



FCYSL REGISTRATION FORM

Fayette County Youth Soccer League • P.O. Box 721 • Fayetteville • GA • 30214
 www.fcysl.org • info@fcysl.org

AGE GROUP (ADMIN USE ONLY)

PLEASE WRITE LEGIBLY IN BLOCK LETTERS

PLAYER'S FULL NAME MALE: <input type="checkbox"/> FEMALE: <input type="checkbox"/>			BIRTHDATE
<input type="checkbox"/> NEW PLAYER - PLEASE COMPLETE ENTIRE FORM AND ATTACH A COPY OF THE PLAYER'S BIRTH CERTIFICATE <input type="checkbox"/> RETURNING PLAYER - PLEASE ONLY UPDATE ANY CHANGES TO YOUR CONTACT INFORMATION			PHONE
ADDRESS			PHONE
CITY	COUNTY	ZIP	PHONE
PARENT'S NAME		EMAIL ADDRESS (REQUIRED)	
PAYMENT: (THERE WILL BE A \$25.00 FEE FOR RETURNED CHECKS) <input type="checkbox"/> CHECK # _____ <input type="checkbox"/> CASH <input type="checkbox"/> CREDIT			AMOUNT \$
SPECIAL REQUESTS:			

VOLUNTEERS:

FCYSL depends on your participation. 99% of FCYSL consists solely of volunteers. Without these volunteers, children may be turned away, which could include your child. We are especially in need of coaches and/or co-coaches in the younger age groups. With FCYSL training, guidance and support, coaching a FCYSL team is not beyond your abilities. Remember, without you, our volunteer, there is no FCYSL.

I would like to: COACH_____ ASST COACH_____ AGE GROUP_____

Signature and agreements are on page 2. This form must be signed to be valid.

BY REGISTERING MY CHILD TO PLAY SOCCER WITH THE FAYETTE COUNTY YOUTH SOCCER LEAGUE, I AGREE TO ABIDE BY ALL RELEVANT RULES AND POLICIES OF THE FAYETTE COUNTY YOUTH SOCCER LEAGUE, FAYETTE COUNTY PARKS AND RECREATION, GEORGIA SOCCER AND US SOCCER INCLUDING BUT NOT LIMITED TO ALL PARAGRAPHS BELOW.

