



Butler County Youth Soccer JR. Pro

Registration Deadline February 26, 2016



Player Information:

Age Group:

First	84984	AGE	Date of Birth	Girl or Boy	Child's age as of 7/31/16
Mailing Address	City	State	Zip	Phone Number	Phone Number
School	Last Season Played		Number of prior	Shirt Size (circle size)	YS YM YL AS AM AL
Parent Information:					
Primary Guardian	Home Phone		Cell Phone	Interested in Coaching	<i>Email Address</i>
Secondary Guardian	Home Phone		Cell Phone	Interested in Coaching	<i>Email Address</i>
Emergency Contact:					

Age Group	Birth Range	Check	Coed Or Girls Only	Location of Games
Under 4	8-01-11 thru 07-31-13			Butler County
Under 6	8-01-09 thru 07-31-11			Butler County
Under 8	8-01-07 thru 07-31-09			Butler County
Under 10	8-01-05 thru 07-31-07			Possible Travel
Under 12	8-01-03 thru 07-31-05			Possible Travel
Under 14	8-01-01 thru 07-31-03			Possible Travel

Registration Instructions

To ensure fairness, no request for a specific team will be honored. A completed form and the registration fee must be received by the deadline to be placed on a team. There are no refunds once your child is placed on a team. There will be a \$30 return check fee.

Please make check payable to either Butler County Youth Soccer Association or BCYSA.

Registration fee: \$45 (includes shirt)

Late fee: \$15 (if after February 26, 2016)

Total amount: _____

****payment is due at registration, child will not be placed on team until full payment is received.**

IMPORTANT

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of US Youth Soccer, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the US Youth Soccer accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify US Youth Soccer, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation

I hereby authorize.

Name (Parent/Legal Guardian please print)

Signature

Date

**If you have any questions please feel free to call Katie Wilson or Amy Hood at 999-3571 or 991-8017.

**Please submit to school or mail to Katie Wilson:
311 Thomas st
Morgantown, KY 42261**