

West Boylston Youth Soccer 2007 Fall Season Registration Form

Last Name:	First Name:	MI:	M/F:
Address:	City:	State:	Zip:
Home phone:	Age Group:	DOB:	Grade (fall):
Email: <input type="checkbox"/> Birth certificate attached if necessary <input type="checkbox"/> Birth certificate will be mailed			

Medical Problems:			
Emergency Contact:		Phone:	
Name of Doctor in Emergency:		Phone:	

Mother's Name _____	Father's Name _____
Business Phone: _____	Business Phone: _____
Email: _____	Email: _____
Circle any area of volunteer interest: <i>Coach Asst Coach Jamboree Board Other</i>	Circle any area of volunteer interest: <i>Coach Asst Coach Jamboree Board Other</i>
Are you interested in sponsoring a team? Yes No	

Release
I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the MYSA/USSF/USYSA/WAYSA/WBYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the MYSA/USSF/USYSA/WAYSA/WBYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise will indemnify and hold harmless the MYSA/USSF/USYSA/WAYSA/WBYSA, its affiliated organizations and sponsors, their employees, volunteers, Board Members, coaches and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Signature: _____

Consent For Medical Treatment (Minor)
As a parent or legal guardian of the above-named player, I hereby give my consent for emergency care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry and agree to pay the costs associated with such care. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent.

Signature: _____

We welcome all comments/suggestions/requests:

Check here if you DO NOT want your name to be used in a database for non-WBYSA related mailings.

UNIFORM SIZE			
<u>Shirt</u>		<u>Shorts</u> (U-10 & above)	
[] YM	[] AM	[] YM	[] AM
[] YL	[] AL	[] YL	[] AL
[] AS	[] AXL	[] AS	[] AXL

For Official Use only:	Initial : _____
Check Number: _____	
Registration fee: _____	
Late fee: _____	
Uniform fee: _____	(U-10 & above)
Total fee: _____	