

FORD COUNTY YOUTH SOCCER CLUB  
FALL 2022 REGISTRATION FORM



**Registration Deadline: February 14, 2023. Late registration fee is \$10**

**Games Begin: April 2023**      **Make checks payable to: FCYSC Mail to: PO BOX 365 Gibson City, IL 60936**

**PLAYER INFORMATION (One player per form).** Please Print.

Player Name and Address:

Grade: \_\_\_\_\_

\_\_\_\_\_ Date of birth \_\_\_\_\_

Gender:  Male  Female

Player's 1<sup>st</sup> year: Y or N

**Parent/Guardian:** \_\_\_\_\_

**Phone & Email:** \_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Phone & Email:** \_\_\_\_\_

Check One	LEVEL	Birth Year	Cost	JERSEY
<input type="checkbox"/>	MICRO	2019	\$25	T-Shirt provided
<input type="checkbox"/>	U6	2017-2018	\$40 (reg) +\$20 jersey if needed	Jersey size – circle one if needed Youth:    M    L    Adult:    S    M    L
<input type="checkbox"/>	U8	2015-2016	\$40 (reg) +\$20 jersey if needed	Jersey size – circle one if needed Youth:    M    L    Adult:    S    M    L
<input type="checkbox"/>	U10	2013-2014	\$40 (reg) +\$20 jersey if needed	Jersey size – circle one if needed Youth:    M    L    Adult:    S    M    L
<input type="checkbox"/>	U12	2011-2012	\$75	Uniform provided to be returned. Socks can be kept.
<input type="checkbox"/>	U14	2009-2010	\$75	Uniform provided to be returned. Socks can be kept
Scholarships available. Please email <a href="mailto:secretaryfcysc@gmail.com">secretaryfcysc@gmail.com</a>				

<b>Please circle if interested:</b>		
Head Coach - will receive one FREE registration for their player (Refunds issued after ball bags are turned in). Main requirement is positive attitude and encourage. The board will support each coach if needed for practices and games.	YES	NO
Assistant Coach	YES	NO
FCYSC Board -Board members will receive FREE registration for their player(s) with ACTIVE participation of field maintenance, concessions, fundraising, etc.	YES	NO
FCYSC Sponsor	YES	NO
Concessions – Home games only. Will ask for volunteers	YES	NO



## Emergency Medical Release & Liability Waiver Participant's

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Street Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_ EMERGENCY

### INFORMATION:

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Cell/Bus Phone (\_\_\_\_) \_\_\_\_\_ Cell/Bus Phone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
Email \_\_\_\_\_ \*\*In an

emergency when parent/guardian cannot be reached or is not applicable, please contact the following:

Name \_\_\_\_\_ Name \_\_\_\_\_  
Home Phone (\_\_\_\_) \_\_\_\_\_ Home Phone (\_\_\_\_) \_\_\_\_\_  
Cell/Bus Phone (\_\_\_\_) \_\_\_\_\_ Cell/Bus Phone (\_\_\_\_) \_\_\_\_\_

Allergies \_\_\_\_\_

Other Medical Conditions \_\_\_\_\_

Physician \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_ Bus Phone (\_\_\_\_) \_\_\_\_\_

Medical/Hospital Insurance Company \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Policy Number \_\_\_\_\_

THIS AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT MUST BE COMPLETED BEFORE PARTICIPANT (PLAYER/ COACH/ REFEREE) CAN PARTICIPATE IN ACTIVITIES. TREATMENT FOR INJURY WILL BE BASED ON INFORMATION PROVIDED HEREIN. I the undersigned participant and parent/guardian of the above listed minor (if participant is under the age of 18) acknowledge and fully understand that each participant will be engaging in activities that involve risk of serious injury, including permanent disability or death, and severe social and economic losses which might result not only from their own actions, inactions or negligence, but action, inaction or negligence of others, the rules of play, or the condition of the premises or of any equipment used and further, that there may be other unknown risks not reasonably foreseeable at this time, assume all the foregoing risk and accept personal responsibility for the damages following such injury, permanent disability or death, hereby release, discharge, covenants to indemnify and not to sue **Ford County Youth Soccer Club**, its directors, officers, employees, coaches, managers, agents, sponsors and associated personnel including those of its affiliated organizations, and the owners and lessors of premises used to conduct the event, all of which are hereinafter referred to as 'releasees', from any and all liability to each of the undersigned, his/her heirs or next of kin for any and all against any claim by or on behalf of the applicant as a result of the applicant's participation in the Programs and/or being transported to or from the same, which participation, after careful consideration I hereby authorize, and which transportation I hereby authorize. The applicant/participant has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as releasees from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releasees because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releasees. I have read the above waiver/release and understand that (I) we have given up substantial rights by signing this release and sign below voluntarily. I understand that this document may not be altered in any manner and that any alternation without the express written consent from the **Ford County Youth Soccer Club** will cause the participant to be removed from the Program. (revised 3/6/17)

Parents/Guardians Signature \_\_\_\_\_ Date \_\_\_\_\_

(Parents/Guardians' Signature is required if participant is under the age of 18)

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

(Participant's Signature is required)

**NOTE: ATTACH COPY OF YOUR INSURANCE CARD, FRONT AND BACK, TO EXPEDITE MEDICAL TREATMENT.**