



Fall 2017 Recreational Soccer Registration Form

Player Information

First Name: _____ Last Name: _____

DOB: _____ School Grade: _____ Gender: M or F Lives with: _____

Parent Information

Father First Name: _____ Father Last Name: _____

Father Street Address: _____ City: _____

Father Phone: _____ Father Cell Phone: _____

Father email: _____

Mother First Name: _____ Mother Last Name: _____

Mother Street Address: _____ City: _____

Mother Phone: _____ Mother Cell Phone: _____

Mother Email: _____

Cost

\$65.00 on or before August 1st, 2017 to guarantee a spot on a team.

One Parent/Guardian per family is asked to volunteer for one of the below positions or option to pay \$25 opt out fee!!!!

Head Coach: _____ Assistant Coach: _____ Volunteer: _____

VISA and MASTERCARD also accepted

Name on Credit Card _____ Amount Authorized: _____

Type (visa/mastercard) _____ Credit Card # _____ Exp. Date _____ 3 digit # _____

Agreement to Abide and Hold Harmless: I, the parent/legal guardian for the above named player, a minor, agree that the player and I will abide by the rules of USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the player for its soccer programs and activities (program), I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors and their employees for the programs for the programs against any claim on behalf of the player as a result of the player's participation in the program and/or being transported to or from the same which transportation I hereby authorize.

****SIGNATURE OF PARENT/GUARDIAN REQUIRED BEFORE PLACEMENT ON A TEAM CAN BE COMPLETED****

Name _____ Date _____

Forms and Payment can be dropped off at Soccer Office in the Berkshire Plaza (405 8th Ave NW, Suite 321)

