

New Knoxville Soccer Club/WCOSA Fall 2019 Registration Form

Division and Entry Fees

U6:	Age 4-K	\$35	Co-Ed
U8:	1st/2nd	\$45	Co-Ed
U10:	3rd/4th	\$55	
U12:	5th/6th	\$55	
U14:	7th/8th	\$55	
U19 :		\$50	

Registration Deadline:
June 15, 2019

Late registrations:
Will be accepted on an as needed basis with a **\$10 late fee** until July 1st.

Make Checks Payable to: NKYSA
Mailing address: NKYSA Soccer
PO Box 63, New Knoxville, OH 45871

Please Note U10-U14:
Coed teams may be formed if there are not enough girls or boys to form separate teams.

*** ALL FEES ARE NON-REFUNDABLE ***

Player Name: _____ Male/Female (Circle One)

Address: _____

Date of Birth: _____ School Attending: _____ Grade in Fall: _____

First Time Player: ____ Yes ____ No

Father's Name: _____ Mother's Name: _____

Address: _____ Address: _____

Home Phone: Father _____ Mother _____

Cell Phone: Father _____ Mother _____

Email: Father _____ Mother _____

Our program operates with help from parent volunteers. Please consider helping our soccer club.

I am willing to: Coach Assistant Coach

Coaches who attend our coaching clinic will receive a portion of their child's registration fee back.
****One refund per coach based on age group they are coaching. ****

Complete Reverse Side

FOR CLUB USE ONLY

Medical Form _____ Fee Paid \$ _____ Cash _____ Check# _____ Rec'd By _____ Date _____

Player Name: _____

Access to all forms referenced below requiring signature and the Ohio Dept of Education video on Lindsay's Law can be found on our Facebook page - New Knoxville Soccer Club. Additionally, the forms and Lindsay's Law video can be found at wcosasoccer.com. Click on the Documents & Links tab from the home page.

AFTER READING EACH DOCUMENT, PLEASE SIGN EACH BELOW:

Liability Waiver – I have read the West Central Ohio Soccer Association release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it, and sign freely and voluntarily without inducement.

Parent/Guardian Signature _____ Date _____

Parent Code of Conduct – By signing below, I acknowledge I have read and understand the West Central Ohio Code of Parent Conduct and agree to follow the parent code of conduct and all other policies of WCOSA.

Parent/Guardian Signature _____ Date _____

Lindsay's Law – Lindsay's Law went into effect in 2017 and is about Sudden Cardiac Arrest (SCA) in youth athletes. It covers all athletes' years 19 and younger who practice for or compete in athletic activities. Activities may be organized by a school or youth sports organization. All youth athletes and their parents/guardians must view the Ohio Department of Health (ODH) video about Sudden Cardiac Arrest and review the ODH SCA handout.

By signing below, I am acknowledging that I have watched the video and viewed the hand out.

Parent/Guardian Signature _____ Date _____

Player Signature _____ Date _____

Consent for Medical Treatment

I hereby give my consent to have a coach, athletic trainer, emergency personnel and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of such assistance and/or treatment.

Parent/Guardian Signature _____ Date _____

Does your child have any medical conditions to be aware of? ____ Yes ____ No

If yes, please explain: _____
