

Villa Hills Soccer Registration Form



Kindergarten thru 8th 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) **3RD child \$35** (\$25 registration + \$10 uniform)
LATE FEE = \$80 After **Feb. 3** for spring, After **June 20** for fall

- 1st 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 5** 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.

Application is for: FALL or SPRING **Fill in the correct year: 20** _____

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: June 20

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