



KENT ISLAND YOUTH SOCCER LEAGUE

2010 Player Registration Form - Late Registration



P.O. Box 952 Stevensville, MD 21666

Player Name First / Last			Gender M or F
Lives with	<input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Both <input type="checkbox"/> Other _____		
Birthdate			Grade in Fall 2010

<input type="checkbox"/> 4-5 coed	<input type="checkbox"/> 6-7 coed	<input type="checkbox"/> 8-9 coed	<input type="checkbox"/> 10-11 coed	<input type="checkbox"/> 12-13 coed	<input type="checkbox"/> 11-13 Girls	<input type="checkbox"/> 14-17 coed
09/01/2004 - 8/31/2006	9/1/2002 - 8/31/2004	10/01/2000 - 8/31/2002	12/01/1998 - 9/30/2000	1/1/1997 - 11/30/1998	1/1/1997 - 12/31/1999	1/1/1993 - 12/31/1996
\$65	\$70	\$75			\$85	

Parent/Guardian #1			Parent/Guardian #2		
Name			Name		
Address			Address		
City/State Zip			City/State Zip		
Phone			Phone		
Email			Email		
Volunteer?	<input type="checkbox"/> If checked, please fill out "Volunteer Application"		Volunteer?	<input type="checkbox"/> If checked, please fill out "Volunteer Application"	

Medical Information		
Emergency Contact		Phone
Relationship to player		
Medical Condition?	YES / NO	<i>If Yes, please indicate condition below</i>

League Use Only	
<input type="checkbox"/> Birth Certificate	<input type="checkbox"/> Code of Conduct
Division Last Year	League Age
Fee	Cash or Check #
<input type="checkbox"/> Payment Received	

- I/We, the parents/guardians of the above named registrant hereby give my/our permission to participate in any and all KIYSL activities.
- I/We certify that the above named player has no physical problems which are likely to prevent participation in strenuous physical activity during soccer practices/games.
- I/We understand that at least one parent/guardian of children with medical conditions is required to attend all practices and games.
- I/We have read and understand the *Mid-Atlantic Recreation & Parks Code of Conduct* form, and have received a copy for my records.

- If not already on file with KIYSL, I/We will furnish a copy of the above named player's birth certificate, as required by Queen Anne's County regulations.
- I/We realize that participation in soccer may result in serious injuries and protective equipment does not prevent all injuries to players, and hereby waive, release, absolve, indemnify, and agree to hold harmless the KIYSL, the organizers, agents, sponsors, supervisors, volunteers, and participants from any claim arising out of an injury to my/our child whether the result of negligence or for any other cause.

Parent's/Guardian's Signature

Date

Note: This form *must* be signed by both the player and the parent in order to be registered.

Mid-Atlantic Recreation & Parks Sports Code of Conduct

As a ***Player***, I understand that I must follow these rules to stay in good standing:

1. Respect the game, play fairly and follow it's rules and regulations
2. Show respect for authority to the officials of the game and of the league
3. Demonstrate good sportsmanship before, during and after games
4. Help parents and fans understand the league philosophy so they can watch and enjoy the game
5. Be courteous to opposing teams and treat all players and coaches with respect
6. Be modest when successful and be gracious in defeat
7. Respect the privilege of the use of public facilities
8. Refrain from the use of drugs, tobacco, alcohol and abusive language

Player's signature & Date : _____

As a ***Parent/Guardian***, I recognize that parents/guardians are the most important role models for their children and that sports help to develop a sense of teamwork, self-worth and sportsmanship. As such, I agree to abide by the following:

1. Encourage good sportsmanship by demonstrating positive support for all players, coaches, fans and officials at games, practices and other sporting events
2. Place the well being of my child before a personal desire to win
3. Advocate a sports environment for my child that is free of drugs, tobacco, alcohol and abusive language and refrain from their use during youth sporting events
4. Encourage my child to play by the rules and respect the rights of other players, coaches, fans and officials

Parent's/Guardian's signature &
Date : _____

Failure to comply with these standards may result in disciplinary action.

Kent Island Youth Soccer Registration Package

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New Participants
Attach Copy of Birth Certificate Here



KENT ISLAND YOUTH SOCCER LEAGUE
2010 Volunteer Application



Name	
Phone	
Email	
Best time/method to contact you?	

Thank you for volunteering to help the Kent Island Youth Soccer League!

Please check the way you wish to contribute your talents:

Coach <input type="checkbox"/>	Age Group(s) requesting to coach during the Fall 2010 Season:	
Shirt Size - M L XL XXL		
Assistant Coach <input type="checkbox"/>	Age Group(s) requesting to coach during the Fall 2010 Season:	
Shirt Size - M L XL XXL		
Referee <input type="checkbox"/>	Concession Stand <input type="checkbox"/>	Picture Coordinator <input type="checkbox"/>

You will be contacted soon by a KIYSL representative.

Thank You!