**JYSA Registration Information**

***Complete a REGISTRATION FORM AND VOLUNTEER FORM>***

***Refunds will ONLY be given in emergency cases as approved by the JYSA Board***

***and must be submitted in writing by the parent before***

***July 1 (Fall Season) or February 1 (Spring Season).***

***No refunds will be given after these dates.***

**\*\*\*Returning players from immediate previous season**

***will not be guaranteed* a place on a team after Early Registration.\*\*\***

**Coaches/Team Managers CANNOT accept applications or fees.**

**Please help out by volunteering.** Our league is run by volunteers and more are needed to

make the season successful. Every family will pay an additional $50.00 for a **Volunteer** fee.

This will need to be a **separate** **check** from your registration fee.

After volunteering, your **Volunteer** check will be returned

**Due to Kentucky HB 8, as of January 1, 2023,**

**we are required to collect 6% sales tax on all registration fees.**

# *U6 Players* – born in 2017-2018

**$50.00 VOLUNTEER fee—separate check from registration—per family**

$55.00 Registration

$15.00 Jersey fee *IF NEEDED* (Be sure to include size on Registration Form.)

**Registration will be held at the**

# *U8 – born 2015-2016 U10 – born 2013-2014*

***U12 – born 2011-2012 U14 – born 2009-2010***

***U19/High School Born 2004-2008***

**$50.00 VOLUNTEER fee—separate check from registration—per family**

$90.00 Registration

$15.00 Jersey fee *IF NEEDED* (Be sure to include size on Registration Form.)

**Jeffersonian on**

**Tuesday, January 24, 2023 from 5:30 p.m. – 8:00 p.m.**

**Saturday, January 28, 2023 from 11:00 a.m. – 2:00 p.m.**

For more information, visit our website at [www.jysarec.com](http://www.jysarec.com)

or email us at [jysarec@gmail.com](mailto:jysarec@gmail.com).

**1/23**

Jeffersontown Youth Soccer Player Registration Form

***\*\*\*\*\*\*\*\*\*\*\*\*PLEASE PRINT ALL INFORMATION CLEARLY\*\*\*\*\*\*\*\*\*\*\*\****

***See additional pages for more information about registering for JYSA***

***\*REQUEST FOR A PLAYER, TEAM, OR COACH CANNOT BE HONORED.\****

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Player Information (PLEASE PRINT CLEARLY)** | | | | | |
| ***I understand that a player CANNOT be rostered on a select team AND play on a JYSA rec team.***  ***\*\*\*\*\*Initial \_\_\_\_\_\_\_\_\_\_\_\_\_ THIS INCLUDES ALL AGE LEVELS.*** | | | | | |
| Last Name **Preferred** First Name  \* | | Birth Date  \* | | |  Male  Female |
| Primary Address Street City State Zip Code  \* | | | | | |
| Father’s Name  \* | Phone #  \* | | E-mail Address **PRINT CLEARLY**  **\*** | | |
| Mother’s Name  \* | Phone #  \* | | E-mail Address **PRINT CLEARLY**  **\*** | | |
| Known allergies of player Any other medical problems which should be noted  \* | | | | | |
| Number of prior seasons  if **NOT** with JYSA and last league \* | | | | Last  JYSA Team \* | |
| If the player has siblings playing with JYSA, please list name/age group. \* | | | | | |
| **Jersey Size (Circle ONE-If needed)** YXS YS YM YL AS AM AL AXL | | | | | |
| ***Consent AND Waiver:***  \*I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYSA and JYSA, their affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (The “Programs”), I hereby release, discharge and /or otherwise indemnify the USYSA and JYSA, their affiliated organizations and sponsors, their employees and associated personnel, including the owners of the 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.  \*THIS DOCUMENT GIVES CONSENT TO ANY HOSPITAL OR EMERGENCY TREATMENT CENTER, DOCTOR OF QUALIFIED EMPLOYEES OF THE SAME, TO ADMINISTER NECESSARY TREATMENT AND CARE FOR THE ABOVE-NAMED PLAYER. IN THE EVENT THAT I CANNOT BE REACHED IN AN EMERGENCY, I HEREBY GIVE PERMISSION TO THE PHYSICIAN TO HOSPITALIZE, SECURE PROPER ANESTHESIA, OR TO ORDER INJECTION OR SURGERY FOR MY CHILD.  ***X***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signature of Parent/Legal Guardian Date | | | | | |
| ***For Official Use Only*** | | | | | |
| **FALL**  Registration Fees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Jersey: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **State Sales Tax 6%**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TOTAL AMOUNT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Early Open Late**  Registration: Cash \_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_  Volunteer Fee : Cash \_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_  Received by \_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_  Age Group \_\_\_\_\_\_\_\_\_ | | **SPRING** Registration Fees: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Jersey: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **State Sales Tax 6%**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  TOTAL AMOUNT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Early Open Late**  Registration: Cash \_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_  Volunteer Fee : Cash \_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_  Received by \_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_  Age Group \_\_\_\_\_\_\_\_\_  **1/23 RG** | | | |

Jeffersontown Youth Soccer Association

***\*REQUEST FOR A PLAYER, TEAM, OR COACH CANNOT BE HONORED.\****

**FORMS MUST BE FILLED OUT COMPLETELY**

**REGISTRATION FEES ARE DUE WITH FORMS**

This form serves as your child’s registration with JYSA

and as a Medical Authorization for Treatment.

