



Sorry no refunds. \$50.00 Fee *must* accompany form! Price includes shirt, shorts, socks, shin guards, Galaxy Soccer Ball and Bag. All players are chosen random draw-We *absolutely do not draft players/families for specific teams. Form Due by February 25th, 2018. NO PRIOR SOCCER EXPERIENCE NEEDED! WE ARE A TRAINING LEAGUE.*
WWW.VINTONCOUNTYSOCCER.COM <https://www.facebook.com/vintoncountysoccer/>

Ages 4 (by March 1, 2018) through age 17. (If you are 18 and still in high school, please contact us).

Planned signup dates at Herbert Wescoat Library: 120 N Market St, McArthur: 2/10 and 2/17 from 10am-12noon

Name: _____ Address: _____
 First Name Middle Name Last Name (Street, City, Zip)

Mother's/Fathers/Guardian's Name: _____ Email: _____ Cell phone: _____

Best Phone Number where coach can contact you: _____(____)_____ Date of Birth ____/____/____ (must be born before March 1, 2014)

Any health problems restricting play? _____ Age: _____ (as of March 1, 2018)

SHIRT SIZING: (Chart Below) Please measure your player carefully. Any incorrect sizing fees including new shirt and shipping fees will be paid by parent. Please place an X in the circle for the proper size.

<input type="radio"/> YXS Similar to 4-5 Chest: 25"-27"	<input type="radio"/> YS Similar to 5-6 Chest: 27"-29"	<input type="radio"/> YM Similar to 7-8 Chest: 29"-31"	<input type="radio"/> YL Similar to 10-12 Chest: 31"-33"	<input type="radio"/> AS Similar to 14-16 Chest: 36"-38"	<input type="radio"/> AM Chest: 38"-40"	<input type="radio"/> AL Chest: 40"-42"	<input type="radio"/> AXL Chest: 42"-44" A2XL <input type="radio"/> Chest: 44"-46"
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SHORT SIZE: (Chart Below) Please measure your player carefully. Any incorrect sizing fees including new short and shipping fees will be paid by parent. Please place an X in the circle for the proper size.

<input type="radio"/> YXS Similar to 4-5 Waist: 21"-23"	<input type="radio"/> YS Similar to 5-6 Waist: 23" - 25"	<input type="radio"/> YM Similar to 7-8 Waist: 25" - 27"	<input type="radio"/> YL Similar to 10-12 Waist: 27" - 29"	<input type="radio"/> AS Similar to 14-16 Waist: 30" - 32"	<input type="radio"/> AM Waist: 32"-34"	<input type="radio"/> AL Waist: 36"-38"	<input type="radio"/> AXL Waist: 38"-40" A2XL <input type="radio"/> Waist: 40"-42"
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SOCK SIZE: Please place an X in the circle for the proper size.

<input type="radio"/> KING Adult (shoe size: 11-13)	<input type="radio"/> REGULAR (shoe size: 8.5- 11)	<input type="radio"/> Youth (shoe size: 6-8.5)
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SHIN GUARD: Please place an X in the circle for the proper size.

	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	Pee Wee	Small	Medium	Large
SIZE				
HEIGHT	3'3" to 3'11"	3'11" to 4'7"	4'7" to 5'3"	5'3" and Up

Consent to Play: I understand that the mission of the Vinton County Soccer Association for Youth is to provide all children the opportunity to play soccer in a safe, fun, and encouraging environment and to provide basic training of soccer skills so they are prepared to compete in higher education sports. DISRESPECTFUL BEHAVIOR of any kind is inconsistent with that mission and will not be tolerated either on the field or off. Anyone posting harmful information on social networks about volunteers or players or bullying will have their child removed from the roster and may be prosecuted to the full extent of the law. Parties to such behavior will be asked to leave and, if necessary, escorted off the playing field. Furthermore, I understand that the Official's word is the LAW of this venue and that he or she shall be treated with SPECIAL RESPECT—which means there will be no bantering with nor ridicule of any official whether before, during or after the game. In addition, I will take responsibility in seeing that my child behaves in accordance with the Soccer Association for Youth's mission, principles and code of ethics. In short, I agree to be a positive ROLE MODEL for children. I also agree that my child's name and picture be printed in newspapers/advertising. All equipment and uniform items offered above may change due to issues out of our control. I attest my child is in good health. It is not our league policy to give participation trophies, nor are coaches or parent/guardians allowed to purchase or ask for donations for trophies in the league name or by personal nature unless given written permission. We are a league--If one player receives a trophy or special awards, be prepared to provide them for the entire league.

WE HEREBY AGREE THAT THE SOCCER ASSOCIATION FOR YOUTH (SAY) ITS MEMBERS, COACHES OR OFFICERS SHALL NOT BE LIABLE FOR ANY INJURY OR LOSS WHICH MY CHILD MAY SUSTAIN WHILE PARTICIPATING IN ACTIVITIES OF ANY KIND WHETHER SPONSORED BY OR UNDER THE SUPERVISION OF SAY AND WE AGREE TO INDEMNIFY AND TO HOLD HARMLESS SAY, ITS MEMBERS, COACHES, OFFICERS OR DESIGNATES OF ANY KIND FROM ANY CLAIM WHATSOEVER.

PARENT OR LEGAL GUARDIAN SIGNATURE: _____ Date _____

PLEASE RETURN FORM AND FEE TO: Vinton County Soccer League ATTN: Jannette 25891 Creola Hue Road, Creola Ohio 45622

Must be postmarked before February 22, 2018.



Vinton County Soccer Association for Youth Player Emergency Contact Form



Player's Last Name: _____ First Name: _____

Boy: ___ Girl: ___ Player's date of birth: ___ - ___ - ___ **proof of age may be required**

Parent/Guardian Information:

Parent/Guardian #1): _____

Address: _____ City: _____ Zip: _____

Phone: home _____ work _____ cell _____

E-mail: home _____ work _____

Parent/Guardian #2): _____

Address: _____ City: _____ Zip: _____

Phone: home _____ work _____ cell _____

E-mail: home _____ work _____

Consent for emergency medical treatment

We the Parents of _____ give permission for emergency medical treatment of our child for illness or accident if we cannot be contacted.

Emergency Phone: Parent/Guardian Name: _____ Phone: _____

Person to notify other than parent in case of emergency: Relationship: _____

Name: _____ Phone: _____

Does your child have any allergies or require any special medication: yes ___ no ___

Explain: _____

WE HEREBY AGREE THAT THE SOCCER ASSOCIATION FOR YOUTH (SAY) ITS MEMBERS, COACHES OR OFFICERS SHALL NOT BE LIABLE FOR ANY INJURY OR LOSS IN WHICH MY CHILD MAY SUSTAIN WHILE PARTICIPATING IN ACTIVITIES OF ANY KIND WHETHER SPONSORED BY OR UNDER THE SUPERVISION OF SAY AND WE AGREE TO IDEMNIFY AND TO HOLD HARMLESS SAY, IT'S MEMBERS, COACHES AND OFFICERS OR DESIGNATES OF ANY KIND FROM ANY CLAIM WHATSOEVER.

Signature (Parent/Guardian)

Date

Volunteer Sign Up:

We're completely run by volunteers. We ask all our parents to help out in some way!

Please help us out by checking one!

Name: _____

Coach A Team: _____ Money Donation: _____ Help flag at games: _____

Bring in Cases of Water at game(s) _____ Clean up after games _____ Other: _____