

Forest Park Youth Soccer Association (FPYSA)

NEW PLAYER

Registration Form

Date _____

Player Information

Last Name _____ First Name _____

Address _____

Town _____ Zip _____

Phone _____ Family Email: _____

Sex _____ Birthday _____ Grade _____ School _____ Div _____ #Chart below

Parent Information

Parent 1 Last name _____ First name _____

Parent 1 Email _____

Parent 2 Last name _____ First name _____

Parent 2 Email _____

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

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 _____

Divisions# *Age As of Sept 1st - (Grade current school session) K=age 5/ Pre-K age 5 by upcoming Sept

	Spring	Fall
Div 1:	7 & Under* (Pre-K, K, 1 st)	(K, 1 st , 2 nd)
Div 2:	9 & Under* (2 nd , 3 rd , 4 th)	(3 rd , 4 th)
Div 3:	11 & Under* (5 th , 6 th)	(5 th , 6 th)
Varsity:	14 & Under* (7 th , 8 th)	(7 th , 8 th)

Payment: (FPYSA)

Resident: \$50

Non-Resident \$60

(*\$5 off each additional child)

Soccer uniforms: \$40 (Shirt \$20/ Shorts \$15/ Socks \$5)

Uniform Required: (Circle) Y N

Registration fees: _____ Check # _____