

# KEYSTONE YOUTH SOCCER CLUB

[www.keystoneyouthsoccer.com](http://www.keystoneyouthsoccer.com)

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

## 2020 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 2015 & 2016)
- U8 Coed League ages 6 & 7 years old (Birth years 2013 & 2014)
- U10 Coed League ages 8 & 9 years old (Birth years 2011 & 2012)
- U12 Coed League ages 10 & 11 years old (Birth years 2009 & 2010)
- U14 Coed League ages 12 & 13 years old (Birth years 2007 & 2008)
- U16 Coed League ages 14 & 15 years old (Birth years 2005 & 2006)
- U19 Coed League ages 16, 17 & 18 years old (Birth years 2002 & 2003 & 2004)

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

**FEES:** THE FEE is \$80.00. 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 16, 2020 to December 12, 2020**

**Come to or mail in to Trevor Waters Realty, Inc. at 7374 SR 21 N, Keystone Heights, FL 32656. There is a mail slot on front door to drop forms. You can also pay on the website [www.keystoneyouthsoccer.com](http://www.keystoneyouthsoccer.com) CALL TREVOR WATERS at 352-246-7776**

**\*\*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: CALL TREVOR WATERS at 352-246-7776**

**NOTE: COACHES, TEAM SPONSORS, Field 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 \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail \_\_\_\_\_

Parents \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

**Parents Signature (REQUIRED)** \_\_\_\_\_

List Last Season Team or **If you want to change teams please indicate new team** \_\_\_\_\_

**Circle Uniform Size:**

Youths S M L

Adult S M L XL

**VOLUNTEERS AND SPONSORS NEEDED: (Please Circle)**

Coach

Assistant Coach

Referee

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

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