



# West Newbury Youth Soccer Assoc.

## Spring 2009 Registration Form

OFFICIAL USE ONLY:	
Amount _____	Date Paid _____
Cash _____	Check # _____

**PLEASE PRINT LEGIBLY**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
players Last Name	players First Name	Date of Birth	Sex

<input type="text"/>	<input type="text"/>
Address	Grade Fall 2008

*Volunteers are the key to the success of our program, please indicate if you would be available to coach or assist a team.*

*Please include both parents names and atleast one email address. (even if you are unable to volunteer)*

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Mother's Name	Mother's E-mail	Mother's Cell Phone	Coach	Assistant

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Father's Name	Father's E-mail	Father's Cell Phone	Coach	Assistant

<input type="text"/>
Medical Problems

<input type="text"/>
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\*\*Does your child need a shirt?

<u>Division</u>		<u>FEE</u>	<u>shirt</u>	<u>*late fee</u>		<u>TOTAL</u>
U10	3 & 4 (Aug 01,98 - July 31,00)	<b>\$45.00</b>	**see below	*+ \$15.00	=	

Please make check payable to: <b>WNYS</b> and mail to: P.O. Box 221 West Newbury, MA 01985
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**\* Late Fee \$15.00 due if registration and payment are not received by December 15, 2008**

**\* Registration received after Dec. 15, 2008 will only be accepted if space is available on existing teams and late fee is paid.**

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

<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent/Guardian Signature	Print Parent/Guardian Name	Date