



# STEVENSVILLE YOUTH SOCCER

## FALL REGISTRATION

Birth years 2004-2013 up to grade 8

**REGISTRATION DEADLINE: AUGUST 8, 2018**  
 (postmarked by August 8 – NO late registrations will be accepted)

Coaches will contact you by August 31 with field and practice date/time.  
 Practices begin September 5th & 6th - games begin week of September 17.

Name of Player (one form per player)		Date of Birth (please include birth year)	
Parent/Guardian Name		School Attending	Grade Level (2018-2019)
Address		# Years Played Soccer _____ Recreational _____ Competitive	Circle Gender Male       Female
Phone Number	Cell Phone	Email Address	
Emergency Contact Name		Phone Number	Cell Phone
Please note any medical conditions or required medication:		I hereby grant Stevensville Youth Soccer <b>permission to publish photos</b> of the SAY Soccer season, which may include pictures of my child. I understand that if names are listed, it will be my child's first name only, in an attempt to comply with the National Child Protection Act. Further, I understand that every attempt will be made to prevent unauthorized access to online information and hold SAY Soccer harmless for the accidental dissemination of information. If neither box is checked, consent will be assumed. <input type="checkbox"/> YES <input type="checkbox"/> NO	
Please note any other important information, including behavioral concerns:			
<b>Players will receive a jersey, shorts, soccer socks, team photo, and award.</b> Fee includes field maintenance, equipment, insurance and refundable \$25 volunteer fee-see back for details.	<b>Registration (circle one)</b> Single player \$65 2 players \$95 3 players \$115 4 Players \$135  <b>Please choose uniform size on back of form.</b>	With full knowledge of the risks of injury in the game of soccer, I, the Parent/Guardian of _____, give <b>permission for emergency medical treatment</b> of my child for illness or accident, if I cannot be first contacted. We hereby agree that the Soccer Association for Youth (SAY), its members, coaches, and officers <b>shall not be liable for any injury or loss</b> which my child may sustain while participating in activities of any kind, whether sponsored by, or under the supervision of SAY and we agree to indemnify and to hold harmless SAY, its members, the coaches, officers, and designates of any claim whatsoever.	
I would like to donate to SYS for <b>field development</b> .	\$5 \$10 Other \$_____		
I would like to donate to SYS for player <b>scholarships</b> .	\$5 \$10 Other \$_____		
<b>TOTAL</b> Amount Due (add all registration fees & donations)			
<b>PayPal payments accepted. To pay by PayPal please use stevisoccer@gmail.com.</b>			
Cash            PayPal	Date Received		
Check #			

**Please be sure to provide your cell phone number to receive important SYS communications.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*continued on back →*  
 SIGN UP FOR VOLUNTEER OPPORTUNITIES  
 \*\*\*CHOOSE UNIFORM SIZE\*\*\*

We accept all school districts, including homeschool.

**PARENTS** – We need your help! Check the tasks below.  
No experience is necessary, just enthusiasm!

- |  |   |
|--|---|
| <input type="checkbox"/> Coach*                | <input type="checkbox"/> Assistant Coach* |
| <input type="checkbox"/> Equipment Maintenance | <input type="checkbox"/> Referee*         |
| <input type="checkbox"/> Field Prep            | <input type="checkbox"/> Fundraising      |
| <input type="checkbox"/> Team Sponsor          | <input type="checkbox"/> Board Member     |
| <input type="checkbox"/> Awards Banquet Prep   |   |
| <input type="checkbox"/> Other: _____          |   |

**\*mandatory Coaches meeting on August 23 @ 6:30 pm**

**JERSEY SIZE** (circle one)

Youth X-Small (4-5)	Adult Small
Youth Small (6-8)	Adult Medium
Youth Medium (10-12)	Adult Large
Youth Large (14-16)	Adult X-Large

**SHORTS SIZE** (circle one)

Youth X-Small (4-5)	Adult Small
Youth Small (6-8)	Adult Medium
Youth Medium (10-12)	Adult Large
Youth Large (14-16)	Adult X-Large

**REGISTRATION DEADLINE**  
**POSTMARKED BY AUGUST 8, 2018**  
**NO late registrations will be accepted**

**Did you remember to select player's uniform size?**

Volunteer fee - SYS is adding a Volunteer fee of \$25 per family. This fee will be refunded upon completion of volunteer time to SYS for help with either moving/setting up goals, or lining fields, or removing goals at the end of the season.

Scholarships are available based on need and availability (call Dianna Chaplin at 207-1822 or [dianna.chaplin@gmail.com](mailto:dianna.chaplin@gmail.com)).

Coaches will contact you by August 31 with practice date/time.

**Practices begin September 5 & 6.**

Shin guards and long socks are required. Soccer cleats (no spike on toe) are recommended, but not required.

Jewelry, hard casts, baseball caps, and metal hair tiebacks are NOT allowed.

**Games begin week of September 17.**

Please do not contact Stevensville Schools regarding this program. Do not drop off registration forms at the school. SYS is not a school sponsored event.

For more information, contact Coaching Director Cathi Cook 240-3705 or [stevissoccer@gmail.com](mailto:stevissoccer@gmail.com) or

[www.facebook.com/StevensvilleYouthSoccer](http://www.facebook.com/StevensvilleYouthSoccer)



**PayPal payments now accepted!**  
**PayPal Email: [stevissoccer@gmail.com](mailto:stevissoccer@gmail.com)**

**Make checks payable to Stevensville Youth Soccer (SYS).**  
Send check with completed application to:  
**Stevensville Youth Soccer (SYS)**  
**PO Box 383**  
**Stevensville, MT 59870**

**Did you remember to select player's uniform size?**