

KEYSTONE YOUTH SOCCER CLUB

www.keystoneyouthsoccer.com

(Affiliated with Florida Youth Soccer Association and a member of North Florida Youth Soccer League)

2017 Fall Soccer Registration

TEAMS For Ages 4 through 18

IN HOUSE RECREATIONAL TEAMS (No Travel):

- U6 Coed League ages 4 & 5 years old (Birth years 2012 & 2013)
- U8 Coed League ages 6 & 7 years old (Birth years 2010 & 2011)
- U10 Coed League ages 8 & 9 years old (Birth years 2008 & 2009)
- U12 Coed League ages 10 & 11 years old (Birth years 2006 & 2007)
- U14 Coed League ages 12 & 13 years old (Birth years 2004 & 2005)
- U16 Coed League ages 14 & 15 years old (Birth years 2002 & 2003)
- U19 Coed League ages 16,17 & 18 years old (Birth years 1999 & 2000 & 2001)

ALL GAMES & PRACTICES WILL BE AT TWIN LAKES PARK, 6065 TWIN LAKES ROAD.

FEES: **THE FEE is \$65.00.** Payable to **KYSC**. Supplied new uniform will be jersey, shorts & socks.
You will need to purchase shin guards, soccer cleats & soccer ball.

TO REGISTER: Fall League Season September 6, 2017 to December 2, 2017

NOTE: LATE SIGN UP WILL BE ACCEPTED if space is available on teams

Registration sign ups may be dropped off or mailed in with **REQUIRED PARENT SIGNATURE BELOW**

If this is your first year playing you will need to supply a copy of **BIRTH CERTIFICATE**.

TRAVEL TEAM INFORMATION: TREVOR WATERS at 352-246-7776 or DUANE PATTERSON at 352-235-0393

To Register: Come to or mail in to Trevor Waters Realty, Inc. at 7374 SR 21 N, Keystone Heights, FL 32656

NOTE: Coaches, Sponsors, Field Workers, Concession Workers, Referees Needed.

**KEYSTONE YOUTH SOCCER CLUB IS AN ALL VOLUNTEER NON PROFIT ORGANIZATION
DEDICATED TO PROMOTING YOUTH SOCCER IN THE LAKE REGION AREA**

Child's Name _____ Birth Date _____ Age _____ Boy ___ Girl ___

Address _____ City _____ Zip _____ E-Mail _____

Parents _____ Home# _____ Work# _____ Cell# _____

Parents Signature (REQUIRED) _____

Last Years Team (If you want to change teams please indicate) _____

Circle Uniform Size:

Youths S M L

Adult S M L XL

VOLUNTEERS AND SPONSORS NEEDED: (Please Circle)

Coach

Assistant Coach

Referee

Concession Worker

TEAM SPONSOR (\$100)

INFORMED CONSENT I, as parent or guardian listed and signed above, agree that we will abide by the rules of **KYSC**, the state association **FYSA** and all its affiliated organizations. My/our child wishes to participate in soccer during the season of this registration. I acknowledge that I am completely aware of the inherent risks associated with soccer, and hereby waive, release, and discharge the state association **FYSA** and all of its affiliated organizations including **KYSC**, as well as their officers, directors, employees, and agents (collectively, the "Released Parties") from any and all liability and responsibility in the event that my child becomes injured in any way during participation in soccer events or activities associated with the Released Parties. includes full range of injuries from minor to severe, and the result could be death, paralysis, or other serious, permanent disability I further state that I take full responsibility for any injury that may occur as a result of my child's participation, and that I will not hold the Released Parties responsible for any aggravation of preexisting injuries prior to or during participation in any soccer events or activities associated with the Released Parties. **INSURANCE NOTICE:** All injuries must be reported within 90 days of the date of injury

www.keystoneyouthsoccer.com