



Butler County Youth Soccer JR. Pro

Registration Deadline March 1, 2018



Player Information:

Age Group:

First	Last	AGE	Date of Birth	Girl or Boy	Age as of 7/31/17
Mailing Address	City	State	Zip	Phone Number	Phone Number
School	Last Season Played		Number of prior	Shirt Size (circle size)	YS YM YL AS AM AL
Parent Information:					
Primary Guardian	Home Phone		Cell Phone	Interested Coaching	<i>Email Address</i>
Secondary Guardian	Home Phone		Cell Phone	Interested Coaching	<i>Email Address</i>
Emergency Contact:					

Age Group	Birth Range	Check	Location of Games
Under 4	8-01-13 thru 07-31-15		Butler County
Under 6	8-01-11 thru 07-31-13		Butler County
Under 8	8-01-09 thru 07-31-11		Butler County
Under 10	8-01-07 thru 07-31-09		Possible Travel
Under 12	8-01-05 thru 07-31-07		Possible Travel
under 14	08-01-03 thru 12-31-05		

Registration Instructions

To ensure fairness, no request for a specific team will be honored. A completed form and the registration fee must be received by the deadline to be placed on a team. There are no refunds once your child is placed on a team. There will be a \$30 return check fee.

Please make check payable to either Butler County Youth Soccer Association or BCYSA.

Registration fee: \$45 (includes shirt)

Late fee: \$15 (if after March 1, 2018)

Total amount: _____

****payment is due at registration, child will not be placed on team until full payment is received.**

IMPORTANT

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of US Youth Soccer, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the US Youth Soccer accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify US Youth Soccer, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation

I hereby authorize.

Name (Parent/Legal Guardian please print)

Signature

Date

**If you have any questions please feel free to contact Katie Wilson at katie.wilson@butler.kyschools.us

**Please submit to school or mail to Katie Wilson:
210 Cemetery St.
Morgantown, KY 42261**