

Kingston Youth Soccer Association (KYSA) U16/U19 Spring 2012 Registration

Player First Name: _____ Player Last Name: _____

Address: _____

Email: _____ Phone: _____

Player Birth Date: ____/____/____ Player Gender (circle): Male / Female

Parent/Guardian #1 Information	Parent/Guardian #2 Information
Full Name: _____	Full Name: _____
Cell Phone: _____	Cell Phone: _____

Comments/Medical Problems/Other Sports Being Played:

Total Fee Paid (pay to KYSA): \$90

(Players are not considered registered until payments are received)

Mail Payment & Form To:

KYSA (Attn: Registrar)

PO Box 53

Kingston, MA 02364