

WHITEFISH YOUTH SOCCER ASSOCIATION

PO BOX 241 WHITEFISH, MT 59937

Web Site- www.whitefishsoccer.org

E-Mail- Admin@whitefishsoccer.org

PHONE- (406) 881 4051 (24 HR. RESPONSE)

Applications are also available on web site. Fill out one application per player. Please watch pricing deadlines on back (2nd page) and pay the required fee based on date post marked. Mail forms- a separate form for each player- along with registration fees/ jersey payments to above address.

Player's Name _____ M or F
Soccer Experience (all yrs) _____ Select Exp. (yrs) _____ School _____ Grade in Fall _____

Age Group/Grade Level	Grade entering in fall:
U-6 (Co-Ed)	Kindergarten
U-8 (Co-Ed)	1st – 2 nd
U-10 (Co-Ed)	3 rd – 4 th
U-12	5 th – 6 th
U-14	7 th – 8 th

Father's Name _____ Phone hm _____ wk _____

Mother's Name _____ Phone hm _____ wk _____

Mailing Address _____

Home Address _____

Email _____

Medical Problems _____

Person (w/address) to notify in emergency: Name _____ Ph _____

Address: _____

VOLUNTEERS ARE REQUIRED TO KEEP THIS PROGRAM FUNCTIONING: Your willing support and participation are greatly appreciated by your kids and fellow members!!! ** Essential to having a program to offer

(The More you get involved the more opportunities WYSA can offer your kids and the community... Thanks in advance!)

Volunteer Opportunities: **Coach _____ **Referee _____ **Referee Assignor _____
**Field Preparation _____ Team Parent _____ End of season 5V5 tournament _____

Name _____ Phone _____

WAIVER OF LIABILITY

I understand that the Whitefish Youth Soccer Association is a volunteer recreational program. I have been warned and I am aware that there is a risk of being injured inherent as a result of participating in any sporting activity. I am aware that injury may be severe, including, but not limited to fractures, damage to internal organs, ligament, muscle and tendon injury, but nevertheless allow the named minor to participate in Association activities. I do hereby waive any and all liability on the part of Whitefish Youth Soccer Association, coaches, officials, and other volunteers, the City of Whitefish and the Whitefish School District. I also do hereby authorize the officers or coaches of Whitefish Youth Soccer Association to transport as required the named minor to Association sponsored activities.

Parent's (Guardian's) Signature _____ Date _____

CONSENT FOR MEDICAL TREATMENT- MINOR

I hereby give my consent for all medical treatment prescribed by a duly licensed Doctor of Medicine for _____ as his/her parent or guardian. This medical care may be given under whatever conditions are necessary to preserve the life, limb or well being of the named minor.

DOCTOR TO NOTIFY: _____
Phone _____

Parent's (Guardian's) Signature _____ Date _____

Fees and Registration Dead Lines

Registration Date Deadlines *Kindergarten Only 9/1/08	First Child \$50.00	Additional Child \$35.00
By June 20 (Early Bird)	\$75.00	\$55.00
By July 20	\$90.00	\$70.00

All Registrations received after July 20th will be placed on a waiting list and assigned to a team on a space available basis. (On a first come, first placed basis by grade)

Order jersey: Child Med _____ Child Lg _____ Adult Sm _____ Adult Med _____ Adult Lg _____
 (\$20.00 ea.) (\$22.50 ea.)

Please make checks payable to **WYSA (Whitefish Youth Soccer Association)**
 Mail to: **PO BOX 241 WHITEFISH, MT 59937**

Financial assistance may be available upon written request to WYSA at above address.

Equipment and Uniforms

Five S's: Shirt, shorts, shoes, socks, shin guards are required.

Jerseys are reversible green and gold nylon mesh, which are worn by all teams. They may be found through WYSA. If you have jerseys that no longer fit, please donate them back to WYSA, so they can be made available to those who need them. General athletic shoes or soccer cleats (no METAL cleats allowed) and shin guards are required. Both are sold at local sporting goods stores, thrift stores, or rummage sales.

PARENTS CODE OF CONDUCT

I will support my child, his/her coaches, all referees, assistant referees, and other spectators.

My child: I will **encourage** my child **positively**. Be responsible to drop off and pick up at games and practices **on time**, and work with my child on the skills of the game. (WYSA does not take responsibility for children instructed to walk home from WYSA activities.)

Coach: I will always show respect to coaches. If I have concerns, I will: 1) Talk privately with the coach; 2) Talk with the WYSA Board if I still have concerns. The WYSA Board of Directors will make all final rulings on conflicts or concerns between parents and coaches, and I will abide by these rulings.

Referee: I will respect the referees in my comments. Most of the referees are students trained by WYSA. They will make calls that are not always agreed with. **Referees are to be respected as the final authority on the field.** If I have concerns about referees or their calls in a match, I will address the WYSA Board with my concerns or complaints. I will abide by WYSA's rulings in all cases concerning referees.

WYSA'S goal is to develop good sportsmanship, a positive attitude, basic soccer skills, and to above all have fun!!!!!!!!!!!!

Parent's/Guardian's Signature

Date

Parent's/Guardian's Signature

Date

Parents must sign the Parents Code of Conduct in order for their child/ren to be enrolled in WYSA's recreation soccer program. If at any time parents intentionally violate the Parents Code of Conduct; WYSA has the right to remove their child/ren from the program.

For Club Use Only

Fee enclosed: 1st Child \$ _____ Add. Child (same household) \$ _____, \$ _____, \$ _____ \$ _____

Jersey(s) ordered: Child sizes _____ Adult Sizes _____ \$ _____

Check# _____ Date _____ **TOTAL** \$ _____