

For RNYSA Fall:\_\_\_\_ Spring:\_\_\_\_ Both:\_\_\_\_ New:\_\_\_\_ Renew:\_\_\_\_ XXX\_\_\_\_ Amount Paid: \$\_\_\_\_ Cash/Check #\_\_\_\_ Paypal \_\_\_\_\_  
Use Only:  
Age Group: Team: MSYSA #: COMP Date Received: / /

## Roscommon North Youth Soccer Association

### Player Information:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Gender: M \_\_\_\_ F \_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ # Years Soccer Experience: \_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian #1 Name: \_\_\_\_\_ Parent/Guardian #2 Name: \_\_\_\_\_

Address(if different than player): \_\_\_\_\_ Address(if different than player): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Special Requests- Any physical or mental considerations, sibling requests, etc.:

Reversible Jerseys Birth Years 2011-2014: YS\_\_\_\_ YM\_\_\_\_ YL\_\_\_\_ YXL\_\_\_\_ Fee:\$35 for Fall\_\_\_\_ or Spring\_\_\_\_ or \$50 for both\_\_\_\_ (15.00 if pd for fall)

Take-Home # Shirt Birth Years 2005-2010: YM\_\_\_\_ YL\_\_\_\_ YXL\_\_\_\_ AS\_\_\_\_ Fee:\$45 for Fall\_\_\_\_ or Spring\_\_\_\_ or \$70 for both\_\_\_\_ (25.00 if pd for fall)

### Photograph/Medical Release Information:

I hereby give my permission for RNYSA to use photographs of anyone participating in RNYSA events in any and all of its publications, including website or Facebook entries.

I hereby give my permission for any and all medical attention necessary to be administered to my child in the event of accident, injury, illness, etc., under the direction of the person(s) listed below, until such time as I may be contacted. This release is effective from this date until the end of the soccer season(s) for which my child is registered. In case I am not present and/or cannot be reached, any of the following are designated to act on my behalf:

My Child's Coach \_\_\_\_\_ My Child's Asst. Coach \_\_\_\_\_ RNYSA Board Member \_\_\_\_\_ My Child's Carpooling Parent \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

### Emergency Contacts (Other than Parents/Guardians):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Date of Last Check-up: \_\_\_\_\_

### Known Allergies And Important Medical Information:

### RNYSA is a Volunteer-Run Organization. Please check an area or areas in which you would like to help:

Board\_\_\_\_ Coach\_\_\_\_ Asst. Coach(if all coaching positions are filled)\_\_\_\_ Spring Field Clean-up\_\_\_\_ Fall Field Clean-up\_\_\_\_ Lining Fields\_\_\_\_ (IF COACHING OR SERVING AS A BOARD MEMBER ONE CHILD PLAYS FOR FREE)

Donations are very important for RNYSA to grow and a direct contribution is the most beneficial for our organization. Please consider this option!

I would like to donate: \$10\_\_\_\_ \$15\_\_\_\_ \$20\_\_\_\_ Other Amount \$\_\_\_\_\_ Thank you!

