Age Group: U8 B__ G__ U10B__ G__ U12B__ G__ U14B__ G__ U16B__ G__ U18B__ G__

Mass Youth/US Youth Soccer MEMBERSHIP FORM

Affiliated with United States Soccer Federation (USSF) and Federation Internationale de Football Association (FIFA)

Quabbin Youth Soccer
Organization Name

Last | **First**

Mailing Address | **M/F** | **Date of Birth**

City | **State** | **Zip Code** | **Phone #**

Father's Name | **Mother's Name**

Check here if you DO NOT want to receive commercial mailings ☐

Medical Problems

Person to notify in an emergency? | **Phone #**

Doctor to notify in an emergency? | **Phone #**

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 the MYSA, 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 for 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 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: _____ Date: _____

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.

Name: _____

Signature: _____

Date: _____

Top Form for Coach • Keep Bottom Form for the Organization

Be sure to visit our web-site www.mayouthsoccer.org

Uniform Size: YM___ YL____ YXL___ AS___ AM___ AL___ AXL___ email _____