

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

Kentucky sales tax is included in the Registration Fee.

U6 – born 2020-2021

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

\$65.00 Registration

\$15.00 Jersey fee IF NEEDED

****Be sure to include jersey size on Registration Form.**

U8 – born 2018-2019

U10 – born 2016-2017

U12 – born 2014-2015

U14 – born 2012-2013

U19/High School born 2007-2011

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

\$110.00 Registration

\$15.00 Jersey fee IF NEEDED

****Be sure to include jersey size on Registration Form.**

Registration will be held at

The Jeffersonian

Thursday, January 29, 2026 from 5:30-8:00 p.m.

Saturday, January 31, 2026 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 *TYPE or 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 *	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Primary Address Street *	City	State	Zip Code
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Father's Name *	Phone # *	E-mail Address PRINT CLEARLY *
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Mother's Name *	Phone # *	E-mail Address PRINT CLEARLY *
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Any medical condition which should be noted *

Number of prior seasons if NOT with JYSA and last league *	Last JYSA Team *
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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
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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
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By signing the Consent and Waiver, you also agree you have read the two informational pages included.

For Official Use Only

FALL Registration Fees: _____

Jersey: _____

TOTAL AMOUNT: _____

	Early Open Late	
Registration: Cash _____	Check # _____	
Volunteer Fee : Cash _____	Check # _____	
Received by _____ Date _____		
Age Group _____		

SPRING Registration Fees: _____

Jersey: _____

TOTAL AMOUNT: _____

	Early Open Late	
Registration: Cash _____	Check # _____	
Volunteer Fee : Cash _____	Check # _____	
Received by _____ Date _____		
Age Group _____		

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 requires 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 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.

If you choose NOT to volunteer, your fee will be deposited.

Spring 2026 Volunteer Information

**SPRING
2026**

JYSA player	Team/Age Group
JYSA player	Team/Age Group
JYSA player	Team/Age Group

Players are not guaranteed to be placed on the same team each season.

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

- | | | | |
|--------------------------|----------------------|---|-----------------------|
| <input type="checkbox"/> | *Coach - Experience? | Coach youth team | 4-6 hours per week |
| | Name | Birthdate | |
| <input type="checkbox"/> | *Assistant Coach | Assist coach youth team | 4-6 hours per week |
| | Name | Birthdate | |
| <input type="checkbox"/> | Team Manager | Organize team activities; pass out info | throughout the season |
| <input type="checkbox"/> | Registration | Work registration table during Sign-ups | 4 hours per season |
| <input type="checkbox"/> | Field Preparation | Beginning and/or end of season | 4 hours per season |
| <input type="checkbox"/> | Field Stripping | Throughout season | 4 hours per season |

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

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 _____

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