



Teays Valley Youth Soccer PO Box 271 Ashville, OH 43103

Spring 2012 Registration Form

Ages: 3 years - 8th grade

\$40 for 1st Player/ \$35 for second/ \$30 each additional family member

Fee Must Accompany Registration

\$20 Late Fee, per child, After March 2, 2012

Absolutely NO registrations taken after March 9, 2012

Saturday, Feb. 4th

Thursday, Feb. 9th

Saturday, Feb. 18th

Sunday, Feb 26th

9-11am

5-7pm

10-1pm

12-3pm

Child's Name: \_\_\_\_\_

Gender: M F

Home Phone: ( ) \_\_\_\_\_

Cell Phone: ( ) \_\_\_\_\_

Parents Names: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Add to Email List: Y N

Health Data: (disabilities, allergies) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Has Your Child Played Soccer with TVYSA Before: Y N

(YYYY-MM-DD)

How many years have they played soccer:

Child's age as of January 01, 2012: 3 4 5 6 7 8 9 10 11 12 13 14

Child's grade in 2011-2012 school year: PK K 1 2 3 4 5 6 7 8

Division: Tiny Toes (PK -K) Midgets (1st & 2nd) Juniors (3rd, 4th, & 5th) Seniors (6th, 7th, & 8th)

Shirt Size: Youth Small Youth Med. Youth Large Adult Small Adult Med. Adult Large Adult XL

Sock Size: Youth Small (7-9) Older Youth Medium (9-11) Adult Large (11-13)

Siblings Playing Soccer this Season:

Name: \_\_\_\_\_ Division: TT M J S

Name: \_\_\_\_\_ Division: TT M J S

Name: \_\_\_\_\_ Division: TT M J S

How did you hear about registration: Newspaper Mailing Sign @ Field Referral Flyer Other \_\_\_\_\_

Your help is needed... please circle if you would be interested in helping in one of the following areas

Coach Referee Field Maintenance Concession Stand Sponsor Team Cash Donation

If Coaching: Name \_\_\_\_\_ Shirt Size: Sm Med Lrg XL XXL XXXL

Interested in Financial Hardship Scholarship Y N

Please note that the signature below indicates that you, as a parent/guardian agree to indemnify and hold harmless each and all officers, coaches, referees, and players of the Teays Valley Youth Soccer Association, Teays Valley School District and its employees, as well as Columbus Industries against any and all claims arising from injuries caused to or by the applicant. Parents/guardians and applicant agree to honor rules governing play of the Teays Valley Soccer Association. In the event reasonable attempts to contact me have been unsuccessful, I hereby give consent for: (1) the admission of treatment deemed necessary by a licensed physician or dentist (2) the transfer of the minor child to any emergency treatment center reasonably accessible.

Parent/ Guardian Signature: \_\_\_\_\_

Address (if not the same): \_\_\_\_\_ Phone: \_\_\_\_\_

For Board Member Use Only

Date: \_\_\_\_\_ Date Mailed: \_\_\_\_\_

Amt: \_\_\_\_\_ Cash Check # \_\_\_\_\_ Date Rcvd: \_\_\_\_\_

Initials: \_\_\_\_\_

**Parental Release**  
**Please Read Carefully**

I acknowledge that CI Holdings, LLC an Ohio limited liability company (the Company), has agreed to permit my child and his/her team to participate in sporting activities on the Company's soccer fields (the "Activities"), on the condition that each of the participating children's parents or legal guardians release the Company and its affiliates (including, without limitation, Columbus Industries Inc., an Ohio Corporation), and each of their respective individual, joint or mutual, past, present, future, directors, officers, shareholders, members, controlling persons, affiliates, subsidiaries, agents, employees, representatives, successors and assigns (collectively, the "Released Persons") from any claim or liability arising out of or relating to the Activities.

I am at least 18 years of age and am the parent or legal guardian of a child that wishes to participate in the Activities on the Company's soccer fields. I understand that participation in the Activities on the Company's soccer fields is potentially dangerous, and that my child could be risking injury, and even death, by participating in the Activities on the Company's soccer fields. My child's participation in the Activities is strictly voluntary.

As an inducement to the Company for permitting Activities to take place on the Company's soccer fields, I hereby assume full responsibility for any and all injuries (including death) and other losses that my child may suffer because of his/her participation in the Activities, and I hereby release the Company and other Released Persons from any claim or liability for any injury (including death) or other loss that he/she may suffer because of his/her participation in the Activities, regardless of the cause of the injury (including death) or other loss.

I also agree that I will not hold the Company or any other Release Person responsible in any way for any way for any acts or for any failure to act by

- (i) any person furnishing goods or services in connection with the Activities,
- (ii) any director, officer, shareholder, member, controlling person, affiliate, subsidiary, agent, employee, or representative of the Company or any other Released Person, or
- (iii) any other person (including without limitation, Teays Valley Youth Soccer Association, Inc. (who participates in any way in, or who is involved in any with, the Activities.

I understand that the Company is relying on this Release in making the Company's soccer fields available for the Activities, and I agree to be legally bound by this Release. This Release shall be binding upon my and personal representatives.

**I have read this release carefully before signing it.**

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Signed this \_\_\_\_\_ day of (month) \_\_\_\_\_ (year) \_\_\_\_\_