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.)

\$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.)

Registration will be held at the 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 or email us at jysarec@gmail.com.

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			Birth Date *				e Female
Primary Address Street City *			State Zip Code				Code
Father's Name *	Phone #	E-mail Address PRINT CLEARLY *					
Mother's Name *	Phone # E-mail Address PRINT C						
*	Known allergies of player * Any other medical problems which should be noted						
Number of prior seasons if NOT with JYSA and last league *					ast YSA Tean	n *	
If the player has siblings playing	with JYSA, please list	name/a	ge group	. *			
Jersey Size (Circle ONE-If nee	ded) YXS YS	YM	YL	AS	AM	AL	AXL
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. **Signature of Parent/Legal Guardian** Date							
	For Officia	al Use	e Only				
FALL Registration Fees: Jersey:		SPRI	NG Reg	gistrati		:	
State Sales Tax 6%:			State	Sales	Tax 6%	6 :	
TOTAL AMOUNT:			TO	TAL A	MOUNT	:	
Early Open	Late			Earl	y 0	oen La	te
Registration: Cash C	heck #	Regis	tration:	Cash		Check	<pre><#</pre>
Volunteer Fee: Cash (Check #	Volun	teer Fee	: Cash		Chec	k#
Received by Dat	e	Recei	ved by $_$			_ Date	
Age Group		Age 6	roup				1/23 RG
							1/23 KG

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.

JYSA player	*	Team/Age Group	*
JYSA player	*	Team/Age Group	*
JYSA player		Team/Age Group	
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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 <u>DURING "EARLY REGISTRATION"</u> (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 TIN	APPROXIMATE ME COMMITMENT
iches MUST complete the R	isk Management Training/Background Ch	neck required by KYSA be
eginning of the season.		•
*Coach - Experience?	Coach youth team	4-6 hours per week
Name Bi	rthdate	_
*Assistant Coach	Assist coach youth team	4-6 hours per week
	rthdate	-
Team Manager	Organize team activities; pass out info	2-4 hours per season
Registration	Work registration table during Sign-ups	2-4 hours per season
Field Preparation	Beginning and/or end of season	4 hours
Field Striping	Throughout season	4 hours
Coaching Coordinator	Available to coaches for support when needed <i>MUST KNOW SOCCER</i>	varies
Check appropriate be I will volunteer thi I choose NOT to v		my Volunteer Fee.
Parent Signature	Date	
	For Official Use Only	NOTI

For Official Use Only			NOTES	
**BE SURE NA	*			
Volunteer Fee	Paid	Check #	Cash	
Volunteer Fee Retu				
Parent Signature				