Webster Youth Soccer
PO Box 424 ~ Webster, MA 01570
Spring 2015 Registration Form
http://websteryouthsoccer.org

Make Checks Payable To: **Webster Youth Soccer** ****There is a $25 fee for returned checks****

Player Last Name:	Player First Name:	MI:	M/F:
Address:	City:	State:	Zip:
Contact Phone:	Age Group:	D.O.B.:	
Today's Date:	Contact Email:		
Comments:			

Mother's Name:	Father's Name:
Email:	Email:
Home Phone:	Home Phone:
Alternate Phone:	Alternate Phone:

In an emergency when parent/guardian cannot be reached, please contact the following:
Name: Phone:

Allergies or Medical Problems: _____

Doctor to Notify in Emergency: _____ Phone: _____

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 in consideration for the USYSA accepting the registrant for it 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.
Name: _____

Signature: _____

Consent for Medical Treatment (Minor) and Liability Release Form
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 or Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well-being of my dependent.
I also authorize Webster Youth Soccer to take photographs of me/my child for promotional and/or educational purposes. It is hereby stated by me that the released information stated is freely, willingly and voluntarily made.

Signature: _____ Date: _____

Relation to Player: _____ Phone: _____

Check here if you are a new member to Webster Youth Soccer. Please provide Birth Certificate. ☐

U6 and U8 players are provided with uniforms. Please specify size.

Travel players purchase uniforms separately.
If you are a travel player and need a uniform check here. Give sizes. ☐
Youth S/M/L: shirt $25/shorts $25 Adult S/M/L/XL: shirt $30/shorts $30