- I WILL BE RESPONSIBLE FOR THE BEHAVIOR OF MYSELF AND ANY RELATIVES OR FRIENDS WHO ATTEND MY CHILD'S GAMES OR PRACTICES.
- I WILL BE AWARE OF THE FOLLOWING GAME DAY POLICIES CONCERNING SPECTATOR DECORUM AND WILL RELAY THAT INFORMATION TO ANY RELATIVES OR FRIENDS WHO ATTEND MY CHILD'S GAMES:
 - ALL SPECTATORS ARE TO SIT ON THE OPPOSITE SIDE OF THE FIELD FROM THE TEAM BENCHES.
 - SPECTATORS ARE TO SIT ON THE END OF THE FIELD CORRESPONDING TO THEIR CHILD'S TEAM'S BENCH.
 - NO SPECTATOR IS ALLOWED TO SIT NOR STAND WITHIN SIX FEET OF THE FIELD
 - NO SPECTATOR IS ALLOWED TO SIT NOR STAND WITHIN TWENTY FEET OF THE GOAL LINE IN THE AREA BEHIND THE GOALS.
 - NO ARTIFICIAL NOISEMAKERS INCLUDING BUT NOT LIMITED TO RATTLES, HORNS, WHISTLES, MEGAPHONES, SIRENS OR AMPLIFICATION DEVICES MAY BE USED DURING GAMES.
 - SPECTATORS ARE ENCOURAGED TO CHEER FOR GOOD PLAY BY BOTH TEAMS. THE OBJECTIVE IS TO MAKE THIS A FUN ATMOSPHERE FOR THE CHILDREN TO ENJOY, NOT ONE WHERE WINNING AT ALL COST IS THE ONLY OBJECTIVE.
 - SPECTATORS MAY NOT SAY ANYTHING OF A NEGATIVE NATURE TO ANY PLAYER. NOR MAY THEY ENCOURAGE NOR ENTICE PLAYERS TO ACT OR PLAY IN A MANNER WHICH IS CONTRARY TO THE SOCCER LAWS OF THE GAME.
 - SPECTATORS MAY NOT UNDER ANY CIRCUMSTANCE NOR FOR ANY REASON RAISE THEIR VOICE TOWARD, QUESTION, APPROACH NOR TOUCH ANY REFEREE BEFORE, DURING NOR AFTER A GAME. DOING SO IS GROUNDS FOR THAT SPECTATOR'S IMMEDIATE REMOVAL FROM THE PARK.
 - SPECTATORS MAY NOT UNDER ANY CIRCUMSTANCES NOR FOR ANY REASON USE PROFANE, INSULTING, ABUSIVE NOR DEROGATORY LANGUAGE TOWARD ANY PLAYER, COACH OR REFEREE. THIS KIND OF BEHAVIOR DIRECTED TOWARDS A MINOR MAY BE CONSIDERED CHILD ABUSE AND AS SUCH CAN LEAD TO LEGAL CHARGES BEING PRESSED.
- I AM AWARE THAT BREAKING ANY OF THE ABOVE POLICIES MAY BE GROUNDS FOR BEING ASKED TO LEAVE THE FIELD.
- I AM AWARE THAT IF ASKED TO LEAVE THE FIELD FOR AN INCIDENT BEFORE, DURING OR AFTER A GAME, I MUST LEAVE SIGHT AND SOUND OF THE FIELD FOR THE REMAINDER OF THE GAME AND MAY NOT RETURN TO THE FIELD WHEN THE GAME IS OVER. IN ADDITION I WILL NOT BE ALLOWED TO ATTEND THAT TEAM'S NEXT GAME AND POTENTIALLY ANY OTHER GAME THAT SEASON. IN THESE CIRCUMSTANCES MY CHILD MAY STILL PARTICIPATE, EVEN THOUGH I CANNOT BE THERE.
- I AM AWARE THAT IF I AM ASKED TO LEAVE THE FIELD FOR A SECOND TIME DURING THE SEASON, I WILL NOT BE ALLOWED TO ATTEND ANY FURTHER EVENTS FOR THE SEASON AND MY CHILD WILL NOT BE ALLOWED TO REGISTER WITH FCYSL IN FUTURE SEASONS.
- RECOGNIZING THE POSSIBILITY OF PHYSICAL INJURY ASSOCIATED WITH SOCCER AND IN CONSIDERATION FOR THE FAYETTE COUNTY YOUTH SOCCER LEAGUE ACCEPTING THE REGISTRANT FOR ITS SOCCER PROGRAMS AND ACTIVITIES, I HEREBY RELEASE, DISCHARGE AND/OR INDEMNIFY THE FAYETTE COUNTY YOUTH SOCCER LEAGUE, THE BOARD OF DIRECTORS, COACHES, REFEREES, ANY INDEPENDENT CONTRACTORS AS USED BY THE LEAGUE AND OTHER VOLUNTEER PERSONNEL 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. MY SON/DAUGHTER HAS RECEIVED A PHYSICAL EXAMINATION BY A PHYSICIAN AND HAS BEEN FOUND PHYSICALLY CAPABLE FOR PARTICIPATING IN THE PROGRAMS. I HEREBY GIVE MY CONSENT TO HAVE AN ATHLETIC TRAINER AND/OR DOCTOR OF MEDICINE OR DENTISTRY PROVIDE MY SON/DAUGHTER WITH MEDICAL ASSISTANCE AND/OR TREATMENT.
