



2011-2012 RECREATIONAL PLAYER REGISTRATION FORM



Date: _____, _____

Club Name: _____

Club Number: _____

I. REGISTRATION

Number of players and amount of player fees being paid at this time:

Registration Fees

Number of players _____ at \$9.00 each = \$ _____

Soccer Across America Players* at \$3.75 each = \$ _____

**requires approval*

II. INSURANCE *(check only if applicable; otherwise disregard)*

- We are providing VYSA with at least a \$1 million general liability insurance certificate from another carrier

If you are providing an insurance certificate from another carrier, you will be refunded \$1 per player after the current insurance certificate showing at least \$1 million general liability coverage is received at the VYSA State Office.

III. DIRECTORY UPDATE

- We have submitted a current listing of our club officials to the VYSA State Office.

IV. E-MAIL CONTACT *(Print Clearly)*

VYSA now requires an e-mail contact for every club. Our e-mail contact is:

E-Mail Contact: _____
Name of Contact

E-Mail Address: _____
Please Print Clearly

Please mail a copy of this completed form and the appropriate fee payment with each submission of fees to:

VYSA State Office
5450 Southpoint Plaza Way
Fredericksburg, VA 22407