

KEYSTONE YOUTH SOCCER CLUB

SIGN UP ON LINE www.keystoneyouthsoccer.com SIGN UP ON LINE

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

2025 Spring Soccer Registration

TEAMS For Ages 4 through 18

IN HOUSE RECREATIONAL TEAMS (No Travel):

- U6 Coed League ages 4 & 5 years old (Birth years 2019 & 2020)
- U8 Coed League ages 6 & 7 years old (Birth years 2017 & 2018)
- U10 Coed League ages 8 & 9 years old (Birth years 2015 & 2016)
- 12U Coed League ages 10 & 11 & 12 years old (Birth years 2012 & 2013 & 2014)
- 14U Coed League ages 12 & 13 & 14 years old (Birth years 2010 & 2011 & 2012)
- High School Age Coed League (Birth years 2006 & 2007 & 2008 & 2009 & 2010)

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

SPRING SEASON: Sign Up By February 12, 2025 to May 17, 2025

NOTE: TEAMS to form February 23 Practices will start once the teams formed

FEE: \$80.00 Payable to **KYSC**. Supplied new uniform will be jersey, shorts & socks.

You will need to purchase shin guards, soccer cleats & soccer ball

FEE: \$50.00 for all returning Players to their Fall 2024 Season Team

use your uniform from fall season 2024. Fee \$80.00 if you request to move new team with new uniform

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

There is a mail slot on front door to drop forms.

****You can Register & Pay on the website www.keystoneyouthsoccer.com****

REQUIRED PARENT SIGNATURE BELOW If this is your first year playing you will need to supply a copy of **BIRTH CERTIFICATE**. ****NOTE: LATE SIGN UP WILL BE ACCEPTED if space is available on teams**

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) _____

If you want to return to your Fall 2024 team please indicate Team Name _____ or requested team _____

Circle Uniform Size:

Youths S M L Adult S M L XL

Please Circle Coach Assistant Coach Referee **TEAM SPONSOR (\$150)**

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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