## Forest Park Youth Soccer Association (FPYSA) **Registration Form** Date **Indicate:** Returning Player { } or New Player { } **Player Information** Last Name First Name Address Town \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Family Email \_\_\_\_\_ Sex \_\_\_\_\_ Birthday \_\_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_ Div. (see chart below)\_\_\_\_\_ **Parent Information** Parent 1 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Parent 1 Cell \_\_\_\_\_ Email \_\_\_\_\_ Parent 2 Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Parent 2 Cell \_\_\_\_\_ Email \_\_\_\_\_ I will be able to help with: \_\_\_\_\_ Team (Coach/ Asst. Coach/ Coordinator) \_\_\_\_\_ Other help \_\_\_\_\_

## 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.

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## **Emergency Contact Information**

Name:					onship:	
Phone:	Alternate Phone:					
<b>Divisions#</b> *Age a	s of Sept. 1 <sup>st</sup> – (s	tart of scł	nool session)			
8	Spring			Fall		
Div. 1:	7 & Under*	(Pre-K	$K, 1^{st}$	$(K, 1^{st}, 2^{nd})$		
Div. 2:	9 & Under*	(Pre-K, K, $1^{st}$ ) ( $2^{nd}$ , $3^{rd}$ , $4^{th}$ ) ( $5^{th}$ , $6^{th}$ ) ( $7^{th}$ , $8^{th}$ )		$(3^{rd}, 4^{th})$		
Div. 3:	11 & Under*	$(5^{\text{th}}, 6^{\text{th}})$		$(5^{\text{th}}, 6^{\text{th}})$		
Varsity:	14 & Under*	$(7^{\text{th}}, 8^{\text{th}})$		$(3^{rd}, 4^{th})$ $(5^{th}, 6^{th})$ $(7^{th}, 8^{th})$		
<b>Registration Fee:</b>						
I.						
	(Via mail: FPYSA, PO Box #261, Forest Park, IL 60130)					
	- Resident	\$50	- Non-Resident	\$60	* \$5 off each additional child	
II.	In Person (At Park District-building #4 (See Web site FPYSA.ORG for date)					
	- Resident	\$55		\$65	* \$5 off each additional child	
III.	Late (After in person registration)					
	(Via mail: FPYSA, PO Box #261, Forest Park, IL 60130)					
	- Resident	\$65	- Non-Resident		* \$5 off each additional child	
Uniform Required	(Circle) Y	Ν				
- if player needs a uniform please fill out the following page with uniform information						
Payment to FPYS	SA					
Registration fees: \$			Uniform fees:	\$	Check #:	

Player Name \_\_\_\_\_ Division \_\_\_\_\_

Shirt (\$20): Size: YS, YM, YL, AS, AM, AL, AXL

Shorts (\$15): Size: YS, YM, YL, AS, AM, AL, AXL

Socks (\$5): Size: S, L

Uniform fees: \$ \_\_\_\_\_