



MYSA/USYSA

# Hubbardston Youth Soccer Registration Form

Affiliated with United States Soccer Federation (USSF) and Federation International de Football Association (FIFA)

## Player Information

Last: \_\_\_\_\_ First: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Gender: \_\_\_\_\_

Town: \_\_\_\_\_ Zip: \_\_\_\_\_ Grade in Fall 2013: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Tel: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian: Please circle to indicate your volunteer interest.

Coach  
Asst. Coach

Picture Day  
Field Lining

Anything  
Field Day

## Registration Fees:

Single Child: \$40.00

Two children: \$60.00

Three or more: \$75.00

Fleece jacket (optional): \$33.00

Payment due: \_\_\_\_\_

Jersey Size: YXS YS YM YL AS AM AL AXL A2XL

Fleece Size: Adult: S M L XL XXL Youth: S M L XL

Please make check payable to Hubbardston Youth Soccer.  
**\*\*After July 1st, 2013 add \$10.00 late fee\*\***

**Check number:** \_\_\_\_\_

## Emergency and Medical Information

Emergency Contact: \_\_\_\_\_

Emergency Tel: \_\_\_\_\_

Physicians Name: \_\_\_\_\_

Physicians Tel: \_\_\_\_\_

Please note any medical problems your coach should be aware of:

## Consent for Medical Treatment

As parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_

## Abide by Rules and Release

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the MYSA, the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the MYSA/USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the MYSA/USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on the 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.

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_