

Player Registration Form

Social Security Number: _____

Last Name: _____ First Name: _____ MI: _____

Street: _____

Town: _____ State: _____ Zip: _____

Phone: _____ Sex: _____ Birthdate: _____

Grade: _____ School: _____

Father's Last Name: _____ First: _____ Phone: _____

Father's Occupation: _____ Email: _____

Father will help with Team _____ League _____ Referee _____ How? _____

Mother's Last Name: _____ First: _____ Phone: _____

Mother will help with Team _____ League _____ Referee _____ How? _____

Mother's Occupation: _____ Email: _____

Emergency: _____ Phone: _____ Relation: _____

Doctor: _____ Phone: _____ Note: _____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with the soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees against any claim by or on behalf of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor or Medicine or Doctor of Denistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent.

Parent/Guardian

X _____