



**KL YOUTH SOCCER (KLYS)**  
**REGISTRATION FORM 2011-2012**  
**TERM 1: 10/11 SEPT TO 18 DEC 2011**

Age Group **U** \_\_\_\_\_

**REGISTRATION FOR OLD PLAYERS**

Receipt # \_\_\_\_\_

<p><b>Registration Fee *</b></p> <div style="border: 1px solid black; padding: 10px; margin: 10px auto; width: 80%;"> <p><b>Rm830</b></p> <p><b>For Existing KLYS Seniors and Juniors</b></p> </div> <p><b>* Pls make cheques payable to KL YOUTH SOCCER SDN BHD</b></p> <p><b>Other fees:</b> (extra jersey/socks/shorts, parking sticker, etc)</p> <p>KLYS STAMP CONFIRMS RECEIPT OF PAYMENT</p>
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<p><b>Birth Date</b></p> <p>_____</p> <p>day      month      year</p> <p><b>For KLYS's use:</b></p> <p><b>Photo in?</b> _____</p> <p><b>Passport copy in?</b> _____</p> <p><b>Emergency form in?</b> _____</p>
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**PLEASE PRINT CLEARLY IN BLOCK LETTERS**

**PLAYER DETAILS**

First Name \_\_\_\_\_ Family Name \_\_\_\_\_

1. Please indicate any changes in your declared emergency contacts, school, address, email, cell phone, or home phone.

\_\_\_\_\_

\_\_\_\_\_

2. Were you receiving mails from KLYS last Season? \_\_\_\_\_

If not, please indicate your email address/es. \_\_\_\_\_

**PARENT/GUARDIAN DETAILS**

1. Please indicate any change in your email address, phone/s, mailing addresses.

\_\_\_\_\_

\_\_\_\_\_

**All Parents & Guardians—Please Read Carefully—Your signature required to participate**

KLYS is a high performance football Academy for boys between the ages of 6 to 19. KLYS promotes a professional-like approach to training and playing the 11-a-side game. Players are selected by the coaches for matches and tournaments based upon their skill, ability and commitment. This means that there is strong competition for playing games and that some players can be disappointed.

Players should not be left for long periods of time before or after their allotted time without parental supervision. KLYS & coaches are not responsible for players who are not collected on time.

I give permission for my child named above to participate in the KLYS program. I will not hold KLYS, its directors, parent representative, coach, referee responsible for any injuries or loss of property to participants.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_



**KL YOUTH SOCCER (KLYS)  
EMERGENCY FORM, Season 2011-2012**

**Age Group U \_\_\_\_\_**

KLYS Player's full name : \_\_\_\_\_

Birth date: (day-month-year) \_\_\_\_\_

Blood Type: \_\_\_\_\_

Medical insurance name & number :

\_\_\_\_\_

Please describe any special medical conditions, allergies, if any, and medications taken.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***Please attach a copy of relevant medical reports in case special attention is needed.***

\* \* \*

Parent's/Guardian's full name : \_\_\_\_\_

Emergency contact numbers for this period :

\_\_\_\_\_

\_\_\_\_\_

**Medical Authorization**

In case of any emergencies, I authorize KLYS, the coaches, KLYS organizers/supporters and/or external tournament organizers/officials to treat or hospitalize my child/ward. I will not hold KL Youth Soccer Sdn Bhd and/or any parent representative, coach, referee responsible for any accidents, injuries or loss of property to my child/ward.

I will inform KLYS in writing if there are any changes in my child's/ward's medical condition.

Prepared in \_\_\_\_\_ on \_\_\_\_\_

Signature : \_\_\_\_\_

Your Name : \_\_\_\_\_

Relationship to player : \_\_\_\_\_