



**Nelson Youth Soccer Association**  
308 Cedar St. Nelson, BC V1L 2B9  
Website: [www.nys.ca](http://www.nys.ca) Email: [admin@nys.ca](mailto:admin@nys.ca) Phone: 250-551-6974  
**2016 Girls Only Registration**

PLAYER INFORMATION:

First Name	Last Name	Birth date mm/dd/yy	Gender: Male Female
Mailing Address		City	Postal Code Email
Father's First Name	Last Name	Phone# /cell	Mother's First Name Last Name Phone #/cell
Emergency Contact Name		Emergency Contact Phone	BC Medical Number
Identify any Medical Condition (including Allergies and Medications)			

<b>Girls Only</b> 5 weeks		<b>\$20</b>
U8-9 Girls	Saturdays 11am-12pm Starting Jan. 30	
U10-11 Girls	Tuesdays 4-5pm Starting Feb. 2	
U12-13 Girls	Sundays 4-5pm Starting Jan. 31	
U14-15 Girls	Sundays 5-6pm Starting Jan. 31	
Optional KidSport Donation (\$5 suggested)		
TOTAL ENCLOSED		\$

**REFUND POLICY**

Request for refunds must be received in writing by NYSA before Jan.30. The Board will only consider refunds after this date in exceptional circumstances.

**WAIVER**

In consideration of acceptance in this program, I, the undersigned do hereby waive, remit and release any and all manners of action, claim or demands, which I may have against the Nelson Youth Soccer Association or their agents, representatives and successors. I also approve the publication of photos of my child by Nelson Youth Soccer Association.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If home stay or other, must attach letter of consent from Parent)