



# CHARLTON YOUTH SOCCER

P.O. BOX 1069  
CHARLTON CITY, MA 01508

Registrar Use Only

Cash/Check #

Amount

## REGISTRATION FORM

Parent/Guardian: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone #(s): \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

_____	_____	_____
<b>Player Last Name</b>	<b>First Name</b>	<b>Division</b>
<b>Date of Birth:</b> _____	<b>Circle One: M/F</b>	<b>Grade:</b> _____
<b>Medical Problem(s):</b> _____		<b>New Player: Y or N</b>
		<b>Birth Certificate:</b> Yes No N/A

_____	_____	_____
<b>Player Last Name</b>	<b>First Name</b>	<b>Division</b>
<b>Date of Birth:</b> _____	<b>Circle One: M/F</b>	<b>Grade:</b> _____
<b>Medical Problem(s):</b> _____		<b>New Player: Y or N</b>
		<b>Birth Certificate:</b> Yes No N/A

_____	_____	_____
<b>Player Last Name</b>	<b>First Name</b>	<b>Division</b>
<b>Date of Birth:</b> _____	<b>Circle One: M/F</b>	<b>Grade:</b> _____
<b>Medical Problem(s):</b> _____		<b>New Player: Y or N</b>
		<b>Birth Certificate:</b> Yes No N/A

### 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 Mass Youth Soccer, US Youth Soccer, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration of Mass Youth Soccer, US Youth Soccer accepting the registrant for its soccer programs and activities (the "Programs"). I hereby release, discharge and/or otherwise indemnify Mass Youth Soccer, US Youth Soccer, its affiliate organization sans sponsors, their employees and associated personnel, including 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.

### Consent for Medical Treatment (Minor)

As Parent of 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.

**Are you interested in Coaching/Assisting?**

**Division(s):** \_\_\_\_\_

**Comments/Special Requests:** \_\_\_\_\_

**Charlton Youth Soccer cannot guarantee to meet requests, but will try to accommodate when we can.**

\_\_\_\_\_  
Signature Date