

Fitchburg Youth Soccer

Spring 2008 Season

REGISTRATION FORM - INTOWN

(For children under the age of 10, and over the age of 4, as of 8/1/2007)

Team played on last season (Fall 2007) _____

Div for Spring 2008: (as of 8/1/07: **U5** – Under 5
U6 – Under 6 **U8** – Under 8 **U10** – Under 10)

Players Last Name _____

Players First Name _____

M/F _____

Mailing Address _____

_____/_____/_____
Players Date of Birth

City _____

State _____

Zip _____

(_____) _____

Home Phone

Father's Name & Emergency Phone # _____

Mother's Name & Emergency Phone # _____

E-mail address (for practice notification) _____

Medical Problems _____

Doctor to notify in emergency? _____ Dr. Phone # _____

**** Parent / Guardian MUST sign / date below ****

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 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.

I hereby grant Fitchburg Youth Soccer League (FYSL) and its volunteers the right to photograph my child and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet.

Print Name _____

Signature _____ Date _____

Registration fees: First Child = \$40.00. Second Child = Deduct \$10.00, Third Child = deduct \$10.00, Fourth Child = Free.

Mail completed registration form and payment by 12/15/07, to: Fitchburg Youth Soccer, PO Box 7112, Fitchburg, MA 01420 or register online at www.fitchburgsoccer.org. **Registration forms received after 1/1/08 will be assessed a \$10 late fee, and may be placed on a waiting list.** Visit our web site for FYSL Refund Policy. For additional information call Darlene Bergeron at (978) 342-9028 or e-mail us at: League@FitchburgSoccer.org.

**** FOR FYSL Use Only ****

Total Payment Received

Discounts Applied

Team Placement Request

Date _____

Multi Player _____

Division _____

Cash _\$ _____

of In town Players _____

Check _\$ _____ # _____

of Travel Players _____

FYSL Rep Initials _____

Other _____