

*PARENTS ARE REQUIRED TO PARTICIPATE IN ONE CONCESSION DUTY SESSION AS PART OF THE REGISTRATION AT THOMPSON BERRY YOUTH SOCCER. CONCESSION REVENUE CONTRIBUTES 100% TO PAY OUR REFEREES THROUGHOUT THE SEASON. YOU CAN, AT THIS TIME, OPT OUT OF CONCESSION DUTY BY SUPPLYING AN ADDITIONAL \$10 TO YOUR REGISTRATION FEE. THIS \$10 WILL BE USED TO PAY SOMEONE TO TAKE YOUR PLACE. PLEASE CHECK THE APPROPRIATE BOX BELOW AND PROVIDE THE ADDITIONAL \$10 IF YOU CHOOSE THIS METHOD. THANK YOU FOR PARTICIPATION AND UNDERSTANDING.

(PLEASE SELECT ONE) I WOULD LIKE TO OPT OUT I WILL VOLUNTEER

Player Information

First Name: _____ Middle Name: _____ Last Name: _____ Date Of Birth: _____ Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Team Type <input type="checkbox"/> Mixed <input type="checkbox"/> All Girl School Attending: _____ Siblings: <input type="checkbox"/> Same Team <input type="checkbox"/> Different Team <input type="checkbox"/> N/A Sibling Name: _____	Special Medical Information: _____ Physician Name & Number: _____ Special Request (U4 & U6 Div.): _____ <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> Shirt Size (Circle One): YS YM YL AS AM AL AXL Last 4 Digits Of Players SS#: _____ </div>
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Parent/Guardian Information

Primary Guardian (Child Lives With):	Secondary Guardian:
Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/> Name: _____ Address: _____ City, State, Zip: _____ Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Phone: Home: _____ Cell: _____ E-Mail Address: _____	Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/> Name: _____ Address: _____ City, State, Zip: _____ Gender: Male <input type="checkbox"/> Female <input type="checkbox"/> Phone: Home: _____ Cell: _____ E-Mail Address: _____
I would like to volunteer for (Circle One):	I would like to volunteer for (Circle One):
<input type="checkbox"/> Coach* <input type="checkbox"/> Asst. Coach* <input type="checkbox"/> Team Parent* <input type="checkbox"/> Field Maintenance <input type="checkbox"/> Division Director	<input type="checkbox"/> Coach* <input type="checkbox"/> Asst. Coach* <input type="checkbox"/> Team Parent* <input type="checkbox"/> Field Maintenance <input type="checkbox"/> Division Director
*Shirt Size: S M L XL	*Shirt Size S M L XL

Registration & Player Fees:

**U4:		\$30.00
U6 Through U19	1 st Player	\$50.00
	*2 nd Player	\$40.00
	*3 rd Player	\$35.00
*Sibling Discount Applies To Same Household Siblings		
**No Sibling Discount Or Scholarship Available For The U4 Division		
Registration Ends August 15*		
*Late Registrations Accepted Through August 30th. Late registrations will be placed on a team ONLY if space allows. Any child not placed on a team will have their registration refunded.		

Please Make Checks Payable To:

Thompson Berry Youth Soccer Association
P.O. Box 21663
Owensboro, Kentucky
42304

Medical Waiver:

I recognize and understand that soccer is a sport involving risks not encountered in everyday play. With this understanding, in consideration of Thompson Berry Youth Soccer Association, permitting my child to participate in the soccer program, I covenant and agree to indemnify and hold harmless and do release, requite, and forever discharge TBYSA, it's board of directors, coaches, referees, and other volunteers, including transporting my child to and from activities, for any and all damages, claims and/or liabilities arising out of any and all injury to or caused by my child. With this knowledge and understanding, this is to certify that my child has permission to play soccer in the TBYSA league. Further, I hereby any and all emergency medical treatment deemed necessary by any physician, nurse or paramedic. A copy of this authorization shall be as effective as the original. I will sign and abide by the league code of conduct, provided to me by the Thompson Berry Youth Soccer Association.

Signature: _____ **Date:** _____
Signature: _____ **Date:** _____