- I HEREBY GIVE APPROVAL FOR THE PARTICIPATION OF MY CHILD IN ANY AND ALL GEORGIA SOCCER AND AFFILIATED ASSOCIATIONS OR LEAGUE ACTIVITIES AND I ASSUME ALL RISK AND HAZARDS INCIDENT TO SUCH PARTICIPATION, INCLUDING TRANSPORTATION TO AND FROM SAID ACTIVITIES, WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS GEORGIA SOCCER AND AFFILIATED ASSOCIATION LEAGUE, THE ORGANIZERS, SUPERVISORS, OFFICERS, DIRECTORS, PARTICIPANTS AND PERSONS OR PARENTS SUPERVISING OR TRANSPORTING PARTICIPANTS TO OR FROM SUCH ACTIVITIES FROM ANY CLAIM, ARISING OUT OF INJURY TO MY CHILD. I UNDERSTAND THAT A PLAYER WHO REGISTERS WITH AFFILIATED LEAGUE IS BOUND TO THAT LEAGUE FOR THE ENTIRE SEASONAL YEAR UNLESS A TRANSFER IS REQUESTED FOR EXTENUATING CIRCUMSTANCES.
- I HEREBY GIVE PERMISSION FOR THE FAYETTE COUNTY YOUTH SOCCER LEAGUE TO USE THE LIKENESS OR IMAGE OF MY CHILD IN THE PROMOTION OF THE LEAGUE, PROMOTION OF FAYETTE COUNTY PARKS AND RECREATION PROGRAMS OR PROMOTION OF THE SPORT OF SOCCER IN GENERAL.
- I UNDERSTAND THAT MY CHILD WILL NOT BE PLACED ON A TEAM UNTIL ALL APPROPRIATE FEES ARE COLLECTED BY THE LEAGUE AND THAT PRACTICES AND GAMES WILL BE SCHEDULED AT THE DISCRETION OF THE LEAGUE AND ITS COACHES. I FURTHER ACKNOWLEDGE THAT NO REFUNDS WILL BE GIVEN AFTER THE DATE INDICATED AT [WWW.FCYSL.ORG](http://www.fcysl.org).
- I UNDERSTAND THAT PLAYERS ASSIGNED TO EACH TEAM ARE SELECTED BY THE COACHES IN A DRAFT SYSTEM. DUE TO THIS, THE ONLY REQUEST THAT CAN BE HONORED BY THE LEAGUE IS FOR SIBLINGS OF THE SAME AGE AND SEX TO BE ON THE SAME TEAM. EVERYTHING ELSE DEPENDS ON WHO THE COACHES SELECT. THE LEAGUE HAS NO CONTROL OVER THAT. OUR OBJECTIVE IS TO MAKE THE TEAMS AS EVEN AS POSSIBLE.
- I UNDERSTAND THAT PLAYERS WILL BE ASSIGNED TO AGE APPROPRIATE TEAMS UNLESS A REQUEST FOR THE PLAYER TO PLAY AN AGE UP IS MADE IN WRITING TO THE AGE GROUP COORDINATOR PRIOR TO THE COACH'S DRAFT. THE PLAYER MUST BE EVALUATED BY THE AGE GROUP COORDINATOR AND RECOMMENDED BY THE PREVIOUS SEASON'S COACH. A DETERMINATION WILL BE MADE BY THE AGE GROUP COORDINATOR, REGISTRAR AND LEAGUE BOARD OF DIRECTORS. IT WILL ALSO DEPEND ON THE SPACE AVAILABLE IN REQUESTED AGE GROUP.
- I UNDERSTAND THAT A PLAYER HAS TO BE REGISTERED BY THE REGISTRATION DEADLINE IN ORDER TO BE ELIGIBLE FOR THE DRAFT PROCEEDINGS.
- I UNDERSTAND THAT MY CHILD WILL NOT BE ABLE TO PARTICIPATE UNTIL I HAVE READ, SIGNED AND RETURNED A CONCUSSION AWARENESS FORM. THIS FORM IS AVAILABLE AT http://www.fcysl.org/graphics/Parent_Athlete_Info_Sheet-a.pdf

I UNDERSTAND AND AGREE TO THE TERMS LAID OUT ABOVE.

(REQUIRED PARENT/GUARDIAN SIGNATURE) _____

TODAY'S DATE _____