3 COPIES MUST BE SENT IN TO GUARANTEE REGISTRATION

MAUMEE YOUTH SOCCER REGISTRATION FORM

REGISTRATION DEADLINE FOR SPRING IS MARCH 18th.

NAME _____ _____ _____ GENDER M / F(CIRCLE ONE)
LAST FIRST INITIAL

FOR OFFICE USE

ADDRESS_____

CITY _____

STATE _____ ZIP CODE_____

TELEPHONE#_____

BIRTH DATE_____

SCHOOL_____

GRADE_____ FOR FALL SEASON-GRADE PLAYER WILL BE ENTERING
FOR SPRING SEASON-CURRENT GRADE
FOR A 3 YEAR OLD-M3 FOR A FOUR YEAR OLD-M4

FATHER'S NAME_____ CELL_____ BUS. PHONE_____

MOTHER'S NAME_____ CELL_____ BUS. PHONE_____

MEDICAL RESTRICTIONS_____

EMERGENCY CONTACT IF PARENT/GUARDIAN IS UNAVAILABLE_____

PHONE_____

DOCTOR TO NOTIFY IN CASE OF EMERGENCY_____PHONE_____

NUMBER OF SEASONS PLAYED_____ COACH REQUEST_____

MYSA IS ALWAYS IN NEED OF VOLUNTEERS, "HOW CAN YOU HELP?"

AGE GROUP COMMISSIONER COACH ASST. COACH. BOARD MEMBER

COST PER SEASON IS $30 (MAKE CHECKS PAYABLE TO MYSA)

LATE FEE IS $20 FOR REGISTRATION FORMS RECEIVED AFTER AUG. 1ST FOR FALL AND

AFTER MARCH 1ST FOR SPRING.

UNIFORM JERSEYS ARE $20 PLEASE CIRCLE SIZE YOUTH S M L

ADULT S M L

RELEASE OF LIABILITY FOR PERSONEL INJURY AND PROPERTY

I, THE PARENT/GUARDIAN OF THE REGISTRANT , A MNOR, AGREE THAT I AND THE REGISTRANT WILL ABIDE BY THE RULES OF THE USYSA, ITS AFFILIATED ORGANIZATION AND SPONSOORS. 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 INDEMIFY THE USYSA, ITS AFFILIATED ORGANIZATIONS AND SPONSORS, THEIR EMPLOYEES AND ASSOCIATED PERSONNEL, INCLUDING THE OWNERS OF FIELDS AND FACILITIES UTILIZED FOR THE PROGRAM AGAINST ANY CLAIM BY OR ON BEHALF OF THE REGISTRANT AS A RESULT OF THE REGISTRANTS PARTICIPATION IN THE PROGRAMS AND OR BEING TRANSPORTED TO OR FROM THE SAME, WHICH TRANSPORTATION I HEREBY AUTHORIZE.

NAME_____
PARENT/GUARDIAN

SIGNATURE_____DATE_____

CONSENT FOR MEDICAL TREATMENT(MINOR)

AS THE 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 THE LIFE,LIMB OR WELL-BEING OF MY DEPENDENT.

SIGNATURE_____
PARENT/GUARDIAN

MAIL FORM TO:
MYSA
P.O. BOX 489
MAUMEE, OHIO 43537

ANY APPLICATION RECEIVED AFTER THE DEADLINE DATE CAN NOT BE GAURANTEED A SPOT ON A TEAM