Unadilla Valley Youth Soccer
AUG - OCT

_____ M / F (circle one)
First Name Last Name Sex

_____.
Address Zip Telephone Date of Birth Age (During Season)

_____
Mother's Name Father's Name (or) Legal Guardian's Name

_____
Email Address

Jersey Needed: Yes or NO
Jersey Size (if needed): YS YM YL AS AM AL
PARENTS – Please help:
☐ Head Coach ☐ Asst. Coach ☐ Team Parent

Emergency Phone: Parent or Guardian Name_____Phone_____
Emergency contact other than parent: Name_____Phone_____
Relationship_____

Does your child have any allergies or require any special Medication?
No ☐ Yes ☐ Explain_____

CONSENT FOR EMERGENCY MEDICAL TREATMENT

We, the Parents of _____, give permission for emergency medical treatment of our child for illness or accident if we cannot first be contacted.

_____ _____
Parent/Guardian's Signature Date

We hereby agree that the Soccer Association for Youth (SAY), its members, coaches and officers shall not be liable for any injury or loss that my child may sustain while participating in activities of any kind sponsored by or under the supervision of SAY and we agree to indemnify and hold harmless SAY, its members, coaches, officers and designates of any claim whatsoever.

_____ _____
Parent/Guardian's Signature Date

Please make check payable to: UV Youth Soccer Club
Registration Fee: $30
Jersey Deposit Fee: $15 (**ONLY** if a Jersey is needed. If you choose NOT to keep it, deposit **WILL** be returned once the Jersey is returned. If you choose to keep it, deposit **WILL NOT** be returned.)

- There **will be** a **$15 late fee** for any forms received by mail after Aug. 1, 2018
- Forms will **NOT** be accepted after August 7, 2018, by mail or in person.

DO NOT SEND OR MAIL TO THE SCHOOL OR TO MATT OSBORNE

MUST BE MAIL TO: UV Youth Soccer Coordinator - Al DaCostaFaro III
144 Nichols Rd. Edmeston, NY 13335
QUESTIONS Call 607-316-9404 - Al DaCostaFaro III - alvito2u@gmail.com

DUE DATE: July 31st, 2018