

FALL 2018 YOUTH SOCCER SIGNUPS

Registration Deadline – July 13th, 2018



Player Information (as of 9/2018)

Last Name:	First Name:	Middle/Initial:	DOB (mm/dd/yyyy)
Address:	City:	State:	Zip code:
Gender	Fall 2018 Grade (Circle)	Player Shirt Size (Circle)	(JCSA Use Only)
M / F	\$35: Pre-K Kindergarten	Youth: S M L XL	Division
	\$50: 1 2 3 4 5 6 7 8	Adult: S M	Team
Please list all medical conditions/allergies that the league/coach needs to be aware of:			
Primary medical coverage is required for all participants. League is covered by liability insurance only			

Parent/Guardian Information

Preferred Contact:	Primary Phone:
	Text-capable: Y / N
Email:	Secondary Phone:
	Text-capable: Y / N
Backup/Emergency Contact:	Primary Phone:
	Text-capable: Y / N
Email:	Secondary Phone:
	Text-capable: Y / N

Our program depends entirely on volunteer support!

Please consider helping as a team coach, assistant coach, board official, or as-needed helper (fields, equipment, fundraising, etc).

Volunteer Information

Volunteer Name:	Phone:	Position:
Email:	Text-capable: Y / N	Coach / Other

JCSA needs your support & cooperation to help ensure the safety and enjoyment of all our league participants.

Observance of the following guidelines will help the League and its coaches:

- 1) Promptness before and after practices and games
- 2) Positively reinforce soccer fundamentals and sportsmanship with your child at home

JCSA USE ONLY	
Payment	_____
Ck # or Cash	_____
Date Received	_____

Parent/Guardian Signature

<http://www.jcsoccer.org>

Mail forms to: JCSA, PO Box 453, Johnson City, NY 13790
Checks should be payable to JCSA