

**Oak Ridge Youth Soccer  
Rec League Registration Information  
Fall 2010/Spring 2011**

**REGISTRATION** Saturday, May 8<sup>th</sup>, 9:00 a.m. – 4:00 p.m. KSA Office, Parks Chevrolet Soccer Complex @ Beeson Road Park or Saturday May 22<sup>nd</sup> at Ridgefest 2010 in Oak Ridge. Players must have been 4 years old on or before August 1, 2010  
**\*\*\*Copy of Player's birth certificate required for registration\*\*\*  
**!!!!ALL OAK RIDGE REGISTRATIONS PRIOR TO MAY 22ND ENTRED IN DRAWING TO WIN A UK ELITE SUMMER CAMP FREE !!!****

You may also print form and mail with check and birth cert copy to:  
Oak Ridge Soccer  
5201 Red Fox Dr.  
Oak Ridge, NC, 27310

**COST** Fall 2010/Spring 2011 - \$135  
**Includes** – Jersey, Shorts & Socks  
**You provide** - shin guards, cleats and soccer ball  
(Size 3 - ages 4-7; Size 4 - ages 8-11; Size 5 - ages 12-17)

**PRACTICE** Please indicate three available practice nights. We will roster your child on a night available to you. This form is for Oak Ridge players with KSA only. All players will be placed with Oak Ridge teams practicing in Oak Ridge.  
Coaches receive the rosters **August 21<sup>st</sup>**. Practices begin **Saturday, August 28<sup>th</sup>**.

If you do not receive a call from your coach by **Thursday, August 26<sup>th</sup>**, call the KSA office at 992-0089. We can tell you who your coach is and when and where you practice.

**FALL SEASON** – Begins **Saturday, September 11<sup>th</sup>**.  
Games will be played at the Parks Chevrolet Soccer Complex @ Beeson Road Park and Oak Ridge Town Park.

**REMEMBER . . .** KSA is always looking for **VOLUNTEERS** - businesses to sponsor teams, volunteers to help with registration and tournaments, or serve as Coaches, Assistant Coaches, or on our Board of Directors. It can be a rewarding experience!

Notify KSA **ASAP** if there are any changes, especially addresses and phone numbers. Children will be placed on teams based on the information provided to KSA. **Any rostering** due to misinformation or changes will be **assessed a \$40 Rerostring Fee**.

**Siblings** can play on same team only if they fall within the same age group or complete a tryout to play up with the Oak Ridge Soccer Director.

Lost **uniforms** will be replaced at your cost.

**Waiver** must be signed before child can practice or play. Copy of Birth Certificate is required to register.

**NCYSA prohibits the wearing of jewelry during games.** This includes any loose jewelry; i.e., chains, watches, earrings, metal hair clips. **If you plan to have your child's ears pierced, please consider waiting until between seasons.** Casts may be allowed at the referee's discretion if they are properly wrapped and not deemed dangerous to the player and/or other players.

# Oak Ridge Soccer Registration

Fall 2010/Spring 2011 REGISTRATION FORM

Oak Ridge Practice Sight form only

**VOLUNTEERS**, please *circle* the area(s) of your interest: Sponsor; Coach; Assistant; Division Coordinator

*Circle* appropriate **LEAGUE** Coed Girls

*Circle* at least **3 days** you CAN PRACTICE: Mon Tue Wed Thu Fri

Did you play **KSA** last season? Yes No Have you **played Challenge or Classic** soccer? Yes No  
Do you play **High School soccer**? Yes No

*Circle* **JERSEY** Size: YS YM YL AS AM AL AXL / *Circle* **SHORT** Size: YS, YM, YL, AS, AM AL, AXL

**PLAYER** Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Male Female  
First Name Middle Initial Last Name **Birth Cert Verified by KSA Yes No US F**  
Address City Zip  
Home # E-mail Address  
Father's Name Mother's Name  
Alternate # Alternate #  
E-mail Address Email Address

Do you have **SIBLINGS** enrolled? Yes No

Name DOB \_\_\_\_/\_\_\_\_/\_\_\_\_; Name DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

I/We agree that my child will be assigned to a team based on the above information and will remain on the team assigned for the current soccer year. If any of the above information changes, I will **NOTIFY KSA** immediately. Any rostering due to misinformation or changes will be assessed a \$40 Rerostering Fee.

