



**Nelson Youth Soccer Association**  
**Box 162 Nelson, V1L 5P9**  
**Web: [www.nys.ca](http://www.nys.ca) E-mail: [nys@nys.ca](mailto:nys@nys.ca)**  
**Phone: 352-0730**  
**2010 Registration for House and Rep**

**Registration deadline is March 6<sup>th</sup>** to receive \$95 fee. After this date, the fee is \$125 and only accepted if space is available. You are not considered registered until payment is received. **Register Online using credit card or check**, or fill out this form and mail it in accompanied with check. If you are a return registrant, most of the information on this form is already entered online for you. **Rep registration deadline is Feb 28<sup>th</sup>**. At this point the Rep divisions will be determined based on the interest. After this date your request to tryout may be denied. All Rep players must participate in House in order to be eligible to play on a rep team. See our Handbook on the web for High School Girl Soccer Player Exemption.  
**Season:** Our 12 week soccer season for our entire association shall run May, June, and September. Please read the Winter News Letter for Game and Practice time details.

**PLAYER INFORMATION:**

_____		____/____/____	Sex: <b>Male</b> <b>Female</b>		
Player's First Name	Last Name	Birth date dd/mm/yy			
_____		_____	_____		
Mailing Address	City	Postal Code	BC Medical Number		
_____		_____	_____		
Contact Phone#	Contact e-mail	Birth Certificate # (if new member)			
_____		_____	_____		
Father's First Name	Last Name	Phone#	Mother's First Name	Last Name	Phone #
_____		_____	_____		_____
Person to contact if Emergency	Phone #	Alternate Emergency Person	Phone #		
_____		_____	_____		
Doctor to Notify if Emergency	Phone #	Extra Medical Plan	Extra Med. Plan. #		
_____		_____	_____		

Identify any Medical Condition (including Allergies and Medications)

Did you play in indoor Soccer this past season? **Y / N**  
 Did you play Rep Soccer last year? **Y / N**

**SPECIAL REQUEST: in writing, by March 20<sup>th</sup>.**

<b>CIRCLE PREFERRED PRACTICE LOCATION</b>			
Nelson	South Slokan	Balfour	Crawford Bay
Six Mile	Blewett	Salmo	Kaslo
<p>NYSA will attempt to accommodate regional preferences, but if regional teams are full or have insufficient players, registrants will be placed on the nearest team and we will consider car pool needs.</p>			

<p><u>Do not request preferred teams or fellow players.</u> We attempt to create teams that are balanced in terms of player ability. Check practice &amp; game times in our Winter News letter. Car Pool requests are at the discretion of the Division Manager.</p> <p>Request: _____</p> <p>_____</p> <p>_____</p>
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**Volunteers are the backbone of our organization. We need your help to make another successful season. If you have questions regarding coaching, contact our Head Coach. (See website for info.)**

**Are you interested in volunteering? Name:** \_\_\_\_\_

**What Division?** \_\_\_\_\_ (i.e. U8G (girls))

House Coach \_\_\_\_\_ House Assistant Coach \_\_\_\_\_ preferred practice day \_\_\_\_\_ preferred practice time: 4:00 or 5:00 (circle)

House Team Manager \_\_\_\_\_ Division Manager \_\_\_\_\_

Or shift work the day of: Awards Banquet \_\_\_\_\_ U6-U10 year end BBQ \_\_\_\_\_ Picture day \_\_\_\_\_

**NYSA FEES FOR 2010 SEASON**

Player	\$125.00	_____
Pay by March 6 <sup>th</sup> discount	\$-30.00	_____
3rd player+ family discount	\$-10.00	_____
Rep tryout fee	\$ 30.00	_____
<b>NYSA Board Approved</b>	\$-40.00	_____
House exempt discount (See Handbook, Section 5)		_____
Optional CT Scanner Donation	\$5.00	_____
Optional Kid Sport Donation	\$5.00	_____
<b>Enclose payment for total Fees Due:</b>		_____

<b>REFUND POLICY</b>
<p>Request for refunds must be received in writing by NYSA before the third scheduled game of the season. Refunds will be subject to a \$25.00 administration fee. The Board will only consider refunds after this date in exceptional circumstances. Once refunded, the player cannot play again this season. All refund requests will be processed by the end of May.</p>

In consideration of acceptance in this program, I, the undersigned do hereby waive, remit and release any and all manners of action, claim or demands, which I may have against the Nelson Youth Soccer Association or their agents, representatives and successors.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_