

2008

FOR LEAGUE USE ONLY	
PAID	<input type="checkbox"/> CASH _____
	<input type="checkbox"/> CHECK _____
	# _____
REG FEE	_____
OPT OUT FEE	_____



SIKESTON YOUTH SOCCER LEAGUE

FALL SOCCER REGISTRATION

www.sikestonsoccer.org

- Pre K & Kindergarten - GIRLS Boys (grades 1-8) Girls (grades 1-8)
 Pre K & Kindergarten - BOYS

(PLEASE PRINT)

CHILD'S NAME: _____ SEX: M _____ F _____

ADDRESS: _____ PHONE: _____

BIRTHDATE: _____ ENTERING GRADE: _____
(Must be four years old by July 1, 2008)

SHIRT SIZE: (Circle One) YS YM YL AS AM AL AXL

Has your child played soccer before? YES NO (IF YES) when? _____

Selected to prior all-star team? YES NO

Parent interested in coaching? YES NO ASSIST

Interested in working in other league positions? YES NO _____

All participants of the league **are expected** to participate in the league's fundraiser.

You may elect to opt out of the league's fundraiser - cost to opt out is \$20.

Check here to opt out
(Include \$20 with your registration fee)

Check here for multiple child discount.

REGISTRATION FEE:

1st child - \$25.00 - Additional Children in Same Family \$20.00 per child

I being the parent (guardian) of the above named child registering for a position on a Sikeston Youth Soccer League (SYSL) team, do hereby give approval for the child's participation in any and all activities during the current season. I assume all risks and hazards incidental to such participation including transportation to and from activities; and, I do hereby release, absolve, indemnify and agree to hold harmless the Sikeston Youth Soccer League, any sponsors, organizers, supervisors, participants, and person transporting my child, except to the extent and in the amount covered by accident or liability insurance.

I agree to furnish a copy of the birth certificate of the above named child or proof of grade placement to the assigned coach at the first practice/meeting.

Parent's or Guardian's Name (Please Print) _____

Date: _____ Signed: _____

Registration deadline is August 15, 2008

Registrations received after this date will be subject to \$15 late charge.

**MAIL COMPLETED FORM & FEE MADE PAYABLE TO SYSL TO:
P.O. BOX 1383, SIKESTON, MISSOURI 63801**