



# NW Iowa Youth Soccer Alliance

## 2010 FALL (Sept. 11<sup>th</sup> – Oct. 16<sup>th</sup>) SOCCER REGISTRATION

Deadline is August 9<sup>th</sup>, 2010. A \$25.00 penalty & pending team placement.

*It is the goal of the NW Iowa Youth Soccer Alliance to provide soccer opportunities for all youth in a recreational setting. The alliance serves area communities in NW Iowa and is a member of the Iowa State Soccer Association.*

*NWIYSA works to provide a quality recreational soccer program. This is accomplished with a 12 member board & parental support.*

**\$50.00 Payment Method:** Cash: \_\_\_\_\_ Check #: \_\_\_\_\_ PayPal @ [spencersoccer.com](http://spencersoccer.com) \_\_\_\_\_

Discounts are available for three or more children. Scholarships are also available.

Contact: Nancy Ketcham, Registrar

MAKE ALL CHECKS PAYABLE TO: NWIYSA



Registrations may be dropped off at GOALKICK or sent to:

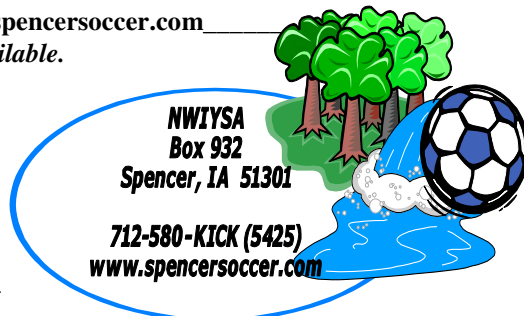
### Player Information:

First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Last Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ (mm/dd/yyyy)

Gender:  Male  Female Mother's Birthday: \_\_\_\_\_ (mm/dd)

*The mother's birth day gives ISA a code to use as an ID scheme for each player.*



**Emergency Contact other than guardian:** \_\_\_\_\_ Emergency Phone#: \_\_\_\_\_

**Primary Guardian:**  Father  Mother  Other \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_  **Indicate here if you are willing to coach or assist coach**

**Other Guardian:**  Father  Mother  Other \_\_\_\_\_

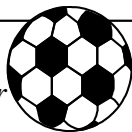
Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

**Address Same as Above-Please complete any information that is different from above.**

Address: \_\_\_\_\_ City: \_\_\_\_\_ Contact #: \_\_\_\_\_

### **Shirt Information:**

*All players will get a new jersey for the fall and spring season of 2011.*



### **Divisions for Players**

**All male & all female teams will be organized for all divisions.**

*Select the team town you wish to play on*

*Spencer  
Ruthven  
E'Burg*

### **Shirt Size:**

#### **Youth**

S(6-8) M(10-12) L(14-16)

#### **Adult**

S M L XL

IF BORN BETWEEN:

8/1/04– 7/31/06

8/1/02– 7/31/04

8/1/00 - 7/31/02

8/1/98- 7/31/00

8/1/96 - 7/31/98

8/1/91 - 7/31/96

U6 (Must be 4 as of July 31<sup>st</sup>, 2010)

U8

U10

U12

U14

U16-19

**Please note:**

*U12 & up teams will have to travel to surrounding communities for games!*

***ALL players must register & pay to play in the recreation league and/or a tournament team for the 2010- 2011 season.***

***Games will be played on Saturdays, maybe Sunday afternoons and some weeknights.***



### **Waiver of Liability**

I, the parent /guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its 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, I hereby release, discharge and or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of 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 the same, which transportation I hereby authorize.

### **Consent for Medical Treatment**

As the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_