***A fee of $25.00 will be charged plus the original***

***Registration Fee for each returned check.***

***The child cannot be rostered until registration fees and volunteer fees***

***are collected in full by check, cash, or money order.***

**Refunds will only be given in emergency cases, as approved by the JYSA Board and must be submitted in writing by the parent before**

**July 1 (Fall Season) or February 1 (Spring Season).**

**No refunds will be given after this date.**

**JYSA suggests a parent/guardian remain at the soccer field during**

**the time the player is practicing or playing soccer.**

JYSA accepts all players registering with our league. However, the Board reserves the right to dismiss or not accept a player due to the following but not limited to: destructive behavior, disorderly conduct, or poor sportsmanship toward other teams, players, or referees exhibited by a player or family members.

**Coaches/Team Managers CANNOT accept applications or fees.**

**Registration will only be accepted on the dates listed unless it is**

**after the last Open Registration.**

**At that time, players will be added if openings are available and will need to pay late fees.**

**Please help out by volunteering.**

Our league is run by volunteers and more are needed to make the season successful.

Every family will pay an additional $50.00 for a **VOLUNTEER** fee.

This will need to be a **separate** **check** from your registration fee.

After volunteering, your **VOLUNTEER** check will be returned.

SPRING 2023 Volunteer Information

**SPRING 2023**

JYSA player \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team/Age Group \_\_\_\_\_\_\_\_\_

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JYSA player \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team/Age Group \_\_\_\_\_\_\_\_\_

JYSA player \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Team/Age Group \_\_\_\_\_\_\_\_\_

***IT IS THE RESPONSIBILITY OF THE PARENT/GUARDIAN TO PICK UP THE VOLUNTEER CHECK AT THE END***

***OF EACH SEASON AFTER VOLUNTEERING. THE CHECK MUST BE PICKED UP DURING “EARLY REGISTRATION”***

***(OCT.-FALL/MAY-SPRING). CHECKS NOT PICKED UP WILL BE DEPOSITED NOV 1 (Fall) or JUNE 1 (Spring).***

Registration fees will ONLY be refunded in emergency cases as approved by the JYSA Board and must be submitted in

writing by the parent before August 1 (Fall Season) or February 1 (Spring Season). **No refunds given after this date.**

# JYSA runs strictly on VOLUNTEERS like you. We ask for active participation of all parents in our program. Please check the appropriate box below to let us know the area(s) in which you will be able to help our league. A VOLUNTEER fee of $50.00 per family is collected each season. A separate check will need to be written to JYSA and will be returned after parents have volunteered their help to the league. Please complete the information below to let us know where you will be able to help JYSA.

**\*\*\*\*\*CHECK ALL POSSIBLE POSITIONS FROM THE LIST BELOW\*\*\*\***

POSITION DESCRIPTION **APPROXIMATE** TIME COMMITMENT

***\*Coaches MUST complete the* Risk Management Training/Background Check *required by KYSA before the beginning of the season.***

* \*Coach - Experience?\_\_\_ Coach youth team 4-6 hours per week

***Name\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate­­­­­\_\_\_\_\_\_\_\_\_\_\_***

* \*Assistant Coach Assist coach youth team 4-6 hours per week

***Name\_\_\_\_\_\_\_\_\_\_\_\_\_ Birthdate­­­­­\_\_\_\_\_\_\_\_\_\_\_***

* Team Manager Organize team activities; pass out info 2-4 hours per season
* Registration Work registration table during 2-4 hours per season

Sign-ups

* Field Preparation Beginning and/or end of season 4 hours
* Field Striping Throughout season 4 hours
* Coaching CoordinatorAvailable to coaches for support when varies

needed ***MUST KNOW SOCCER***

\*

**For Official Use Only NOTES**

**\*\*BE SURE NAMES OF Players are listed at the top.\*\***

**Volunteer Fee Paid Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Volunteer Fee Returned to parent DATE \_\_\_\_\_\_\_\_\_ Check cashed by JYSA \_\_\_\_\_\_\_\_\_

**Parent Signature – When fee is returned** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Check appropriate box and SIGN below.**

* I will volunteer this season.
* I choose **NOT** to volunteer this season**. You may cash/deposit my Volunteer Fee.**

**\***

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent Signature Date