

NW Iowa Youth Soccer Alliance

2007 SPRING (April 14 – May 19) SOCCER REGISTRATION



*It is the goal of the NW Iowa Youth Soccer Alliance to provide soccer opportunities for all youth in a recreational setting.
The alliance serves area communities in NW Iowa and is a member of the Iowa State Soccer Association.
NWIYSA works to provide a quality recreational soccer program. This is accomplished with a 12 member board & parental support.*

Registrations may be dropped off at GOALKICK or sent to:

Deadline is Feb. 24, 2007. A \$15.00 penalty & pending team placement.

\$40.00 Payment Method: Cash: _____ Check #: _____ Amount Paid: _____
MAKE ALL CHECKS PAYABLE TO: NWIYSA



Player Information:

Last Name: _____ First Name: _____ M.I.: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Phone #: _____ E-mail: _____ Birth Date: _____ M/F: _____

Parental Information:

Father's Name: _____ Work #: _____ Home #: _____ Cell #: _____
 Mother's Name: _____ Work #: _____ Home #: _____ Cell #: _____
 Identify medical problems or restrictions: _____
 Person to notify in case of emergency: _____ Phone: _____
 (Other than parent)
 Doctor to notify in case of emergency: _____ Phone: _____

Shirt Information:

*If you played last Fall you will not get a new shirt unless requested.
 All teams stay as formed from fall to spring unless coaches or team assignments change.*



Complete order only if you need a new shirt or you are a new player.

Shirt Size:

Youth
 S(6-8) M(10-12) L(14-16)
Adult
 S M L XL
 (sizes run small)

Select the team town you wish to play on
 Spencer
 Ruthven
 E'Burg

IF BORN BETWEEN:

- 8/1/00– 7/31/02
- 8/1/98– 7/31/00
- 8/1/96 - 7/31/98
- 8/1/94- 7/31/96
- 8/1/92 - 7/31/94
- 8/1/90 - 7/31/92
- 8/1/88– 7/31/90

- U6** (Must be 4 as of July 31st, 2006.)
- U8**
- U10**
- U12**
- U14**
- U16**
- U18**

Divisions for Players
All male & all female teams will be organized for all divisions.

Please note:
U12 & up teams will have to travel to surrounding communities for games!

Games will be played on Saturdays, maybe Sunday afternoons and some weeknights.

Waiver of Liability

I, the parent /guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities, I hereby release, discharge and or otherwise indemnity the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, 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 the same, which transportation I hereby authorize.

Consent for Medical Treatment

As the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.



Printed Name: _____ Signature: _____ Date: _____