



Sturgis Youth Soccer Organization

PO Box 815 • Sturgis, MI 49091

Email: SturgisYouthSoccer@yahoo.com

Website: SturgisYouthSoccer.com

Spring 2012 Registration Form

Registration Dates at Sturgis Public Library:

Wednesday, February 15 5-7 pm

Saturday, February 25 10-Noon

Fees: \$35 for each child. (\$10 late fee per child if postmarked after March 1, 2012) **NO REFUNDS!**

Registration fee must be paid in full before players will be placed on a team or T-shirt ordered.

Registration forms can also be mailed with payment to: **SYSO, PO Box 815, Sturgis, MI 49091**

Registration Deadline: March 1, 2012

General Information:

SYSO is open to all area youth ages 4-14 - you do not have to live in Sturgis to participate!

Children must be 4 yrs old by 4/1/12 to participate. Age divisions are Under 6, Under 8, Under 10, and Under 12/14.

Players are placed into divisions by SYSO officials according to their age as of 4-1-12.

Tentative Spring 2012 schedule includes 8 games and runs from Tuesday, April 24 to Saturday, May 19.

Practices: Start April 9th - One day per week (Mon, Wed, or Thursday) Days & Times are determined by the coaches.

For more information, visit our website at www.SturgisYouthSoccer.com

SYSO does not accept requests for a specific team, coach or player placement — only siblings & the children of coaches will be guaranteed placement on a specific team.

Practice days are determined by the coaches so we cannot honor practice day requests.

SPRING 2012

SYSO Player Information:

Please complete 1 form for each child

Child's Name: _____ Male / Female Birth date: _____ - _____ - _____

Mailing Address: _____

City: _____

Home Phone: _____

Father's Name: _____

Cell / Work: _____

Mother's Name: _____

Cell / Work: _____

Child lives with: (please circle one) Father Mother Both Other: _____

Email Address: _____ * We use Email to communicate information quickly to parents!

Medical Conditions/Allergies: _____

Name & age of Siblings Playing: _____

Do you live within the Sturgis City limits: (please circle) Yes No

T-shirt Size:(circle one) **YS** (4) **YM** (6-8) **YL** (8-10) **AS** (10-12) **AM** (14-16) **AL** (18-20)

If you order the wrong size you will be responsible to pay for the new shirt!

Age Division:

U6 U8 U10 U12/14

Name on Back of Shirt (**Additional \$ 5**): _____

Please circle any of the following you are interested in helping with:

Coach Concessions Field Lining Pictures Referee Board Other: _____

Comments (NO team requests!) : _____

I, the parent/guardian of the above named candidate for a position on the league, hereby give my approval to participate in any and all activities. I assume all risk and hazards incidental to such participation, including transportation to and from the activities; and I do hereby waive, release, absolve, indemnify and agree to hold harmless the board of directors, local league, organizers, sponsors, participants, volunteers and persons transporting my child to and from activities; for any claim arising out of an injury to my child, whether the result of negligence or from any other cause, except to the extent and in the amount covered by liability insurance.

Parent/Guardian Signature

Date signed

SYSO Use: Date: _____ Amt Pd: _____ MO or Ck#: _____ Cash Initials: _____