

JYSA Registration Information

Complete a REGISTRATION FORM AND VOLUNTEER FORM>

****JYSA follows KYSA guidelines when assigning players to teams.***

****Players are placed on teams using a random draw while keeping age and gender as equal as possible.***

****We cannot honor request for a team, coach, or other player.***

****Players are not guaranteed to remain on the same team from one season to the next season.***

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

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.

U6 Players – born in 2016-2017

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

\$55.00 Registration

\$15.00 Jersey fee (Be sure to include size on Registration Form.)

U8 – born 2014-2015

U10 – born 2012-2013

U12 – born 2010-2011

U14 – born 2008-2009

U19/High School Born 2003-2007

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

\$90.00 Registration

\$15.00 Jersey fee (Be sure to include size on Registration Form.)

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 back of form for more information about registering for JYSA

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

Player Information (PLEASE PRINT CLEARLY)			
<i>I understand that a player CANNOT be rostered on a select team AND play on a JYSA rec team.</i> *****Initial _____ THIS INCLUDES ALL AGE LEVELS.			
Last Name *	Preferred First Name *	Birth Date *	<input type="checkbox"/> Male <input type="checkbox"/> 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 *	
Player Insurance Co. *			
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: <small>*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.</small>			
<div style="background-color: yellow; text-align: center; padding: 5px; font-size: 1.2em;">X</div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Signature of Parent/Legal Guardian Date </div>			
<i>For Official Use Only</i>			
FALL Registration Fees: _____ Jersey Fee: _____ Early Open Late Check # _____ Volunteer Fee : \$50.00 Check # _____ Received by _____ Date _____ Age Group _____ Returning Player Y N		SPRING Registration Fees: _____ Jersey Fee: _____ Early Open Late Check # _____ Volunteer Fee : \$50.00 Check # _____ Received by _____ Date _____ Age Group _____ Returning Player Y N	

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.

**PLAYERS MUST ALSO REGISTER THROUGH THE STATE WEBSITE AFTER
REGISTERING WITH JYSA.**

*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 2022 Volunteer Information

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

**SPRING
2022**

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 Volunteer Form

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
<input type="checkbox"/> Coach - Experience?____ Name_____	Coach youth team	4-8 hours per week
<input type="checkbox"/> Assistant Coach Name_____	Assist coach youth team	4-8 hours per week
<input type="checkbox"/> Team Manager	Organize team activities; pass out info	2-4 hours per season
<input type="checkbox"/> Registration	Work registration table during Sign-ups	2-4 hours per season
<input type="checkbox"/> Field Preparation	Beginning and/or end of season	2-4 hours
<input type="checkbox"/> Field Striping	Throughout season	2-4 hours
<input type="checkbox"/> Coaching Coordinator	Available to coaches for support when needed <i>MUST KNOW SOCCER</i>	varies

Check appropriate box and SIGN below.

- ☐ I will volunteer this season.
- ☐ I choose **NOT** to volunteer this season. **You may cash my Volunteer check.**

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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