Parent \_\_\_\_\_

## KERNERSVILLE SOCCER ASSOCIATION & NORTH CAROLINA YOUTH SOCCER ASSOCIATION RECREATION WAIVER RELEASE AND INDEMNITY FORM

Release made this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

By \_\_\_\_\_ of \_\_\_\_\_  
City of \_\_\_\_\_ County of \_\_\_\_\_ as parent of \_\_\_\_\_

I HEREBY ACKNOWLEDGE THAT IN SOCCER ACTIVITIES ORGANIZED BY **NCYSA**, ITS LOCAL ASSOCIATION, LEAGUES, CLUBS, OFFICERS, DIRECTORS, EMPLOYEES, AGENTS, COACHES, REFEREES OR SUPERVISORS INVOLVES RISK OF INJURY, MINOR OR SERIOUS, INCLUDING PERMANENT DISABILITY. THESE TYPES OF INJURY MAY RESULT FROM MY OWN ACTIONS, THE ACTIONS OR INACTION OF OTHERS, OR A COMBINATION OF BOTH. IN CONSIDERATION OF PERMISSION GRANTED MY CHILD BY THE **KERNERSVILLE SOCCER ASSOCIATION** TO PARTICIPATE IN SOCCER, I HEREBY RELEASE AND DISCHARGE THE **KERNERSVILLE SOCCER ASSOCIATION** OF KERNERSVILLE, NORTH CAROLINA, ITS AGENTS EMPLOYEES AND OFFICERS FROM ALL CLAIMS, DEMANDS, ACTIONS, JUDGMENTS AND EXECUTIONS WHICH THE UNDERSIGNED EVER HAD, OR NOW HAS, OR MAY HAVE, OR WHICH THE UNDERSIGNED'S HEIRS, EXECUTORS, ADMINISTRATORS OR ASSOCIATION, ITS SUCCESSORS OR ASSIGNS FOR ALL PERSONAL INJURIES, KNOWN OR UNKNOWN, AND INJURIES TO PROPERTY, REAL OR PERSONAL CAUSED BY, OR ARISING OUT OF, THE DESCRIBED SPORTS ACTIVITIES.

I UNDERSTAND THAT THE RULES AND REGULATIONS ARE DESIGNED FOR THE SAFETY AND PROTECTION OF PARTICIPANTS AND I HEREBY UNDERTAKE TO ABIDE BY THESE RULES AND REGULATIONS. I ALSO UNDERSTAND THAT CERTAIN ACTIVITIES REQUIRE A MINIMUM LEVEL OF FITNESS FOR SAFE PARTICIPATION.

I, THE UNDERSIGNED, HAVE READ THIS RELEASE AND UNDERSTAND ALL OF ITS TERMS. I EXECUTE IT VOLUNTARILY AND WITH FULL KNOWLEDGE OF ITS SIGNIFICANCE. IN WITNESS WHEREOF I HAVE EXECUTED THIS RELEASE THE DAY AND YEAR FIRST ABOVE AND WRITTEN.

I, AND MY HEIRS AND REPRESENTATIVES, HEREBY RELEASE **NCYSA**, AND WAIVE ANY CLAIMS I MIGHT HAVE AGAINST **NCYSA** ARISING FROM ANY SUCH INJURY I MAY INCUR.

PARENT'S SIGNATURE \_\_\_\_\_

Date \_\_\_\_\_

**Registration Fees: \$135 (10% discount w/in Kernersville City Limits)**

Late Registration fee August 1st. No refunds after September 1<sup>st</sup>. Administrative fee for all refunds.

Fee: \_\_\_\_\_ Paid \_\_\_\_/\_\_\_\_/\_\_\_\_ Check # \_\_\_\_\_/Cash

Visa # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_/\_\_\_\_ M/C # \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature \_\_\_\_\_

**QUESTIONS?** Contact: **Kernersville Soccer Association**, P.O. Box 333, Kernersville, NC, 27285

Office: 336-992-0089; Fax: 336-992-0090; E-Mail: [ksasoccer@embarqmail.com](mailto:ksasoccer@embarqmail.com); Website:

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