



# FALL SOCCER 2014

Register online at [www.skyc.net](http://www.skyc.net)

or in person

700 Main Street #111 – Edmonds, WA 98020

PH: 425-775-2633

**WE DO NOT ACCEPT PHONE, FAXED OR MAILED REGISTRATIONS**

## Fall Soccer (Under 4 yrs – Under 19 yrs)

Visit [www.skyc.net](http://www.skyc.net) for program specifics, start dates & end dates.

### RETURNING PLAYERS (Played soccer in FALL 2013, not spring)

**Registration will be May 1st – 22nd.** If you wish to transfer your child to a different team, you **must** fill out a Player Movement Form available online at [www.skyc.net](http://www.skyc.net) and it will be processed the night before open registration. Player movement forms are date and time stamped.

### NEW PLAYERS to fall soccer

Open registration begins **May 27th.**

\*\*If we do not have a birth certificate or valid passport on file, we must receive it with your registration. NO hospital certificates will be accepted. This will be kept on file per WSYSA rules & regulations

**\*\*THE OFFICE IS CLOSED, NO REGISTRATIONS ACCEPTED 5/23\*\***

**FEES: U4/U5 \$65 U7—U8 \$140 U11—U19 \$175**  
**U6 \$95 U9—U10 \$150 (registration on back)**

### 2014 FALL SOCCER REGISTRATION (U4—U10)

Child's Name \_\_\_\_\_ Boy \_\_\_\_\_ Girl \_\_\_\_\_ Age \_\_\_\_\_ Month/day/year  
**BIRTHDATE** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Parent's Name \_\_\_\_\_

Emergency # \_\_\_\_\_ Emergency Contact \_\_\_\_\_

School \_\_\_\_\_ \*Email \_\_\_\_\_

Played Last Season? \_\_\_\_\_ Coach's Name \_\_\_\_\_

Jersey Size:YS (6-8)\_\_\_\_ YM(10-12)\_\_\_\_ YL(14-16)\_\_\_\_ AS(34-36")\_\_\_\_ AM(38-40")\_\_\_\_ AL(42-44")\_\_\_\_

Contribution to SKYC Scholarship Fund \$ \_\_\_\_\_

\*E-mail will be used for coaches & Sno-King Youth Club correspondence only