P.O.Box 523 Franklin,OH 45005, fysaohio.org,Carl Perez 937-269-6836

Fall Franklin Youth Soccer 2013

This season's fee is $50 + Fund Raiser

(Fund Raiser Opt Out $20)

Childs Age as of July 30, 2013:____Birthday:___/____/____Children must be 4 by July 30th to participate

Division/Age

(Candy4), (Candy5), (Passer 6, 7), (Wing 8, 9), (Striker 10, 11), (Kicker 12-13)

Male/Female Fall Seasons Played:_____

Does your child have a sibling you want on the same team (Y, N?)

Name of Sibling_____

Uniform Size

Shirt Size:	YXS	YS	YM	YL	AS	AM	AL	AXL	AXXL
Short Size:	YXS	YS	YM	YL	AS	AM	AL	AXL	AXXL

Child Name _____

Parent/Guardian_____

Address_____

Phone_____ Email_____

Consent for Medical Treatment

Does your child have special medical needs (Y/N) Explain:_____

I _____ the parent of_____give permission for emergency medical treatment of my child if myself or my emergency contact is unable to be reached

Emergency Contact:_____Phone:_____

Do you want to buy out of the fundraiser for $20.00? Yes No (Circle one)

Please help make a difference! **Volunteer!**

Name_____ Phone_____ Email_____

Head Coach Asst. Coach Concession Stand Sponsor

We hereby agree that the Soccer Association For Youth (SAY) its members, coaches, or officers shall not be liable for any injury or loss which my child may sustain while participating in activities of any kind whether sponsored or under the supervision of SAY and we agree to indemnify and to hold harmless SAY, its members, coaches, officers, or designates of any kind from any claim whatsoever.

Parent or Guardian Signature: _____

Date:_____

Fee Paid Check/Ck# Date Rec By Age DIV Name

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Parent and Spectator Code of Conduct

The following standards are established by the Franklin Youth Soccer Association and govern the behavior of all FYSA Parents, before, during and after soccer club events:

1. I will not be a sideline coach or referee. I will provide positive reinforcement, care, and encouragement to my child and his/her teammates. I will also refrain from making negative comments to my child or his/her teammates.
2. I will support coaches and officials who instruct my child in order to encourage a positive and enjoyable experience for all.
3. As a parent and spectator I will cheer for my team from the spectators area and will not sit or stand near the goals or players sidelines during a match.
4. I promise to treat other fans, coaches, players, and officials with respect, regardless of race, gender, or ability.
5. I acknowledge that the coaches are volunteers and are responsible for the entire team including parents.
6. I will remember that as a fan, I represent the Franklin Youth Soccer Association and the community. I understand poor behavior during practices, games, or tournaments may result in expulsion from the soccer complex. (I must wait inside or next to my car in the parking area for my son or daughter). If this happens repeatedly, it will result in expulsion from the Club.

Acknowledgement

I have read, understand and hereby agree to abide by and support the FYSA Parent and Spectator Code of Conduct. I will convey these rules to all other family and spectators for this player.

Player's Name: _____ Date: _____

Parent's/Guardian's Signature: _____

Fee Paid	Check/Ck#	Date	Rec By	Age	DIV	Name