

# Three Rivers Youth Soccer Association

Fort Wayne, Indiana • (260) 615-1539

### Office Use Only

Team No. \_\_\_\_\_

Coach \_\_\_\_\_

Division. \_\_\_\_\_

North/South

Teams Assigned by draw in zip code area  
Once funds are received, there are  
**NO REFUNDS** on a full or pro-rated basis

### REGISTRATION, HEALTH STATEMENT, RELEASE, AGREEMENT, AND AUTHORIZATION

Name \_\_\_\_\_

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ D.O.B. \_\_\_\_\_ Mo Day Year

Parent's names \_\_\_\_\_ Phone # \_\_\_\_\_

Contact if not available \_\_\_\_\_ Phone # \_\_\_\_\_

M ( ) F ( ) Closest School \_\_\_\_\_

Grade in School \_\_\_\_\_ # Seasons Played \_\_\_\_\_

Other Clubs Played For \_\_\_\_\_

- ( ) Registration & Full Uniform \$85
- ( ) Registration Only \$60
- ( ) Munchkin Registration & Uniform \$85
- ( ) Munchkin Registration Only \$60
- Uniform Size \_\_\_\_\_ Need/Took \_\_\_\_\_
- ( ) Less \$5.00 discount for additional child of the same family

#### Office Use:

Total Paid \$ \_\_\_\_\_

Check No. \_\_\_\_\_

Date Received \_\_\_\_\_

Initials \_\_\_\_\_

Birth Certificate on File ( ) Y ( ) N

### EMERGENCY AND HEALTH INFORMATION

Physician \_\_\_\_\_ Hospital Preference \_\_\_\_\_ Dentist \_\_\_\_\_  
# \_\_\_\_\_

Is there any physical impairment or disability that the coaches should be aware of? \_\_\_\_\_ if yes, please explain, \_\_\_\_\_

*THE THREE RIVERS YOUTH SOCCER ASSOCIATION AND ITS MEMBER LEAGUES IS AN INDEPENDENT AND COMPLETELY VOLUNTARY ORGANIZATION. WITH THE EXCEPTION OF SOME PART-TIME OFFICE HELP, NO COACHES, COMMISSIONERS, OR BOARD MEMBERS RECEIVE ANY PAY FOR THEIR TIME. MANY VOLUNTEERS ARE NEEDED TO INSURE THAT THE PROGRAM RUNS SMOOTHLY PLEASE PUT A MARK NEXT TO THE JOB DESCRIPTION WHERE YOU WILL HELP.*

- COACHING - This entails running two practice sessions a week (1 to 1 1/2 hours per session and being at one or two matches on the week-end. No prior soccer or coaching experience is necessary as there will be an introductory clinic at the start of the season, videos and books to help you become familiar with the rules of the game and appropriate drills to run at practice sessions.

- ASSISTANT COACH - This entails being available to help the head coach at the practice sessions and the week-end matches and to fill in for the coach if he or she is unable to be present at all practices and or games.

- COMMISSIONER - This position oversees the organization of your respective division. You will be responsible for putting teams together, contacting those who have volunteered to coach and assistant coach, making sure that there is an on field assistant commissioner at week-end matches and being a liaison between the coaches and board of directors. Attendance at a monthly board meeting is suggested.

^ TEAM PARENT - This position will assist the coach by making phone calls, setting up a snack and drink schedule, picking up necessary uniforms from the office prior to the first game and generally helping coach with any special needs.

### RELEASE, AGREEMENT, AND AUTHORIZATION

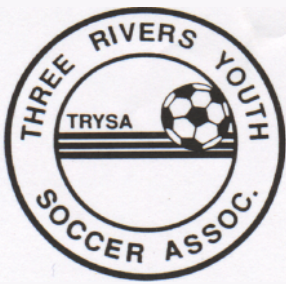
This is to certify that all information supplied herein is accurate to the best of my knowledge. I hereby release and discharge said Association and all of its members, representatives, coaches, or designates of any kind, and all sponsors from any and all liability from any claims I have, or may have, because of an injury to said youth as a participant in said Program or while participation in activities of any kind. I further authorize any attending physician to render any and all medical care which the physician may deem necessary. It is understood that, in any event, an attempt will be made to contact a parent or guardian of the youth before treatment is initiated. The youth is covered by \_\_\_\_\_ insurance, and I assume financial responsibility for any medical service provided for the youth.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_

PLEASE

HELP!



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