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FALL 2010 WALTHAM YOUTH SOCCER MEMBERSHIP FORM

IN-TOWN

TRAVEL

Age Groups are set by USYSA- NO EXCEPTIONS!

- U8 Born 8/1/02 – 7/31/04
- U10 Born 8/1/00 – 7/31/02

- U10 Born 8/1/00 – 7/31/02
- U12 Born 8/1/98 – 7/31/00
- U14 Born 8/1/96 – 7/31/98

PLAYERS NAME (Please Print Clearly and Fill in ALL information)

Male Female

Last Name

First Name

Mailing Address

Date of Birth

Age

City

State

Zipcode

() _____
Home Phone #

School

Grade in Fall 2010

PARENTS/GUARDIAN INFORMATION

Mother/Guardian's Name

Father/Guardian's Name

Mother's Work phone or alternate phone # (cell phone)

Father's Work phone or alternate phone # (cell phone)

E-Mail Address: _____ @ _____

*Email is used only for Waltham Youth Soccer related activities and is **NEVER** distributed to outside vendors etc.*

***NEW* EACH FAMILY IS REQUIRED TO HAVE ONE VOLUNTEER!** We will contact you, Please Circle one:

COACH ASSIST COACH TEAM MANAGER BOARD MEMBER WORK CONCESSION STAND

Medical Problems/Behavioral Problems (use additional sheet if needed) _____

Person to notify in an emergency?

Phone #

ABIDE BY RULES/LIABILITY WAIVER/CONSENT FOR MEDICAL TREATMENT

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of Waltham Youth Soccer, 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. 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.

Print Name

Signature

(OVER)

WALTHAM YOUTH SOCCER FEES

Payment must accompany registration form and
MUST BE IN BEFORE JUNE 30, 2010

FEES

Make all checks payable to Waltham Youth Soccer

First Player U10 - U14:	\$80.00
Second Player U10 – U14:	\$75.00
Third Player U10 – U14:	\$70.00
Additional Players:	FREE
All Players In-Town:	\$75.00

Total Children playing Soccer: _____

Fees include a complete uniform (shirt, shorts, and socks) to be given out in the **Fall Season only**. **U16, U19, and new players only** will receive a complete uniform for the Spring Season. Returning players should use their uniform from the Fall season.

Due to Deadlines imposed on us
ADD A \$35.00/PLAYER LATE FEE, TRAVEL TEAMS ONLY
IF AFTER JUNE 30, 2010,
with the understanding your child might NOT PLAY!