| SUCCEPTION FOREST MISSISSING CONTROL OF THE WINK | PLI |
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| NAME | I LI |
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CITY OF FOREST PARKS AND RECREATION Chance Jolly-Director Phone: 601-469-3313 Fax: 601-469-5062

FOREST YOUTH SPORTS ASSOCIATION 2025 SOCCER REGISTRATION J ULY 8–AUGUST 8 2025

PLEASE PRINT

| NAME | | | |
|---|--------------------------|-----|--|
| BIRTHDATE | AGE | SEX | |
| ADDRESS(INCLUDE CITY) | | | |
| HOME PHONE | CELL | | |
| PARENTS | v | | |
| SIBLING IN THIS AGE GROUP | | | |
| SHIRT SIZE YOUTH XS S M L PANT SIZE YOUTH S M L | ADULT S M ADULT S M L | L | |
| I AM WILLING TO COACH A TEAM | | | |
| PLEASE MAKE CHECKS PAYABLE TO FOREST YOUTH SPORTS ASSOCIATION (FYSA) FEE IS \$75.00 A CERTIFICATED COPY OF BIRTH CERTICATE IS REQUIRED League age is determined as follows: Any child who will turn 3 ON OR BEFORE SEPTEMBER 1 st , AND NOT AGE 13 on or before September 1 st . Please return registration forms to City of Forest Parks and Recreation office located at Gaddis Park or mail to 835 Park Road, Forest, MS 39074 | | | |
| I hereby give my permission for my child to participate in the Forest Youth Sports Association Program. I give my permission for my child to travel to games out of town (if necessary). I release the Forest Youth Sports Association and its designated leadership from accident or liability. I UNDERSTAND THAT I WILL NOT ALWAYS AGREE WITH COACHES AND REFEREES BUT WILL PLEDGE TO CONDUCT MYSELF IN A GOOD MANNER OF GOOD SPORTSMANSHIP SO THAT THE CHILDREN WILL NOT BE NEGATIVELY INFLUENCED BY MY ACTIONS. THERE WILL BE NO REQUEST HONORED! | | | |

PARENT/GURADIAN SIGNATURE_____