

# Villa Hills Soccer Registration Form



Kindergarten thru 8<sup>th</sup> grade - must be entering kindergarten to play in Fall.

Must be in Kindergarten to play in the Spring.

**FEE = \$65 per player** (\$55 registration + \$10 uniform) **3<sup>RD</sup> child \$35** (\$25 registration + \$10 uniform)

**LATE FEE = \$80** After **Feb. 8** for spring, After **July 3** for fall

- 1<sup>st</sup> time players must provide a copy of their birth certificate
- Players registering late will only be placed on a team if there is room
- Players deciding NOT to play, must withdraw by **February 20** for Spring or **July 25** to receive refund for registration fee. Refunds will not be given for uniforms.
- If you are playing on a select team, **DO NOT** register with this form.

<b>Application is for: FALL or SPRING</b>	<b>Fill in the correct year: 20_____</b>
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**Player Last Name:** \_\_\_\_\_ **Has address, phone information changed?** Yes No  
**Street:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**CHECK #** \_\_\_\_\_ **Main Phone:** \_\_\_\_\_

**Dad's Name:** \_\_\_\_\_ **Dad's E-mail:** \_\_\_\_\_

Dad's alt. Phone: \_\_\_\_\_

**Mom's Name:** \_\_\_\_\_ **Mom's E-mail:** \_\_\_\_\_

Mom's alt. Phone: \_\_\_\_\_

**Player 1 First Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Gender:** M or F

**Played Villa Hills Soccer before?** Y or N **Last 4 digits of player's Social Security #** \_\_\_\_\_

**Medical problems:** \_\_\_\_\_

**Uniform: (circle one)** YS(6-8) YM(10-12) YL(14-16) AS AM AL AXL *(UNIFORMS ARE 100% COTTON)*

**Player 2 First Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Gender:** M or F

**Played Villa Hills Soccer before?** Y or N **Last 4 digits of player's Social Security #** \_\_\_\_\_

**Medical problems:** \_\_\_\_\_

**Uniform: (circle one)** YS(6-8) YM(10-12) YL(14-16) AS AM AL AXL *(UNIFORMS ARE 100% COTTON)*

**Player 3 First Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_ **Gender:** M or F

**Played Villa Hills Soccer before?** Y or N **Last 4 digits of player's Social Security #** \_\_\_\_\_

**Medical problems:** \_\_\_\_\_

**Uniform: (circle one)** YS(6-8) YM(10-12) YL(14-16) AS AM AL AXL *(UNIFORMS ARE 100% COTTON)*

**VOLUNTEERS NEEDED!!!!** \_\_\_\_\_ can help: \_\_\_\_\_ Coach \_\_\_\_\_ Assistant Coach  
 \_\_\_\_\_ Referee \_\_\_\_\_ Linesman \_\_\_\_\_ Field Setup \_\_\_\_\_ Trophies \_\_\_\_\_ Team Pictures \_\_\_\_\_ Other

**Parent or Guardian Signature:** \_\_\_\_\_

Mail form and check (payable to VHSC)  
by deadline to:

Villa Hills Soccer Club  
P.O. Box 17101  
Covington, KY 41017-0101

Spring Deadline to avoid late fee: February 3,  
Fall Deadline to avoid late fee: July 3

Voice Mail: 513-684-4893  
Website: www.vhsc.com