

**TCYSA - Apalachin
Player Registration Form - 2018**

Last Name: _____ First Name: _____ MI: _____

Street: _____

Town: _____ State: _____ Zip: _____

Phone: _____ Gender: _____ Birth date: _____

School Grade Now _____ Jersey Size (Circle One) **YS YM YL AS AM AL AXL**
Soccer Experience: **Has Played TCYSA** _____ **School** _____ **Indoor** _____

Father's Name: _____ Phone: _____

Email: _____

Father will help with Team _____ League _____ Referee _____
How? _____

Mother's Name: _____ Phone: _____

Email: _____

Mother will help with Team _____ League _____ Referee _____
How? _____

Emergency Contacts: _____ Phone: _____

Doctor: _____ Phone: _____

Medical Conditions: _____

REGISTRATION FEE: 1 child = \$30, 3 or more children = \$70

LATE REGISTRATION FEE (AFTER JUNE 30): 1 child = \$40, 3 or more children = \$85

Amount Paid: _____ Method of Payment: _____

THERE IS NO FALL REGISTRATION - All late registrations (after June 30) will be placed on a space availability basis only.

I, _____, as parent/guardian of the player named above, give permission for my child to play soccer and will not hold the Tioga County Youth Soccer Organization (TCYSA) or any of its officers, coaches, referees, other volunteers, or its sponsors responsible for injuries which may occur. In my absence, I give TCYSA permission to provide or obtain medical attention as TCYSA may find appropriate. I also understand that it will be my responsibility to see that my child attends practices and games. I also understand that squared cleats with sharp corners or cone-shaped, pointed cleats are not acceptable footwear for soccer. **METAL CLEATS ARE NOT ACCEPTABLE IN TCYSA.**

Parent/Guardian Signature: _____

Registration form can be returned with payment by mail to TCYSA Apalachin Player Agent, Heather Chrysler, 47 Kellam Road, Apalachin, NY 13732 or email to ajjrmom@gmail.com.