WLYSA 2019 Winter Futsal Registration

WLYSA
#207 369 Oliver Street, Williams Lake BC V2G 1M4
(250) 392-1103 *admin@wlysa.com*

Player Information

Player's Name: _____

Date of Birth: (mm/dd/yyyy)_____

Gender: (Female/Male)_____

Registered with WLYSA in 2018 (please check)

Yes _____ No _____
If no – please provide a copy of the players birth certificate.

Care Card #: _____

Mailing Address: _____

_____

City: _____ **Postal Code:** _____

Parent/ Guardian Contact Information

Parent/Guardian #1: _____

Contact Number: _____

Parent/Guardian #2: _____

Contact Number: _____

Emergency #: _____

Email: _____

Registration Information

The 2019 Winter Futsal sessions will be coed with a limit of 16 players per age group.

Registration will be limited to the first 16 players that have paid in full per age group on a first come first serve basis.

Schedule

Please see below for the schedule of sessions for each age group.

Sessions will begin the week of January 6th, 2019 and run through the week of March 10th, 2019 with a total of 10 sessions per group.

Player's Birth Year	Registration Fee	Day	Time Location
2012/2013 (U6 - U7)	50	Thursdays	5:00pm – 6:00pm Nesika Elementary
2010/2011 (U8 – U9)	50	Thursdays	6:00pm – 7:00pm Nesika Elementary
2007/2008/2009 (U10-U12)	50	Thursdays	7:00pm – 8:00pm Nesika Elementary
2004/2005/2006 (U13-U15)	50	Thursdays	6:00pm – 7:00pm LCSS WL Campus
2007/2008/2009 (U10-U12)	100	Tuesdays & Thursdays	6:00pm – 7:00pm 150 Mile Elementary

Payment Information

General Registration $_____

Total Payment Enclosed $_____

Payment Method: Cash $ _____
Cheque $_____ Cheque # _____
Please make cheques payable to WLYSA or Williams Lake Youth Soccer Association

Volunteer

I would like to volunteer with the WLYSA as a:

____ Coach ____ Assistant Coach
____ Phone Parent ____ Anything you Need

Name: _____
Contact #: _____
Email: _____

I hereby consent to my child participating in the activities of the Williams Lake Youth Soccer Association (WLYSA). I authorize WLYSA to publish his/her team picture/other related pictures on the WLYSA Website or other media used by WLYSA.

☐ Please check box - I have read, signed and attached to this registration the Liability, Waiver of Claims, Information, Consent and Acknowledgement Form.

Parent/Guardian Signature _____ **Date** _____