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MYSA/USYSA

FALL 2010 WALTHAM YOUTH SOCCER ASSOCIATION

CO- ED U6 Program

Membership Form

Under 6 Birthdates: (Born 8/1/04 – 7/31/06)

FEE: \$55.00/child, includes a Game Shirt

Circle One: **MALE** **FEMALE**

PLAYERS NAME

Last Name

First Name

Mailing Address

Date of Birth

Age

City

State

Zipcode

() _____
Home Phone #

School

Grade in Spring 2008

Mother/Guardian's Name

Father/Guardian's Name

Mother's Work/alternate #

Father's Work/alternate #

E-Mail Address @

Would you like to volunteer to coach or assistant coach?	Head Coach	Assistant	No Thanks!
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Medical Problems/Behavioral Problems (use back 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