

**Winchester Youth Soccer League**

PO Box 4122

Winchester, KY 40392

[winchesteryouthsoccer@gmail.com](mailto:winchesteryouthsoccer@gmail.com)

**EACH REGISTRATION IS FOR ONE CHILD ONLY**

FOR LEAGUE USE ONLY			
CASH/M.O./CHECK # _____		Amount \$ _____	
Birth Certificate: Y <input type="checkbox"/> N <input type="checkbox"/>	Status: Placed <input type="checkbox"/> WL <input type="checkbox"/>	Withdrawn <input type="checkbox"/>	
Team: _____		Age Group: _____	
NEW <input type="checkbox"/>	RETURNING <input type="checkbox"/>		

Male  Female

Player's Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Mid. Initial \_\_\_\_\_

Player's Birthday \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**REQUIRED INFORMATION: LAST 4 DIGITS OF SS# \_\_\_\_\_**  
 Copy of Birth Certificate is Required to Register for Soccer.

Home Phone \_\_\_\_\_ Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**Please list any serious medical conditions, such as seizures, asthma, diabetes, allergies, etc.**

Mother's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

**UNIFORM YES  NO  (includes shirt, shorts and socks)**

Shirt Size	Youth S M L or	Adult S M L XL	Short Size	Youth S M L or	Adult S M L XL	Sock Size	S M L
------------	----------------	----------------	------------	----------------	----------------	-----------	-------

Age Groups	
<b>PLEASE CIRCLE ONE:</b>	
<b>Girls Only Teams: U12-U14</b>	
U12 Aug. 1, 2002-July 31, 2004 (Some travel Required)	
U14 Aug. 1, 2000-July 31, 2002 (Some travel required)	
<b>Mixed Teams: U4-U14</b>	
U4 Aug. 1, 2010-July 31, 2012 (Can NOT play up)	
U6 Aug. 1, 2008-July 31, 2010	
U8 Aug. 1, 2006-July 31, 2008	
U10 Aug. 1, 2004-July 31, 2006	
U12 Aug. 1, 2002-July 31, 2004 (Some travel Required)	
U14 Aug. 1, 2000-July 31, 2002 (Some travel required)	
Prior Team:	
U-4	\$ 30.00
U-6	\$ 55.00
U-8 and up	\$ 65.00
New Uniform	\$ 25.00
Non Participation Donation	\$ 10.00
Only 1 Sibling Discount	(\$10.00) ( )
Late Fee	\$ 10.00
<b>Total Payment</b>	<b>\$ _____</b>

VOLUNTEER!	
WYSL is a volunteer based league. Please consider coaching your child's team. Free coaching clinics and assistance are available. Please Circle Your Preference Below.	
<b>Parent 1</b>	Head Coach <input type="checkbox"/> Volunteer Help <input type="checkbox"/>
Have you coached before? Y <input type="checkbox"/> N <input type="checkbox"/>	How many seasons? _____
Do you have a Coaching License? (not required)	
Youth Module <input type="checkbox"/> E <input type="checkbox"/> D <input type="checkbox"/> NONE <input type="checkbox"/>	
____ I would like more information about serving on WYSL Board of Directors.	
<b>Parent 2</b>	Head Coach <input type="checkbox"/> Volunteer Help <input type="checkbox"/>
Have you coached before? Y <input type="checkbox"/> N <input type="checkbox"/>	How many seasons? _____
Do you have a Coaching License? (not required)	
Youth Module <input type="checkbox"/> E <input type="checkbox"/> D <input type="checkbox"/> NONE <input type="checkbox"/>	
____ I would like more information about serving on WYSL Board of Directors.	

REQUEST TO PLAY WITH SIBLING
*IMPORTANT: We DO NOT honor requests for specific coaches or requests for a child to be placed on a team with his/her cousin, friend, neighbor, babysitter, etc. Sibling may be assigned to the same team, if space is available.
Sibling name on separate registration _____

**CONSENT AND WAIVER:** I recognize and understand that soccer is a sport involving risks not encountered in everyday play. With this understanding, in consideration of Winchester Youth Soccer League permitting my child to participate in the youth soccer program, I covenant and agree to indemnify and hold harmless and do release, requite, and forever discharge WYSL in any capacity for any and all damages, claims and liability arising out of any and all injury to or caused by my child. With the knowledge and understanding of the foregoing, this is to certify that my child has permission to play in the WYSL program. Further, I hereby authorize any and all emergency medical treatment deemed necessary by a physician, nurse, or paramedic. A copy of this authorization shall be effective as the original.

**Signature of Parent/Legal Gaurdian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**To ensure appropriate playing time, KYSA has established a limit to the number of children that can play on each team. We cannot "add just one more" child to accommodate late registrations.**