

Wakefield Soccer Association Clinic Registration Form

April Vacation Clinic: April 21 – 24, 2015

Location: Walton Field at the Galvin Middle School, 525 Main St, Wakefield

Times: U8 – U14: 9:00 – 12:00 pm
U6: 9:00 – 10:30 am

Cost: U8 – U14: \$135 (make checks payable to: Wakefield Soccer Association)
U6: \$75

Player's Full Name: _____ Current Date: _____

Birth Date (MM/DD/YYYY): _____ Gender (circle one): Male Female

Select Age Group (if known): U5 U6 U7 U8 U10 U12 U14 U16

Father's Name: _____ Mother's Name: _____

Address: _____ City State Zip: _____

Phone #1: _____ Phone #2: _____

Medical Issues: _____

Emergency Contact: _____ Phone number: _____

Doctor's Name: _____ Phone number: _____

Email Address : _____

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration of the USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the 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.

Print Name : _____

Signature: _____

Consent for Medical Treatment (Minor)

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: _____