

# Fitchburg Youth Soccer League

# Spring 08 Season

## TRAVEL REGISTRATION FORM

Players must be 8 years old as of August 1, 2007 and under 19 as of August 1, 2007. All divisions are based on the player's birthday as of 8/1/07

<u>Players</u> Last Name	<u>Players</u> First Name	M/F
Mailing Address		____ / ____ / ____ <u>Players</u> Date of Birth
City	State	Zip
Father's Name & Emergency Phone #		Mother's Name & Emergency Phone #
E-mail address (for practice notification) _____		
Medical Problems		
Doctor to notify in an emergency?		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 \_\_\_\_\_

**Mail completed registration form and payment by 12/1/07, to:** Fitchburg Youth Soccer, PO Box 7112, Fitchburg, MA 01420. Registration forms received after 1/1/08 will be assessed a \$10 late fee, and may be placed on a waiting list.  
**Fee schedule:** U10 = \$45.00, U12 & U14 = \$55.00. U16 & U18 = \$80. For additional information call Darlene Bergeron, (978) 342-9028 or e-mail us at [League@FitchburgSoccer.org](mailto:League@FitchburgSoccer.org).

Include an additional \$18.00 if a game shirt is needed and specify size (adult S M L or XL) \_\_\_\_\_

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

<u>Total Payment Received</u>	<u>Discounts Applied</u>	<u>Team Placement Request</u>
Date _____	Multi Player _____	Division _____
Cash _____	# of In town Players _____	_____
Check _____ # _____	# of Travel Players _____	_____
	Other _____	

FYSL Rep Initials \_\_\_\_\_