

Union County Youth Soccer Registration Form

Grades K-Freshman

Fees: Recreational (Younger than 8) \$45.00/Player
 Rec Plus (local Travel, 8 & up) \$60.00/Player

Late fee: \$10 after March 15 for traveling teams.

Bring this completed form to any signup session or mail it with a check for the fees to:

UCYS Management
3254 South US Highway 27
Liberty, IN 47353

Note: If this form is for a returning player, just write "Same" on sections that are unchanged, and we'll use the information we got from you last season. Please take care to make sure we have current phone numbers & email for you, give us current shirt size information, and be sure to check and sign the insurance section.

For information on the current season schedule, please visit www.UnionCountySoccer.com

Player's Information:

Name: _____ Girl Boy

Address: _____ Birthdate: ____/____/____

_____ School: _____

_____ Grade: _____

Shirt Size (Go big, so it can fit over a sweatshirt on cold days.)

Circle one: YS YM YL AS AM AL AXL

Parent/Guardian Information:

Primary:
Mother Father Other _____

Secondary:
Mother Father Other _____

Name: _____

Name: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

May we text you at this phone? _____

May we text you at this phone? _____

eMail: _____

eMail: _____

Would you like to volunteer to help with the soccer league? Yes No

Volunteers can Coach, Help with field maintenance, or Referee (after taking a course.)

Insurance & Medical Release

The safety of all players is the top priority for Union County Youth Soccer. However, participation in any sporting activity is strenuous and we cannot guarantee that players will not be injured. If an injury occurs, we will immediately attempt to contact you at the phone number(s) supplied on the reverse side of this form. If you cannot be reached, we will take any action deemed necessary to provide emergency medical treatment.

By signing below, you certify that you are the parent or legal guardian of the player and that you give permission for your player's coach to seek emergency medical care for your child by any licensed physician, emergency medical personnel or dentist. This care may be provided under any conditions necessary to preserve the life or well-being of the player.

We strongly encourage the coverage of all participants by a family or personal medical plan.

This player is is not covered by a medical insurance plan.

I have read the information above and fully understand and agree to the terms of this release.

Parent/Guardian Signature: _____ Date: _____

Union County Youth Soccer Code of Conduct

The players, coaches, parents, and relatives of players promise to follow the code of conduct at all games in which our players or league participate.

By signing this code of conduct, I promise to

- Encourage fair play.
- Act with respect for game officials (referees) at all times.
- Avoid harsh or negative criticism of any player or team's performance.
- Avoid embarrassing my own player or team by my behavior.
- Not criticize opponents.
- Allow the coaches to do their job without interference, and hold them accountable for maintaining a positive and respectful environment for the players.
- Display good sportsmanship and act as a positive model for all players.
- Prioritize the best interests of the youth playing in our club.

I understand that I represent my team, my club and the league. I will conduct myself according to the standards of this code of conduct. I understand that all participants will hold me accountable for my actions and behavior. I further understand that an ECIYSL/ISL commissioner, club representative, game official or team representative may monitor my behavior or the behavior of my team or sidelines at any time and may take appropriate action to uphold the Code of Conduct. I also acknowledge that I am held accountable to the Indiana Youth Soccer disciplinary standards and I may be subject to ejection or suspension by the State Association, League, Club and Team, if at any time my behavior warrants.

Player's Signature: _____ Date _____

Parent/Guardian Signature _____ Date _____