WOBURN YOUTH SOCCER
PLAYER Fall REGISTRATION FORM

Player's Name:_____ Age:_____ Birth date:_____

Address:_____ Telephone:_____ Sex: M F

Parent's Name:_____ Telephone:_____
Or guardian: if different

Parent's Name:_____ Telephone:_____
Or guardian: if different

School: _____ Grade:_____ Email: _____

Please fill in any medical conditions that the coaches may need to be aware of: _____

_____

REGISTRATION FEE INFORMATION

☐ New Player ☐ Returning Player Last Team Name: _____ ☐ Request New Team

☐ City League: $60.00 ☐ Tryout for Travel (Grades 3 - 8): $60.00

$25.00 Late fee charged per player for any registrations received after July 1.

*Family discount for three or more children. $30 discount for the third child. $40 discount for the fourth and each additional child.

** The Late Fee is not included in the Family Discount.

Please make your check payable to **Woburn Youth Soccer Association**. **Do not send cash**.

Send completed form and payment to:

Woburn Youth Soccer
Registration
P.O. Box 2054
Woburn, MA 01888-0054

If you have any questions please send email to wobyouthsoccer@gmail.com.

TRYOUT INFORMATION TRAVEL ONLY

Players are trying out for a Travel team that will compete in both the Fall 2019 and Spring 2020 seasons.
Any player may tryout for a travel team.
All players must be registered in order to be allowed to tryout.
All players must attend these tryouts if they are to be considered for a Travel team. All existing travel players not currently rostered on the highest-level Travel Team for their Age Group must attend tryouts in order to be considered for return to their existing or higher level team.
Any player unable to attend tryout(s), must submit to any WYS Board Member, prior to the tryout(s), the reason for not attending tryout(s) in writing or email.
Both Players and Parents will be asked to read and sign the Travel Commitment Understanding Agreement prior to tryout(s).
Travel, club uniform shirts, shorts or socks can not be worn at the travel tryouts.

Request for New Team

Please contact Mark Ercolini by email at ercolinimark@gmail.com.

Requests for specific teams are not guaranteed.

PARENT RELEASE FORM

I, the parent or guardian of the registrant, a minor, hereby give approval of the registrant's participation in any activity for WYSA and agree that I and the registrant will abide by the rules of the USYSA, its affiliated organizations (WYSA) and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for 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 (WYSA) 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 dually 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.

Signature of parent or guardian:_____ **Date**_____

Amt Paid:_____ Check #:_____ Cash Date:_____