



Coach Request: \_\_\_\_\_  
 I have spoken to the coach and there is room on the team

Player Request: \_\_\_\_\_  
 I have coordinated with this player to make sure we are in the same age group

**Select League:**

U5  
 U6

U8Female  
 U10Female  
 U12Female  
 U16Female

U8Male  
 U10Male  
 U12Male  
 U16Male

U8 Advanced Rec

**Select Uniform Size:**

Mark uniform size  
 Shirts and shorts will be the same size  
**NO EXCHANGES!!!**

Youth Extra-Small  
 Youth Small  
 Youth Medium  
 Youth Large

Adult Small  
 Adult Medium  
 Adult Large  
 Adult X-Large  
 Adult 2X-Large

**Player Information (PRINT)**

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_

Sex: Female   
 Male

Birth Date: \_\_\_\_\_

Family Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

**Trainer Response (Without your help the league can not work!!)**  
**Purpose:** We believe that volunteer parents do the best job of training the children to play soccer. We believe this because you have a vested interest, they are your children.

**Experience:** You DO NOT need to know anything about soccer to be a trainer. The league is set up to teach the sport of soccer and to have fun. Winning is not one of our considerations. Therefore there is no pressure on the trainer in this respect.

**Functions:** The content of each practice has been prepared and laid out for you in a booklet. The trainers facilitate practice according to the schedule set out in the trainers manual. During the matches, the trainers will substitute players, call fouls and help on restarts.

I will work with my child's team as a:

Head Trainer Your Name: \_\_\_\_\_  
 (This means I am willing to coach a team by myself.)

Co – Head Trainer Your Name: \_\_\_\_\_  
 (This means I am willing to coach a team but due circumstances, may not always be able to be there. So, if I am paired with another person, we can make this work.)

**Refund:** I have read the full refund policy , I understand it and I will abide by it.

**Practice:** I understand that I am solely responsible for knowing the date and time of the first practice and that no one is going to call me regarding this matter. I received the practice time and dates on a general information sheet at sign-ups or have decided to look up the information on www.bartlettsoccer.com. I understand that an attempt will be made to send an email to remind me of the first practice, but that I am not to rely on this as my source.

**Sportsmanship:** I understand that any unsportsmanship-like conduct exhibited from myself, my child, and/or my extended family will result in a disciplinary action up to and including expulsion of the player from the league.

**Insurance:** Individual accident health insurance is not provided by the Bartlett Parks and Recreation Department or the Bartlett Youth Soccer Association. Participants are encouraged to obtain their own insurance coverage prior to and for the duration of the soccer season from their own insurance agent. By applying for this program, the registrant realizes the inherent risks involved and appreciates the nature of risk and will hold Bartlett Parks and Recreation Department and the Bartlett Youth Soccer Association harmless for any damages caused by participants in the program.

**Medical Attention:** I hereby give my permission to the league directors to seek medical attention for my child if the need arises.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Registration Fee**     Cash    Registration Fees

Make checks payable to "BYSA"     Check    Check Number: \_\_\_\_\_    Date: \_\_\_/\_\_\_/\_\_\_

	Regular	Late
U5   U6	\$85	\$105
U8   U10	\$90	\$110
U12 U15 U18	\$95	\$115