

**Valley Junior Athletic Association (VJAA)
Soccer Registration Form 2018/2019**

Player's Name _____ Date of Birth _____

Address _____
Street City State zip code

Home Phone # _____ Male____ Female____

School _____ Grade 2018/2019 _____

Last year's coach _____ Division C____ or B____

Requested to play with _____

Father's Name _____ Cell Phone _____

E-mail _____

Mother's Name _____ Cell Phone _____

E-mail _____

Volunteer: Head Coach____ Asst. Coach____ Ref _____ Other _____

Medical conditions/allergies: _____

In consideration of accepting the registration and permitting the voluntary participation of the above named participant in its programs, for myself and in behalf of the above named player, our heirs, assigns and next of kin, I hereby release, discharge and agree to hold harmless VJAA, NYSWYSA and their employees, volunteers, officials, sponsors and other representatives from any and all claims, demands, costs, expenses and compensation arising out of or in any way related to any physical injury or other damage that may result to said participant while participating in any VJAA or NYSWYSA sponsored event, including any physical or other injury caused by the negligence of any such person while performing his/her duties at any time.

Signature: _____ Date _____

NYSWYSA – New York State West Youth Soccer Association

***** For VJAA Use*****

Paid: Cash _____ Check # _____ (checks payable to VJAA)

Received by: _____ Amount _____ \$70 _____ \$90 _____ \$110