit #*

_____ *Province* *Postal Code*
City

Home Phone: () _____ **Alternate Phone:** () _____

E-mail Address: _____

Would you like to have game updates texted to your phone? ____ Yes ____ No Phone # _____
 (This option can be added or removed by updating your information electronically)

Are you interested in coaching or assistant coaching? ____ Yes ____ No

Are you interested in volunteering within your local association? ____ Yes ____ No

Are you interested in becoming a referee or upgrading your referee status? ____ Yes ____ No

PARENT2/GUARDIAN2 INFORMATION

IF second Parent's information is the same as the first, then leave blank.

Parent's Name: _____
First *Last*

Address: _____
Street Address *Apartment/Unit #*

_____ *Province* *Postal Code*
City

Home Phone: () _____ **Alternate Phone:** () _____

E-mail Address: _____

Would you like to have game updates texted to your phone? ____ Yes ____ No Phone # _____
 (This option can be added or removed by updating your information electronically)



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WAIVER

In consideration of your accepting this registration, we hereby for ourselves, our heirs, executors and administrators, waive and release any and all rights and claims for damages we may have against the organization sponsoring this activity, its agents, representatives, successors and assignees for any and all injuries suffered by or for loss and damages to personal property by the participant.

PRIVACY POLICY

The KSYSA believes in respecting everyone's right to confidentiality.
 KSYSA Kootenay South Youth Soccer Association collects personal information from prospective members, members, coaches, referees, managers and volunteers for the purposes of conducting Soccer Programming.
 Information specific to a player such as a player's name, address and date of birth are collected to determine that the player's geographical, division of play and level of play information are consistent with KSYSA regulations.
 At no time are lists generated for the purpose of marketing, or the sale of information.
 Team Officials must comply with the KSYSA Privacy Policy. Team lists and phone numbers are not to be shared with anyone outside of KSYSA and specifically may not be distributed to outside agencies, companies, associations or individuals.
 Use of photos on this site are provided by coaches and KSYSA Executive. If you do not wish to have your child's photo displayed on the KSYSA web site and related marketing, please contact the registrar of KSYSA at ksysaregistrar@gmail.com.
 If you have any questions or concerns regarding the KSYSA Privacy Policy or the use and distribution of personal information, please contact the registrar of KSYSA at ksysaregistrar@gmail.com.

REFUND POLICY

Requests for refunds must be made in writing to KSYSA administration.
 Refunds will be given when requests are made in writing to KSYSA administration no less than 7 days prior to the first day of the program. Refunds are subject to a \$40 administration fee.
 No refunds will be given after the program begins except due to injury.
 Refunds due to injury will be provided once KSYSA administration receives a letter from the doctor noting the date of the injury.
 Refunds will then be pro-rated, less \$40 administration fee, from the date of injury.
 Refunds are only given to players cancelling registration for the purpose of not returning to his or her program.

NSF CHARGE

Members will pay a \$50 fee for any NSF.

FINANCIAL ASSISTANCE

Members may request financial assistance through the Jumpstart or Kidsport programs.
<http://jumpstart.canadantire.ca/> or <http://www.kidsportcanada.ca/>

CONTACT INFORMATION

If you have any questions, please send an email is ksysaregistrar@gmail.com

I would you like to receive email from KSYSA? This includes announcements, game reminders, practice times, etc.
 Check this box to **opt in** to receiving email communications.

I acknowledge that I have read, understand and accept all of the above policies.

 Signature of Participant (If aged 13 and over)

 Signature of Parent/Guardian (If under 18)

 Date



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PAYMENT INFORMATION

Early Pricing (Cheque must be received by February 28, 2019)

U11 to U18 – Born 2001 to 2008 ===== \$140.00

U8 to U10 – Born 2009 to 2012 ===== \$115.00

Registration (After February 28, 2019)

U11 to U18 – Born 2001 to 2008 ===== \$185.00

U8 to U10 – Born 2009 to 2012 ===== \$160.00

U6 – Born 2013 to 2014 ===== \$100.00

Registration Fee (See above fees)	\$
Total amount enclosed	\$

Please make cheque or money order payable to KSYSA and mail to:

KSYSA
P.O. Box 211
TRAIL, BC
V1R 4L5

If you are applying for assistance through JumpStart or KidSport, a **COPY** of the funding application **must** be included with this registration document.

Please ensure that you include all 3 pages of this form along with your payment.