Please Continue to Reverse ---->

<p><b>Registration Deadlines: No late registrations will be accepted!</b>  <b>Fall Deadline: August 1</b>  <b>Spring Deadline: April 1</b></p>	<p><b>A Concussion Form Must Be On File With RNYSA In Order For Your Child To Play or Practice! All Player's Parents/Guardians Are Required To Read, Sign And Return the Concussion Form. This Is A State Requirement.</b></p>
<p><b>PLAYER'S CODE OF CONDUCT:</b></p> <ol style="list-style-type: none"> <li>1. I will play for fun, while learning about soccer.</li> <li>2. I will be a good sport. I will cheer for both teams!</li> <li>3. I will obey the rules of the game.</li> <li>4. I will follow the GOLDEN Rule by treating others as I would like to be treated.</li> <li>5. I will LISTEN to my coach and referee. They are helping me learn about soccer.</li> <li>6. I will be responsible: I will show up for practices and arrive 15 minutes before games. I will tell my parent(s) to contact my coach if I will not be at a game or practice.</li> <li>7. I will RESPECT my coach and team.</li> <li>8. Bad attitude and words are NOT allowed.</li> </ol> <p><b>PARENT'S AND COACH'S CODE OF CONDUCT:</b></p> <ol style="list-style-type: none"> <li>1. Parents should be cheerleaders. I will allow the coach to coach, the referee to officiate and most of all, allow my child to play the game. I will converse after the game.</li> <li>2. I will be kind to my child's coach, other coaches, RNYSA Board Members and the referees. The coaches and RNYSA Board Members are volunteering their personal time and possibly money to provide a recreational activity for your child. The coaches and RNYSA Board Members are providing a valuable community service, often without reward other than their personal satisfaction. Without the coaches, RNYSA Board Members and referees, my child could not participate.</li> <li>3. I will remember that my child is playing for fun while learning about soccer.</li> <li>4. I will accept the results of the game and encourage my child to: be gracious in victory and turn defeat to victory by working towards improvement.</li> <li>5. I will be a positive role model for my child by always displaying good sportsmanship, respect and courtesy. I will encourage good sportsmanship and fair play from my child.</li> <li>6. I will applaud the good plays of both teams. I will never engage in boozing or taunting. I will not disturb other spectators with my actions or behavior.</li> <li>7. I will refrain from coaching my child or other players during a game or practice unless I am an official coach of the team or am asked to help.</li> <li>8. I understand that the game of soccer is a team sport and I will teach my child that teamwork and being a team player are more important than individual achievements.</li> <li>9. I will always praise my child for playing a good game and will make my child feel like a winner every time.</li> <li>10. I will teach my child that playing fair, trying hard and doing one's best are more important than winning a competition. I will not tolerate any physical or verbal abuse in youth sports.</li> <li>11. I will never swear, use profanity, make obscene gestures or engage in any inappropriate behavior or conduct, at any time, while attending youth sports.</li> <li>12. I will respect the fields. I will do my part to keep the soccer fields clean and litter-free and encourage my child to do the same.</li> <li>13. I WILL LEAVE MY PET AT HOME SINCE NO PETS ARE ALLOWED AT FIELDS.</li> <li>14. I am aware that NO SMOKING is allowed at games and practices.</li> <li>15. I will communicate with and fully support my child's coach. I will address any questions, concerns or problems with the coach at an appropriate time and place. If the problem persists, a RNYSA Board Member must be informed immediately.</li> <li>16. I understand that I have a responsibility to immediately inform a RNYSA Board Member if a coach, parent or spectator does or says anything inappropriate in the presence of my child or any other players. This will allow for proper steps to be taken within the organization so that my child will never feel defeated by the outcome of a game, practice or his/her performance.</li> <li>17. I will never criticize, ridicule or yell at my child or another player, for making a mistake or losing a competition. I will not tolerate any physical or verbal abuse in youth sports.</li> <li>18. I will ensure that all of my family members, friends and other guests will abide by this Code of Conduct.</li> </ol>	

I have read and agree to abide by the Player and Parent/Coach Codes of Conduct and Photograph/Medical Release.

Parent's signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_ Parent's Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Parent's Name Printed: \_\_\_\_\_ Parent's Name Printed: \_\_\_\_\_  
 Please make checks payable to RNYSA. Please fill out, sign and return both sides of this Registration Form and the Concussion Form along with a copy of your child's Birth Certificate.  
 Please mail to: RNYSA  
 P.O. Box 323  
 Roscommon, MI 48653

To contact RNYSA and for current information, please visit our Facebook page: Roscommon North Youth Soccer Association or our website: [www.rnysa.org](http://www.rnysa.org)

Questions about Registration? Please contact our Registrar Jessie Traver at [reg.rnysa@gmail.com](mailto:reg.rnysa@gmail.com), or 989-370-4800

Roscommon North Youth Soccer Association is open to all without regard to race, color, national origin, disability or religion.

Revised Feb 5 2019