

**Forest Park Youth Soccer Association (FPYSA)**

**CURRENT PLAYER (of FPYSA)**

Registration Form

Date \_\_\_\_\_

**Player Information**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Sex \_\_\_\_\_ Birthday \_\_\_\_\_ Grade \_\_\_\_\_ (when season starts)

Phone \_\_\_\_\_ Family Email: \_\_\_\_\_

**I will be able to help with:** \_\_\_\_\_ Team (Coach/ Asst Coach/ Coordinator) \_\_\_\_\_ League \_\_\_\_\_ Referee

**Changed Information** (Provide information that has changed since child last played- ie. Address, etc)

**Parent Consent**

My child has my permission to participate in the Forest Park Youth Soccer Association Soccer Program. I realize that the Association does not carry hospitalization for its participants. (Such insurance would make registration fees prohibitive.) I agree to hold harmless the Park District of Forest Park and its employees thereof and/or the Forest Park Youth Soccer Association and its Volunteers / Coaches, to any claims for bodily injuries that might occur.

X \_\_\_\_\_

**Payment: (FPYSA)**

Resident: \$50

Non-Resident \$60

(\*\$5 off each additional child)

Soccer uniforms: \$40 (Shirt \$20/ Shorts \$15/ Socks \$5) \* Available 1<sup>st</sup> week

Uniform Required: (Circle) **Y** **N**

Registration fees: \_\_\_\_\_ Check # \_\_\_\_\_