



Vernon Youth Soccer Pre-Registration for Travel, Tryouts or Events



P.O. Box 732 Vernon NJ 07462

www.vernonyouthsoccer.org email vernonsoccer@hotmail.com

Date of Tryout/Event	Pre-Registration for Team/Division/Event
-----------------------------	---

Player's Name	Date of Birth
Parent/Guardian Name	Parent/Guardian Name
Contact Phone	Contact Email
Physical Address	Mailing Address (if different)
<input type="checkbox"/> Resident of Vernon Township <input type="checkbox"/> NON Resident	Current School & Grade
Current Age Group _____ Current Club/Team _____ # of Years Playing Soccer _____	Emergency Contact: Name _____ Phone _____ Relationship _____

You will be required to sign the following waiver before your child can participate in a tryout or VYS event.

"I hereby give permission for my child _____ (player name) to participate in Vernon Youth Soccer, Inc. programs. I assume all risks in regard to participation in the programs in which my child will participate. I release, indemnify and agree to hold harmless Vernon Youth Soccer, Inc., its directors, officers, coaches, trainers and volunteers from any liability that may arise from participation in the programs organized by VYS. By agreeing to these terms, I attest to the following: that the information entered is correct, and in the event of a medical emergency, I authorize VYS staff to seek emergency medical care for my child as deemed necessary"

Signature _____ Date _____

Print Name _____ Relationship _____

I have read and accept the terms of both the Vernon Youth Soccer Code of Conduct and the VYS Rules and Regulations

ALL REGISTRATION AND OTHER SOCCER FEES ARE NON-REFUNDABLE

Completion of this form does not guarantee acceptance to any team or event.