

**Valley Junior Athletic Association (VJAA)  
Soccer Registration Form 2019/2020**

Player's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Street City State zip code

Home Phone # \_\_\_\_\_ Male\_\_\_\_ Female\_\_\_\_

School \_\_\_\_\_ Grade 2019/2020 \_\_\_\_\_

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