



VESTAL YOUTH SOCCER ASSOCIATION

P.O. Box 172
Vestal, New York 13850-0172

<http://www.vestalsoccer.com>

- Player Number -

Sign-Up Form

Player's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Birth Date: _____ Phone: _____

Father's Name: _____ Mother's Name: _____

Email Address: _____

Recent Soccer Experience (check all that apply)

____ Recreational – (organization/team/coach/year) _____

____ Travel – (organization/team/coach/year) _____

____ School – (organization/team/coach/year) _____

Primary/Secondary Team Assignment

The above named player is trying out for the _____ VYSA team. If accepted, the above named player will make this VYSA team his/her PRIMARY/SECONDARY (circle one) team for the ____ / ____ season.

Financial Commitment Statement

The financial commitment is approximately _____, depending upon the number of tournaments attended. VYSA runs fund raisers to help offset the cost of the program. Parents should realize that by agreeing to allow their child play travel soccer they are making a financial commitment to the team. Failure to pay dues may result in loss of playing time and expulsion from the team.

Volunteer/Team Support Consideration: (check all tasks that you are willing to perform)

____ Team Manager ____ Team Social Director ____ Team Concessions Representative

____ Team Fund Raiser ____ Team Field Representative ____ Host parent meetings or team gathering