

NVRYSL SOCCER

NORTHERN VERMONT RECREATIONAL YOUTH SOCCER LEAGUE

PO Box 1186 • Newport, VT 05855
NorthernVermontSummerSoccer.org

- REGISTRATION FORM -

All games will be played at the North Country Union Junior High School fields in Derby.

NAME: _____ Male Female

Date of Birth ____/____/____ Age as of July 31st _____

Address: _____

Phone: _____

Town/Zip: _____

Email Address: _____

Mother's Name: _____ Work Phone: _____

Father's Name: _____ Work Phone: _____

Soccer Experience (Check all that Apply): New NVRYSL Wildcats

Other Sports played: _____

Name & Age of Siblings in NVYSL: _____

REQUESTS TO BE ON A TEAM WITH A SPECIFIC CHILD OR COACH ARE NOT GUARANTEED TO BE HONORED

SHIRT SIZE:

YOUTH S M L or **ADULT** S M L XL

Check this box if you do not want your child's photo included on our website.

Parent/Guardian Signature _____ Date _____

Make checks payable to: NVRYSL

Fee Paid \$ _____ Cash Check # _____

1st Child \$ 30; each additional child \$ 25; Max per family \$80 Each. Late Fee = \$ 5

NO PETS ALLOWED ON SOCCER FIELD

If you have questions please contact Mike Stanley
334-8108 or NorthernVermontSummerSoccer.org

WOULD YOU LIKE TO COACH? WE ALWAYS NEED COACHES!

PLEASE SIGN UP TO COACH OR ASSIST: (Please Do NOT request a coach here)

Coach _____ Asst. Coach _____

Phone: _____

****PLEASE BE ADVISED THAT A BACKGROUND CHECK IS REQUIRED FOR ALL VOLUNTEERS****



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MEDICAL RELEASE FORM

Players Name: _____

Address: _____

Birth Date: _____ Sex: M _____ F _____

Mother's Name: _____ Father's Name: _____

Home Phone: _____ Work Phone: _____

Emergency Phone other than Parent/Guardian: _____

Emergency Name and Relationship to Child: _____

Phone: _____

Primary Medical Insurance Company: _____

Policy Number: _____

Taking any medications: _____ Injuries or Ailments: _____

Known allergies or other pertinent medical information: _____

I hereby waive, release, indemnify, and agree to hold harmless the Northeastern Vermont Youth Soccer League organization and its directors and volunteers for any claim arising out of any injury to my child or ward whether the result of negligence or for any other cause, except to the extent of an amount covered by accident, medical or liability insurance policy carried by the Northeastern Vermont Youth Soccer League. I/We know that participation in soccer may result in serious injuries to my / our child. Protective equipment does not prevent all injuries to players. My child has received a physical examination by a physician and has been found physically capable of participating in NVRYL.

I hereby give my consent and authorization for _____ (player) in the event of injury or illness, to be medically treated by a qualified physician and allow such physician to render such medical treatment as the doctor deems necessary under the circumstance including but not limited to first aid treatment, suture of wounds, anesthesia, x-rays and /or hospitalization.

Signature of Parent/Guardian: _____ Date: _____