Meade Co Youth Socce		*Uniform Size:	Spring	g 2017 Registration
C/O Shannon Smith		Jersey:	_	onal League Age Level
3424 Haysville Rd		YXS YS YM YL AS AM AL		1/2013 - 12/31/2014 \$56
Brandenburg, KY 40108		Shorts:		1/2011 - 12/31/2012 \$66
Brandenburg, KT 40108		YS YM YL AS AM AL AXL		1/2009 - 12/31/2010 \$66
Birthdate:		Socks:		1/2007 - 12/31/2008 \$76
Mo Day	Yr	Youth Junior Adult		1/2005 - 12/31/2006 \$76
Gender: Male	Female	*See back for sizing details		1/2003 - 12/31/2004 \$76
denderividie	remaie	See back for sizing details		1/2001 - 12/31/2002 \$76
Last Name	First Name	M.I.	First Year Player:	
East Name	Tirst Name		Yes	No*
				mplete the following:
			Last Tear	
		DIa	ease choose one:	II/ COACII
Primary Guardian		FIE	Open Draw (Ne	w Team) Prior Team
Last Name	First Name	Address	Open Draw (Ne	w really Filor reall
Last Name	Tilst Name	Address		
	0 11 01	5 1011		
Home Phone	Cell Phone	Email Address		
Secondary Guardian				
Last Name	First Name	Address		
Home Phone	Cell Phone	Email Address		
	<u> </u>	1		
		ated by volunteers. We ask for ac	tive participation from	all parents.
Please indicate the areas in v	which you can help:			
Coach	Asst Coach	Team Manager Field P	rep Board	Member
The registrant and I will abide by the	e rules and Parent and Pla	ayer Code of Conduct of Meade County Y	outh Soccer (MCYSA), its affi	liated organizations and
sponsors. Recognizing the possibility	ty of physical injury assoc	ciated with soccer and in consideration for	MCYSA accepting the regist	rant for its soccer
programs and activities (the Program	ms) I hereby release, disc	charge and/or otherwise indemnify MCYSA	A, its affiliated organizations	and sponsors, their
employees, volunteers and associat	ed personnel, including t	he owners(City of Brandenburg, Brandenl	ourg Telephone Company, N	leade County, First
Federal Savings Bank) of the fields a	and facilities utilized for th	he Programs, against any claim by or on b	ehalf of the registrant as a re	esult of the registrants
participation in the Programs and, o	or being transported to or	r from the same, which transportation I do	hereby authorize. Permiss	ion is herby granted to
use of the player's name and /or in	nages for printed or other	r media to promote youth soccer in Mead	e County. I as PARENT/LEGA	AL GUARDIAN request that
in my absence the above named pla	ayer be admitted to any h	nospital or medical facility for emergency	medical care prescribed by a	duly licensed Doctor of
Medicine or Doctor of Dentistry or	other such licensed techr	nicians or nurses. Care may be given unde	er any conditions necessary t	to preserve life, limb
or well being of my dependent.		, 5		,
<i>5</i> , .				
Emergency Contact (other than par	ent):			
	Name			Phone
Medical Conditions or other restrict	tions:			
Parent/Guardian Signature:				Date
		1		
MCYSA Registrar Use Only		Date Rcvd		Food Court
Birth Cert Rcvd	Player Fee \$	Ву		Registration:
Age Level	**Discounts \$-	J		
	Late Fee \$	Pmt Info Cash		Feb 18 - 11am-1pm
	Total Due \$	СС		Feb 22 - 6-8pm
		Ck#		Mar 4 - 11am-1pm
		_		

^{**\$5} Discount for registrations postmarked/rcvd on or before February 18.

Jerseys are overcut for a roomier fit -- Do not size up when ordering.

Youth Jerseys				
YXS	4/6	24"/26"		
YS	6/8	28"/30"		
ΥM	8/10	32"/34"		
YL	12/14	36"/38"		

Adult Jerseys				
AS	6/8	38"/40"		
AM	10/12	42"/44"		
AL	14/16	46"/48"		
AXL	18/20	48"/50"		
A2XL	22/24	52"/54"		

Youth Shorts		
YS	22"/24"	
YM	26"/28"	
YL	28"/30"	

Adult Shorts		
AS	30"/32"	
AM	34"/36"	
AL	38"/40"	
AXL	42"/44"	

Socks		
Youth	12.5 - 4	
Junior	4.5 - 7.5	
Adult	8 - 12.5	

*Based on shoe size