

# KEYSTONE YOUTH SOCCER CLUB

[www.keystoneyouthsoccer.com](http://www.keystoneyouthsoccer.com)

(Affiliated with Florida Youth Soccer Association and a member of North Florida Youth Soccer League)

## 2019 Spring Soccer Registration

For Ages 4 through 18

### IN HOUSE REC TEAMS (No Travel):

- U6 Coed League ages 4 & 5 years old (Birth years 2013 & 2014)
- U8 Coed League ages 6 & 7 years old (Birth years 2011 & 2012)
- U10 Coed League ages 8 & 9 years old (Birth years 2009 & 2010)
- U12 Coed League ages 10 & 11 years old (Birth years 2007 & 2008)
- U14 Coed League ages 12 & 13 years old (Birth years 2005 & 2006)
- U16 Coed League ages 14 & 15 years old (Birth years 2003 & 2004)
- U19 Coed League ages 16,17 & 18 years old (Birth years 2000 & 2001 & 2002)

**ALL GAMES & PRACTISES WILL BE AT TWIN LAKES PARK, 6065 TWIN LAKES ROAD.**

**SEASON is February 18, 2019 to May 18, 2019**

**FEES:** **THE FEE is \$70.00.** Payable to KYSC Supplied uniform will be jersey, shorts & socks.

**NOTE:** If you played last fall 2018 & return to the same team with same uniform the fee is \$40.00

You will need to purchase shin guards, soccer cleats & soccer ball

**TO REGISTER: SIGN UP BY FEBRUARY 18, 2019 (Late sign ups accepted if team space)**

Registration sign ups may be dropped off or mailed in with **REQUIRED PARENT SIGNATURE BELOW**

If this is your first year playing you will need to supply a copy of **BIRTH CERTIFICATE.**

To Register: Come to or mail in to Trevor Waters Realty, Inc. at 7374 SR 21 N, Keystone Heights, FL 32656

### NOTE:

**Coaches, Sponsors, Field Workers, Concession Workers, Referees Needed.**

**KEYSTONE YOUTH SOCCER CLUB IS AN ALL VOLUNTEER NON PROFIT ORGANIZATION**

**DEDICATED TO PROMOTING YOUTH SOCCER IN THE LAKE REGION AREA**

**FOR INFORMATION CALL: TREVOR WATERS at 473-7777 or 352-246-7776**

**DUANE PATTERSON at 352-235-0393**

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Age(year born) \_\_\_\_\_ Boy \_\_\_ Girl \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_ E-Mail \_\_\_\_\_

Parents \_\_\_\_\_ Home# \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

**Parents Signature (REQUIRED)** \_\_\_\_\_

Returning Team & League (indicate if you want new team) \_\_\_\_\_

**Circle Uniform Size (IF YOU DID NOT PLAY IN FALL)**

Youth S M L      Adult S M L XL

**VOLUNTEERS AND SPONSORS NEEDED: (Please Circle)**

Coach

Assist. Coach

Referee

Concession Worker

Sponsor (\$100)

**INFORMED CONSENT** I, as parent or guardian listed and signed above, agree that we will abide by the rules of **KYSC**, the state association **FYSA** and all its affiliated organizations. My/our child wishes to participate in soccer during the season of this registration. I acknowledge that I am completely aware of the inherent risks associated with soccer, and hereby waive, release, and discharge the state association **FYSA** and all of its affiliated organizations including **KYSC**, as well as their officers, directors, employees, and agents (collectively, the "Released Parties") from any and all liability and responsibility in the event that my child becomes injured in any way during participation in soccer events or activities associated with the Released Parties. includes full range of injuries from minor to severe, and the result could be death, paralysis, or other serious, permanent disability I further state that I take full responsibility for any injury that may occur as a result of my child's participation, and that I will not hold the Released Parties responsible for any aggravation of preexisting injuries prior to or during participation in any soccer events or activities associated with the Released Parties. **INSURANCE NOTICE:** All injuries must be reported within 90 days of the date of the injury.

# KEYSTONE YOUTH SOCCER CLUB

**[www.keystoneyouthsoccer.com](http://www.keystoneyouthsoccer.com)**

(Affiliated with Florida Youth Soccer Association and a member of North Florida Youth Soccer League)