



Sorry no refunds. \$40.00 Fee *must* accompany form! Price includes shirt, shorts, socks and shin guards. *All* players are chosen random draw-*We absolutely do not draft players for specific teams. Form Due by March 1st. NO PRIOR SOCCER EXPERIENCE NEEDED! WE ARE A TRAINING LEAGUE. WWW.VINTONCOUNTYSOCCER.COM Ages 4 (by January 1, 2017) through age 16.*

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

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

Best Phone Number where we can contact you _____ Date of Birth _____

Any health problems we should be aware of? _____ Age: _____

SHIRT SIZING: (Chart Below) Please measure your child carefully. Any incorrect sizing fees including new shirt and shipping fees will be paid by parent. Please circle one.

YXS Similar to 4-5	YS Similar to 5-6	YM Similar to 7-8	YL Similar to 10-12	AS Similar to 14-16	AM	AL	AXL
------------------------------	-----------------------------	-----------------------------	-------------------------------	-------------------------------	-----------	-----------	------------

SHORT SIZE: (Chart Below) Please measure your child carefully. Any incorrect sizing fees including new short and shipping fees will be paid by parent. Please circle one.

YXS Similar to 4-5	YS Similar to 5-6	YM Similar to 7-8	YL Similar to 10-12	AS Similar to 14-16	AM	AL	AXL
------------------------------	-----------------------------	-----------------------------	-------------------------------	-------------------------------	-----------	-----------	------------

Youth

	YXXS	YXS	YS	YM	YL
Chest:	24"- 26"	26"- 28"	30"- 32"	32"- 34"	34"- 36"
Waist:	16"- 18"	18"- 20"	20"- 22"	22"- 24"	24"- 26"
	117A ONLY				

Adult

	AS	AM	AL	AXL	AXXL
Chest:	36"- 38"	38"- 40"	40"- 42"	44"- 46"	46"- 48"
Waist:	28"- 30"	32"- 34"	36"- 38"	40"- 42"	42"- 44"

SOCK SIZE:

KING Adult (shoe size: 11-13)	REGULAR ((shoe size: 8.5- 11)	Youth ((shoe size: 6-8.5)
-------------------------------	-------------------------------	---------------------------

SHIN GUARD:

SIZE	PeeWee	Small	Medium	Large
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. 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 as a part of letting other children know about soccer in Vinton County and to positively reflect our Association to the public. I attest my child is in good health.

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 GUARDIAN SIGNATURE:

Date _____

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



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 first be contacted.

Emergency Phone: Parent or Guardian Name _____ Phone _____

Emergency contact other than parent: Name _____ Phone _____

Relationship _____ Does your child have any allergies or require any special Medication?

No Yes Explain _____

Parent/Guardian's Signature

Date

HOLD HARMLESS STATEMENT

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.

PARENT OR GUARDIAN SIGNATURE

Date _____

This statement **CANNOT** be altered to include your District, SAYArea, SAY Organization, City, etc. If you need an additional statement that includes any other entity, then simply add another statement beneath this statement on your player registration form, electronic registration form, etc.

Our insurance carrier dictates this.